e-Exposure Prophylaxis

Robert M Grant, MD

November 2011



FOR INFORMATION ON THIS NEVEX EXCITING HIV PREVENTION:

SMS "Info" at no cost to 30060 or e-mail MCMHP@hiv-research.org.za

All participants will be compensated for their time an



The HIV Pandemic

2.6 Million New HIV Infections in 2009

41% in Young People (ages 15-24)

The HIV Pandemic

One New Infection...

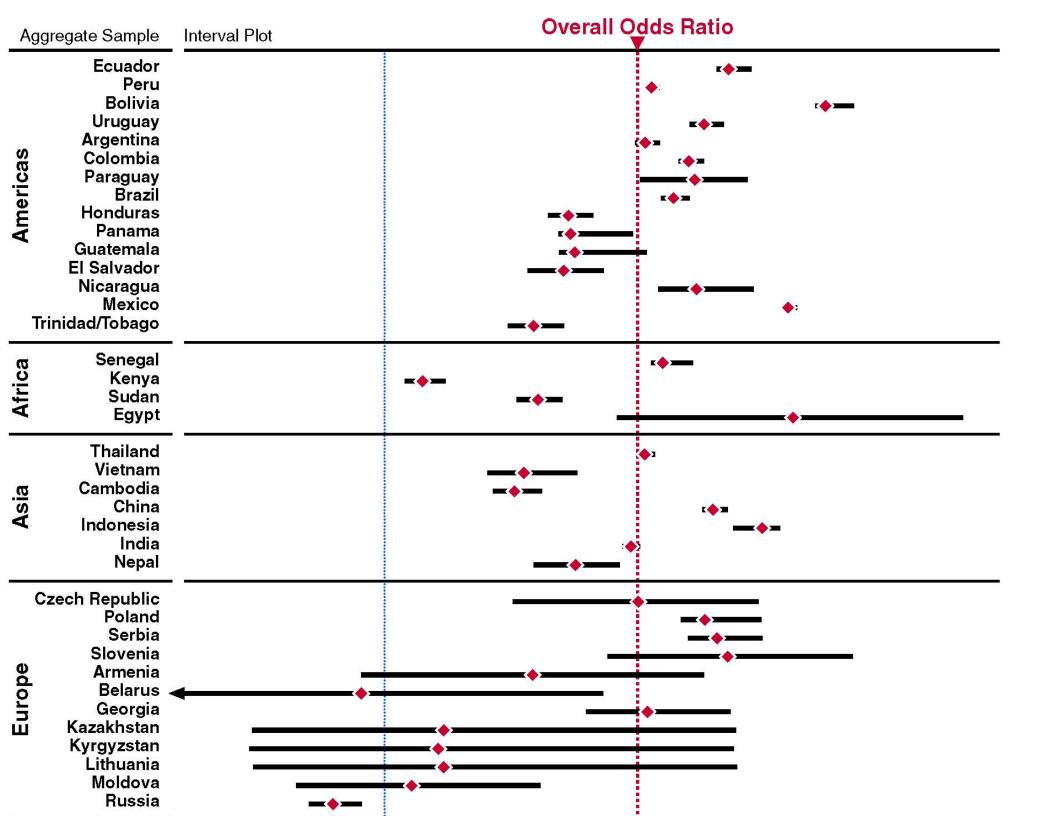
- Every 12 Seconds in the World
- Every 8 hours in Peru



1.2 Million Started Therapy in 2009

2 New Infections For Everyone Starting Therapy

n who have sex with men had
3 times more
7 Infection

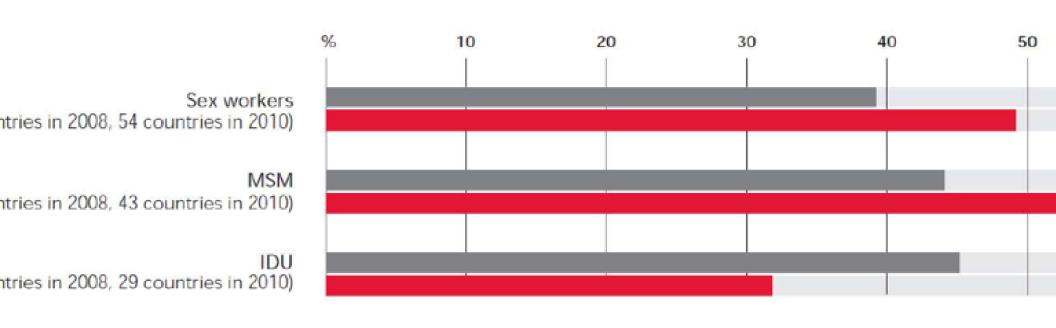


revention I riai Disappointments

- Trials showing no efficacy or harm...
 - Intensive counseling in MSM (Koblin Lancet 2004)
 - An adenovirus-vectored vaccine (Buchbinder CROI 2008)
 - Microbicides: N-9/Savvy/Cellulose Sulfate
 - Diaphragms (Padian Lancet 2007)
 - Mass STI treatment (Wawer Lancet 1999)
 - Herpes suppression (Celum NEJM 2009)

revention programmes for selected populations

overage of HIV prevention programmes for selected population groups, 2008 and 2010.





2008

Prep Initiative / Iniciativa Prex

Sponsored by

NIH/NIAID/DAIDS

with co-funding by the

Bill & Melinda Gates Foundation

and drug donated by

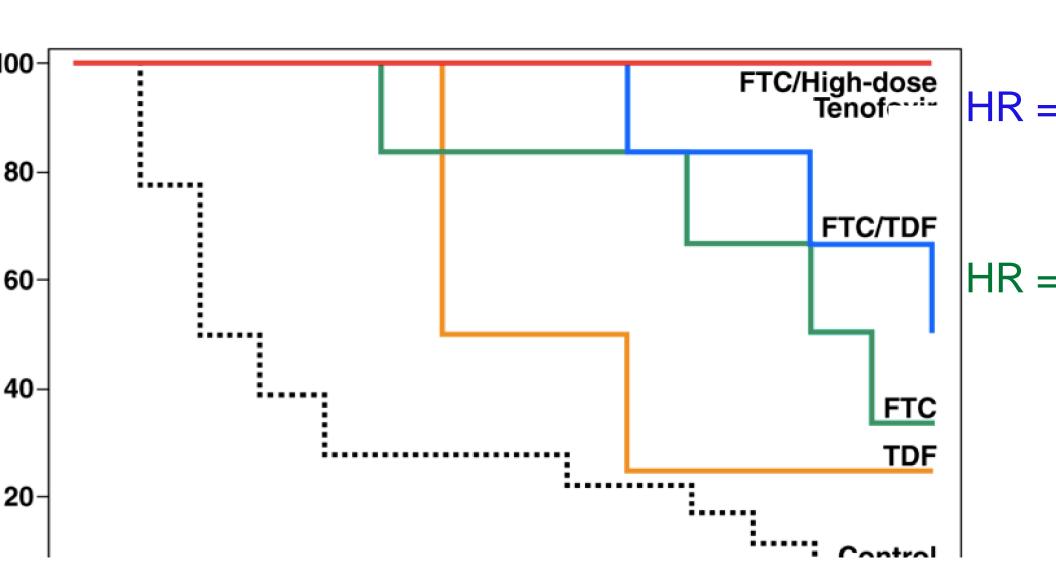
Gilead Sciences

Why Lenotovir and Emtricitabine

rotective in Animals icensed for Human Use xcellent Safety Record ong Time in Body (>48h) concentrated in Rectum lo TB Interactions



tion of Rectal SHIV Transmission by Chemoprophylaxis with ARVs



Prep Initiative / Iniciativa Prex

Auspiciado por

NIH/NIAID/DAIDS

con el co-auspicio de

Bill & Melinda Gates Foundation

y medicamento donado por

Gilead Sciences

olamiento completado en Diciembr

Sedes	11
Participantes	2499

Francisco

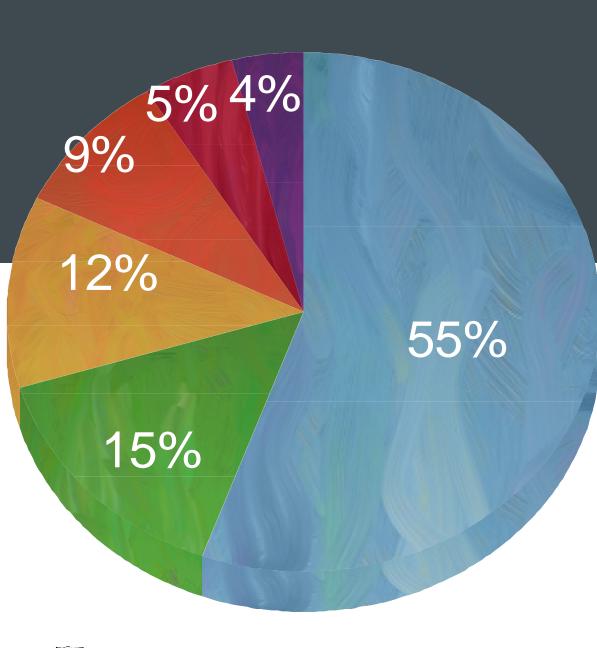


'articipantes 2499





- **BRASIL**
- **ECUADOR**
- **EEUU**
- **M** TAILANDIA
- SUDAFRICA



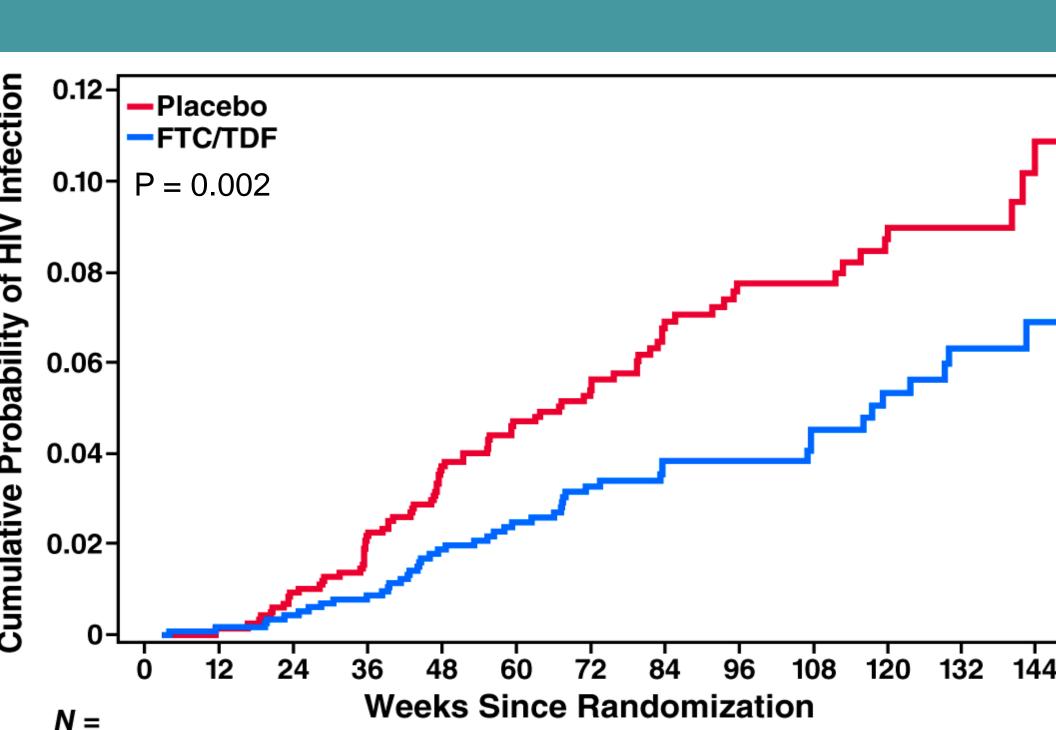
Comprehensive Prevention Services Given to All

- HIV Testing Monthly
- Risk Reduction Counseling
- Condoms (15 or more)
- STI testing if any symptoms, montl
- STI screening for all every 24 weel
- Partner treatment
- PEP if recently exposed
- HBV vaccine

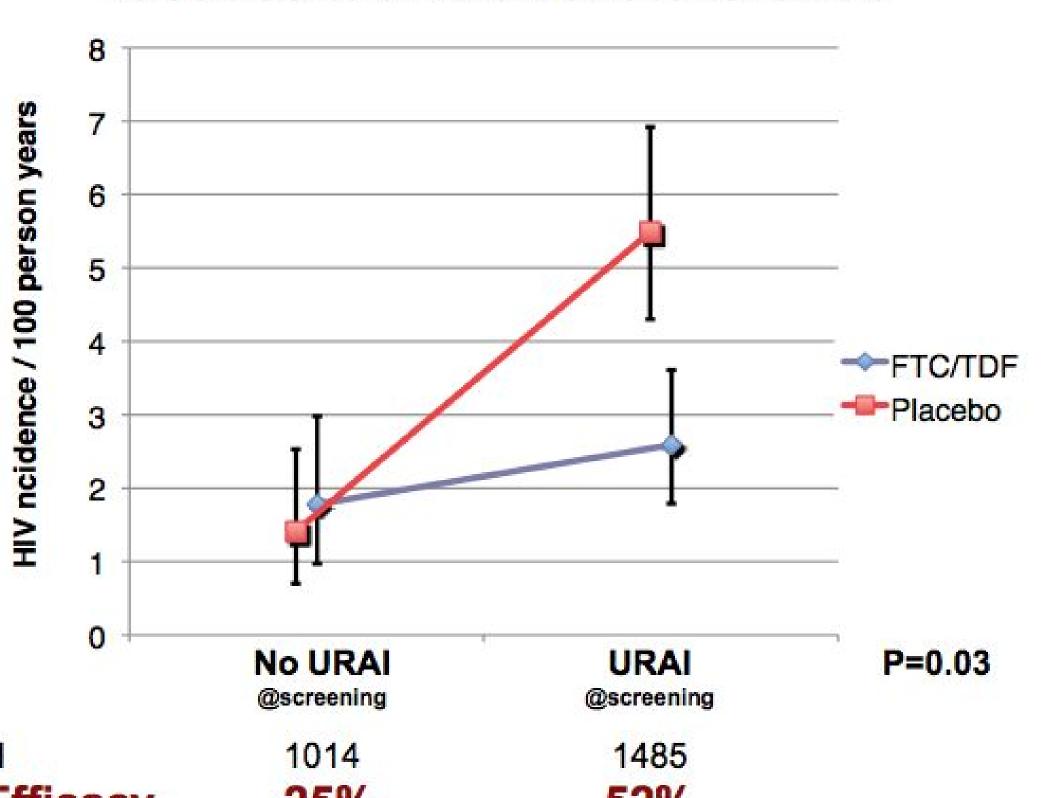
Objetivos del Estudio iPrEx

- Determinar si FTC/TDF es seguro en relación a eventos adversos
- Determinar si FTC/TDF es eficaz en prevenir infección por VIH

Infection Numbers: 83 – 48 = 35 averted



Bars are Standard Error of the Incidence Estimate

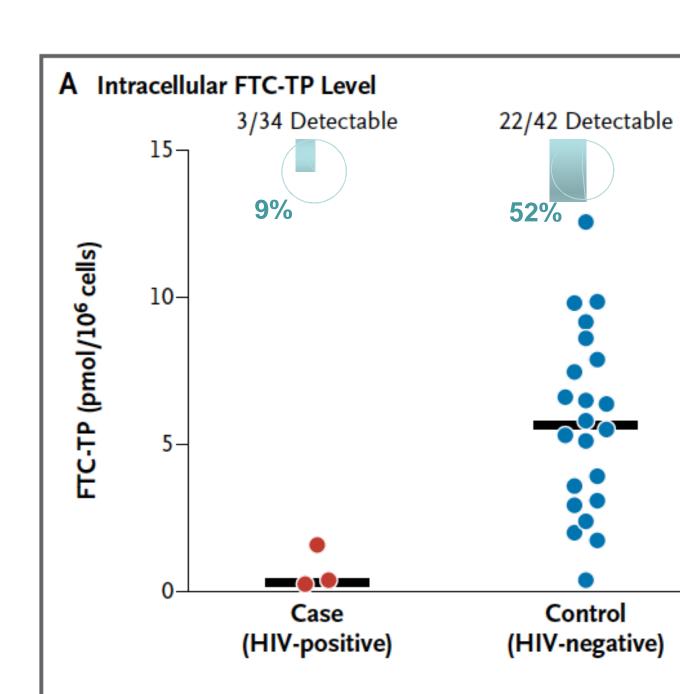


In the Active Arm of iPrEx

ses matched to itrols by site and e on study g Detection related with onegative Status R 12.9, P<0.001) 2% reduction in IJV risk 5% CI 71-99%

After controlling for

lae. Risk Behavior.



TEGICIOIS OF GELECTION - SILE

he detection rate for ither drug was 97% IS vs 50% non-US articipants P<0.0001).

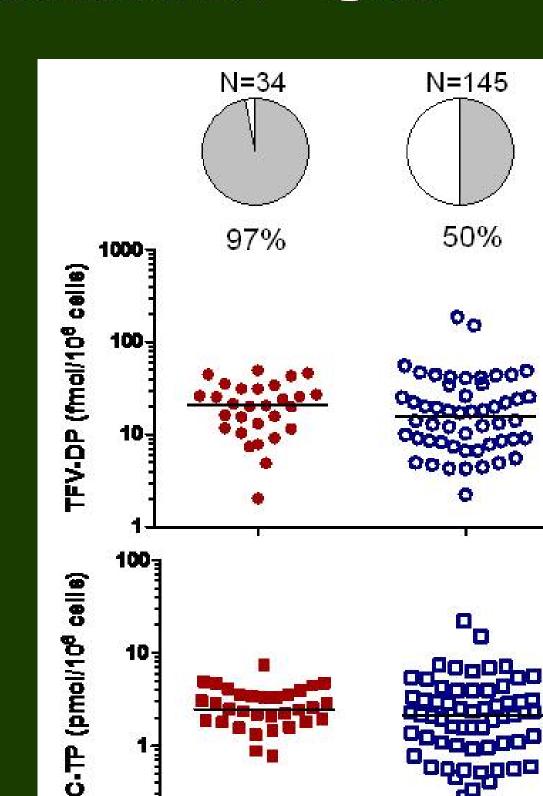
we viability at site

/as not a predictor

f detection rate

>>0.9).

ige, height, reatinine clearance id not explain US vs



In The USA

On PrEP	Off PrE
---------	---------

CDC Safety Study (US sites) 0	CDC Safet	y Study	(US sites)) 0	6
-------------------------------	-----------	---------	------------	-----	---

Daily Oral TDF vs Placebo

3 in placebo arm,

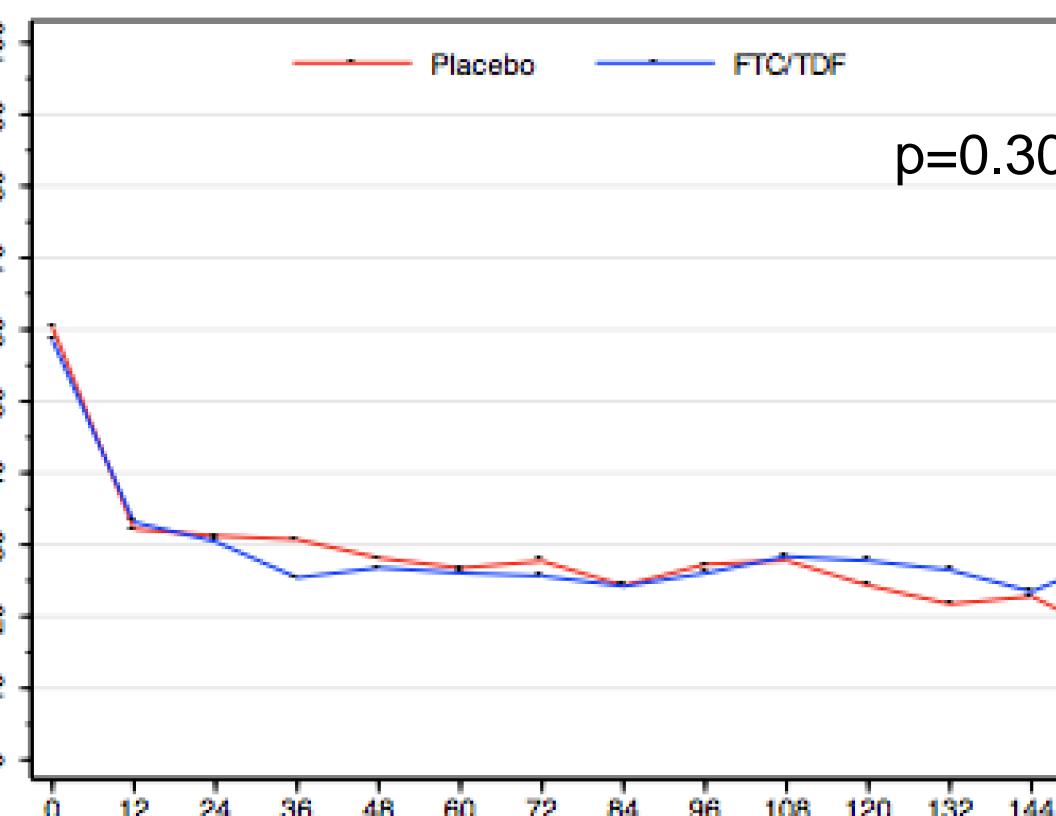
3 in deferred arm.

NIH iPrEx (US Sites) 0

Daily Oral FTC/TDF vs. Placebo

2 in placebo arm

1 in active arm 9 weeks after stopped drug

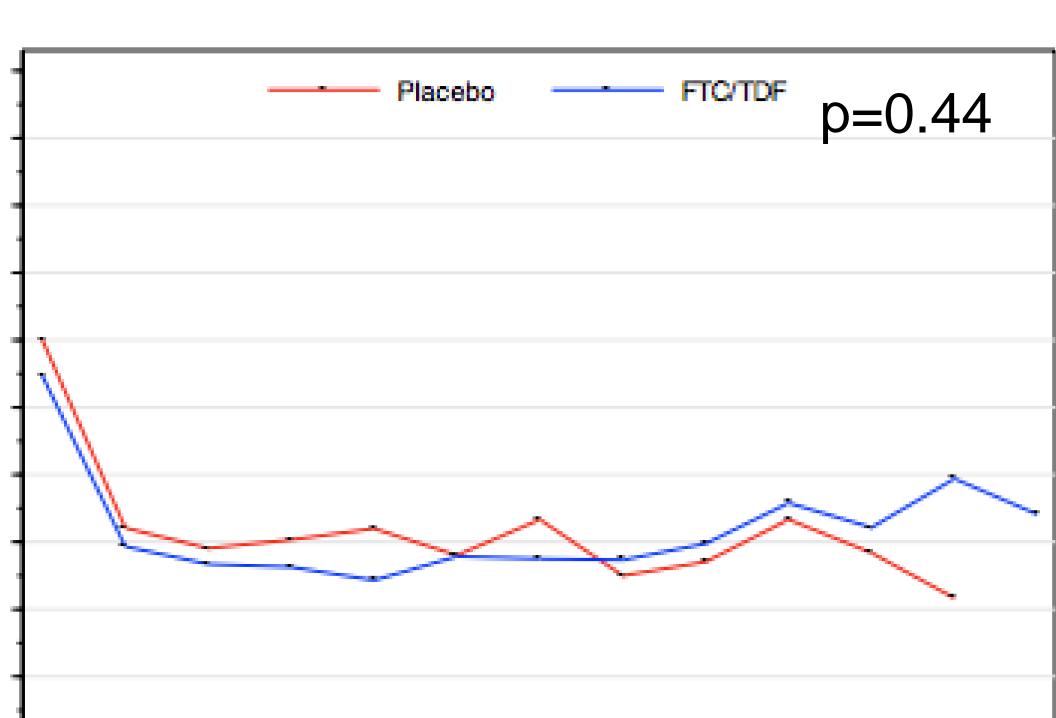


Based on Week 12 C.A.S.I.

CICCIVED DIUG ASSIGNING

Believe they	Randomized to		
are on	FTC/TDF	Placebo	
Placebo	115 (9%)	108 (9%)	
Don't Know	791 (63%)	784 (63%)	
Truvada	275 (22%)	278 (22%)	
No CASI	67 (5%)	81 (7%)	

Those who believed they were taking FTC/TDF



/ touto i ii v ii ii cotioi is

	Tests with RNA	Ab-,RNA+	Prevalence	Fold Ch (95%
lment	2,499	10	0.4%	Re
w-up: ebo	11,322	12	0.1%	3.8 (1.5 to
w-up: TDF	11,407	7	0.06%	6.5 (2.2 to

Diug Nesistance

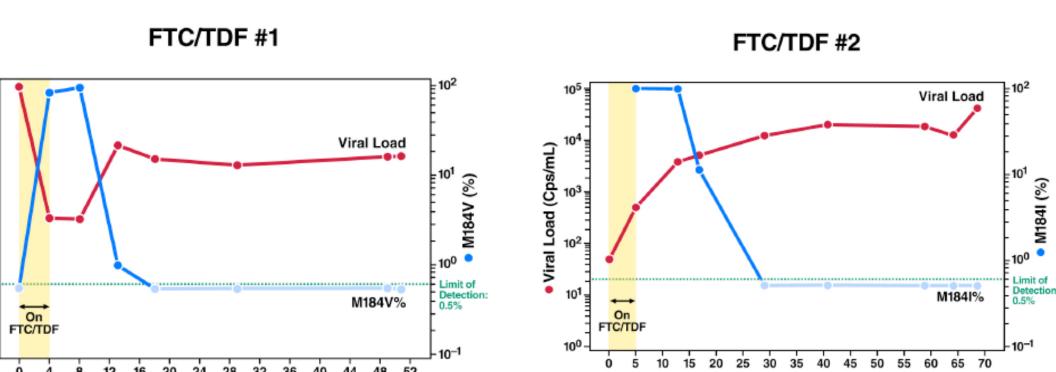
	HIV Status at Enrollment			
Genotypic Resistance	Infected		Uninfected	
	Placebo N=8	FTC/TDF N=2	Placebo N=83	FTC/TDF N=48
	0 (0%)	0 (0%)	0 (0%)	0 (0%)
	0 (0%)	0 (0%)	0 (0%)	0 (0%)
	0 (0%)	1 (50%)	0 (0%)	0 (0%)
V	1 (13%)	1 (50%)	0 (0%)	0 (0%)
F Resistance	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Resistance	1 (13%)	2 (100%)	0 (0%)	0 (0%)

N = 10

- 5 symptomatic at enrollment
- 2 symptomatic within 1 week
- 1 anal sore
- 2 had Leukopenia

ew HIV infections (91 samples tested with allele specific Po

- No drug resistance in participants on FTC/TDF
- 2 with minor variant drug resistance on placebo
 (1 to tenofovir, 1 to emtricitabine)
- V infections already present at enrollment
- 2 cases of emtricitabine resistance
- Resistance dropped to <0.5% within 6 months after</p>



With or Without PrEP

PrEP

- -2 Cases of FTC Resistance in iPrEx
- -Wanes to below 0.5% within 6 months

No PrEP

- -35 HIV Infections were averted in iPrEx
- -3 to 4 would have had primary resistance
- -3 to 4 would eventually have secondary resistance

Conclusion: Not giving PrEP would allow more drug resistance than giving PrEP



10 Medical Breakthroughs

AIDS Drugs Lower the Risk of V Infection

191 of 500 | View

CE PARK Thursday, Dec. 09, 2010



Antiretroviral drugs have turned the AIDS epidemic around, by thwarting virus in HIV-positive patients. But no research suggests that this powerful treatment may have another benefit a weapon against infection in healthy individuals.

In a trial involving nearly 2,500 HIV-

Weekly / Vol. 60 / No. 3

January 28, 201

Interim Guidance: Preexposure Prophylaxis for the Prevention of HIV Infection in Men Who Have Sex with Men

- Condoms are first line of protection
 - Protect against HIV, STIs, and pregnancy
- Before Starting PrEP
 - Confirm that risk for HIV is "substantial and ongoing"
 - HIV test immediately before starting
 - Screen for Hepatitis B infection; vaccinate if susceptible
 - Verify adequate kidney function
- Prescribe
 - Daily oral FTC/TDF
- Monitor
 - Test HIV every 2 to 3 months with HIV testing
 - Test blood creatinine (kidney function) every 3 months
 - Provide risk reduction and adherence counseling
 - Check for STI symptoms, test and treat as needed
 - Test for STIs every 6 months even if asymptomatic

The Aims:

Provide Post-Trial Access in Accordance with the claration of Helsinki and Good Participatory Practices

Listen to PrEP users about Implementation Issues.

earn if PrEP Use Increases When People Know The Tablet is Safe and Effective and Not a Placebo.

Learn What Happens With Sexual Practices.



November 1, 2011

Site Status

San Francisco Enrolling

Boston Enrolling

Cape Town Enrolling

Chicago Enrolling

Brazil x 3 Enrolling

Chiang Mai Enrolling

Ecuador Enrolling

Strategies or Improving PrEP Use

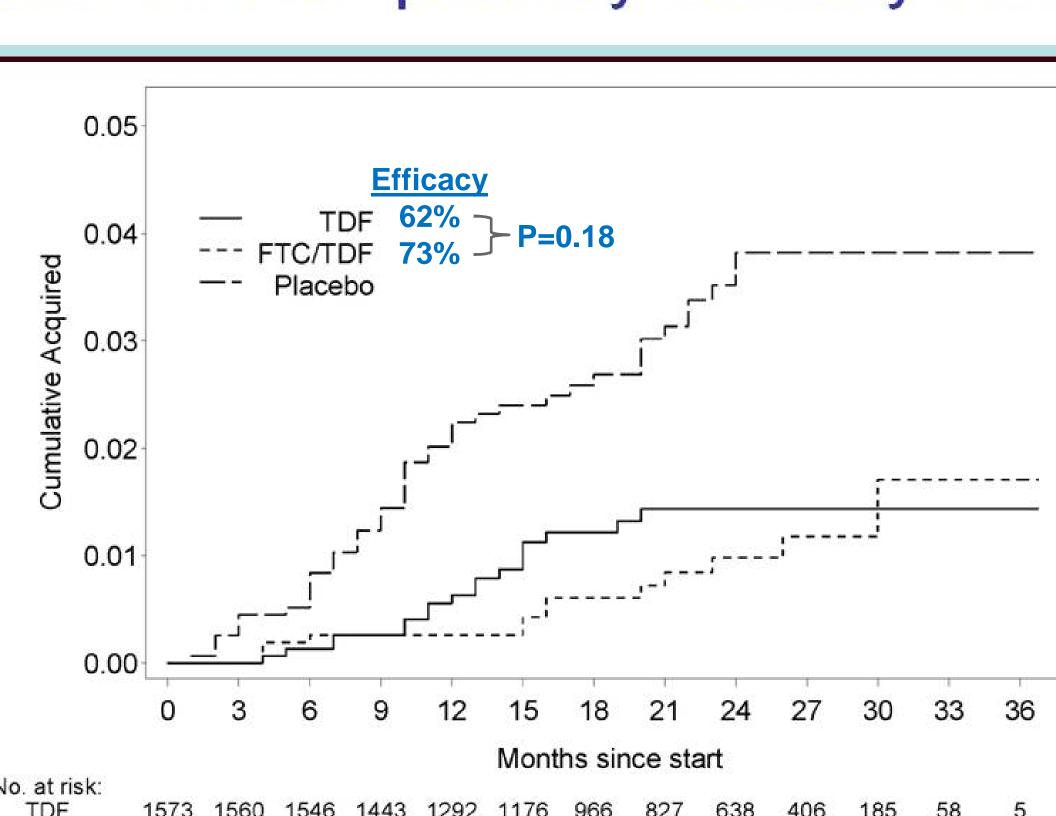
- Stop Using a Placebo
- Provide New Information
 - About Efficacy
 - About Safety
- Decide to Use PrEP
 - Everyone welcome
- "Next Step" Counseling
 - Neutral assessment,
 - Client defines the problem,
 - Problem solving,
 - Focus on barriers and facilitators
- Monitor and Discuss Drug Lev

Sponsored by CDC, Gates, NIH, USAID (>8000 women



		(. €)	
rial	Pop.	Efficacy	95% CI
PrEx	MSM	42%	18 to 60%
artners PrEP	Men	83%	49 to 94%
	Women	62%	19 to 82%
DF2	Men	80%	25 to 97%
	Women	49%	-22 to 81%
emPREP	Women	*	
OICE	Women	**	
DSMB recommended discontinuation for futility; drug testing is in progress *DSMB recommended stopping oral TDF; oral FTC/TDF continues			

illuction bally Grant Cyton in L



Better Places

m	То
nial and stigma	HIV test
gative HIV Test	Protective behavior
tiple partners	Intimacy
odiscordant couples	Viral suppression on treatment
ma and Loss to Follow-up	Retention in care
n't ask (about sex), don't tell	Prevention for positives
nplacency	Hope and Action

Stop Spread to Let Treatment Catch Up

Exposure	Intervention
Discordant Couples	Early Therapy
Gestational	Suppressive Therapy
Needle	Clean Needles
Penile	Male Circumcision
Vaginal	TDF 1% Gel
Rectal	Oral FTC/TDF

THIS VALENTINE'S DAY

#LONOSOfely



Money...

still a long haul. ut AIDS can be en. A plague that years ago was med on man's ity has ended up owing him in a r, more inventive apparous light "

