

Pre-Exposure Prophylaxis (PrEP)

and Gay, Bisexual, and Other Men Who Have Sex with Men (MSM)

In 2016, approximately two thirds of all diagnosed HIV infections in the United States occurred among gay, bisexual, and other men who have sex with men (MSM).¹ Numerous studies have demonstrated that PrEP prevents HIV infection when taken as prescribed. It is estimated that 24.7% of sexually active MSM in the United States are in need of PrEP, or 492,000 people.² Between 2012 and 2015, approximately 60,000 men had filled a prescription for Truvada®, falling short of the estimated number of persons in need.³ Although almost a quarter of MSM are estimated to be in need of PrEP, PrEP continues to be underutilized.

MSM of color are disproportionately infected with HIV. In 2016, black or African American MSM made up 25.7% and Hispanic/Latino MSM 18.7% of the total number of new HIV diagnoses.¹ The National HIV/AIDS Strategy for the United States: Updated to 2020 (NHAS) calls for special efforts to reduce HIV health disparities using prevention strategies, including PrEP, among black or African American MSM.⁴

PrEP knowledge is increasing among MSM, particularly urban, white MSM. Hood et al. report a dramatic increase in PrEP use among MSM in Washington State.⁵ In San Francisco, although similar proportions of MSM report willingness to use PrEP, there was disproportionate lack of uptake among young, black or African American and Hispanic/Latino MSM.⁶ Data from Kaiser Permanente Northern California also shows that PrEP uptake has been higher in white men and in older men in comparison to persons newly infected with HIV. While only 4.3% of PrEP users during the study period were black or African American, 23.6% of persons newly diagnosed with HIV were black or African American.⁷ Increased, focused efforts are needed to integrate and provide PrEP within existing health programs and services targeted to MSM of color, and to provide PrEP programs and services in communities where services are lacking. PrEP promotion, education, individual assessment and candidate identification, linkage, clinical care, and adherence support are key areas of effort for the uptake of PrEP.

Special Considerations:

The [PrEP clinical practice guidelines](#) outline the indications for PrEP. MSM who have condomless anal intercourse with a partner of positive or unknown HIV status are at risk of HIV infection and in need of PrEP. The clinical practice guidelines also recommend PrEP for MSM who have been diagnosed with an incident sexually transmitted infection or who have a partner who is living with HIV.⁸ Substance use, such as use of methamphetamine, among MSM may increase risk-taking behavior and has been associated with increased risk of HIV infection.⁹ NHAS recommends PrEP for persons for whom it is appropriate and desired.⁴ MSM who may be anticipating sexual initiation or changes in sexual behaviors that may increase risk of HIV infection should also be considered for PrEP. Provision of PrEP to MSM is an important strategy to reduce incident HIV infections in this population.



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