PrEP Use Among Young Adults Increased Eightfold in Last Decade

But barriers remain, and PrEP use could be further boosted. Plus: States with greater PrEP uptake see greater drops in HIV cases.

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Young adults in the United States are taking PrEP to prevent HIV at a rate eight times higher than a decade ago, according to a study by University of Michigan Medical School (UM) researchers, who note, however, that more can be done to promote and boost access to PrEP.

Pre-exposure prophylaxis (PrEP) refers to daily pills or long-lasting injectables that are highly effective at preventing HIV. People at risk of exposure to HIV can take PrEP. In contrast, post-exposure prophylaxis (PEP), a prescription of daily HIV meds usually taken for about a month, is prescribed after a potential exposure. PEP must be started within 72 hours after the exposure.

For the study, published in the Journal of General Internal Medicine, researchers used national pharmacy data on PrEP prescriptions from 2016 to 2023 among people ages 18 to 25, according to a university news release. This is the first study to focus only on this high-risk age group.

Researchers looked at 1.45 million prescriptions dispensed to about 240,000 young adults with an average age of 22. About 87% were male, but researchers emphasize that women are also at risk for HIV and could be eligible for PrEP.

In 2016, 26 of every 100,000 U.S. young adults filled a prescription for PrEP. By the end of 2023, this rate increased to more than 208.

Despite the increase in PrEP use, the study suggests that health care providers and public health agencies could do more to promote PrEP. The study also suggests that some people use PrEP inconsistently or have trouble attending the regular appointments and undergoing the regular tests required to continue the medication.

The study's lead author, Nina Hill, MD, a general internist and pediatrician at UM, noted that those in the age group studied tend not to see their health care providers regularly.

"This is a patient population we often neglect in health care, because we don't think about them belonging to pediatric care or adult care, and their stage of cognitive development means they underestimate their STI [sexually transmitted infection] risk in general, yet they're one of the highest risk groups for a new diagnosis of HIV," Hill said in the release. "We're encouraged to see more prescribing over time, but the question remains: Are we getting it to the highest-risk patients?"

Hill added that people who want to access PrEP must navigate a series of steps, including: getting screened by a provider or online screening tool to determine whether PrEP is appropriate; getting tested regularly for HIV and STIs; receiving and filling a prescription; and keeping up with regular tests of kidney function.

Expanding PrEP coverage is one of the most important strategies outlined in the federal Ending the HIV Epidemic Initiative.

In fact, a study published in The Lancet HIV shows that states with the highest levels of PrEP coverage have seen a 38% decrease in new HIV diagnoses over the last decade. What's more, states with the lowest levels of PrEP coverage saw a 27% increase in new HIV diagnoses between 2012 and 2022, according to AIDSVu.

Patrick Sullivan, DVM, PhD, a professor of epidemiology at Emory University's Rollins School of Public health and that study's lead author, told AIDSVu: "The bottom line is we know that PrEP works—for people and for populations. The data we published today show that when there are increases in PrEP coverage, there are corresponding averted infections and declines in new HIV diagnoses."

Sullivan added that many barriers to PrEP persist, including stigma, limited access to health care and PrEP services and limited awareness of PrEP among providers and individuals who would benefit from taking PrEP.

"Recently, we've witnessed threats to federal domestic funding for HIV prevention and PrEP services. This paper demonstrates the progress that is at risk at the federal government level," Sullivan said. "These efforts start at the local level, with PrEP education and outreach campaigns in highly impacted communities, PrEP provider education and training and the expansion of PrEP services in a broad range of settings, including STI clinics and primary care clinics."

In related PrEP news, the Supreme Court is expected to rule this summer in Becerra v. Braidwood Management, Inc.), a case involving insurance coverage of PrEP. Under the rules of the Affordable Care Act (ACA, or Obamacare), preventive health services that receive an A or B grade from the U.S. Preventive Services Task Force (USPSTF) must be covered by health insurance. In August 2023, USPSTF gave all three forms of PrEP an A grade. However, conservatives have in recent years filed lawsuits challenging the ACA's mandate to cover preventive health services, including PrEP and cancer screenings.

For more on #PrEP, go to POZ's Health Basics on the prevention medication. It reads in part:

> PrEP Options
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> To date, the Food and Drug Administration (FDA) has approved three forms of PrEP: Truvada and Descovy are daily pills, and Apretude is a shot given every two months. Of note, due to lack of evidence, Descovy is not yet indicated as PrEP for cisgender women and trans men. Generic (and much cheaper) versions of Truvada are available. A twice-yearly injectable, lenacapavir as PrEP, may be added to prevention options this summer, as clinical trial results have shown it to be highly effective in women, gay men and gender-diverse populations. To learn more about PrEP, see the POZ Basics on HIV Prevention: Pre-Exposure Prophylaxis (PrEP).
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> Access to PrEP
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> A decade after the FDA's approval of Truvada for HIV prevention, PrEP has yet to reach its full potential. According to the Centers for Disease Control and Prevention, of the 1.2 million people in the United States who could benefit, less than a third were prescribed PrEP in 2021.
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> While many urban white gay men have eagerly adopted PrEP, uptake has been slower for other groups. This is true for Black and Latino men who have sex with men, women of all races and ethnicities, adolescents and young adults and people living in rural areas. While Black people account for about 40% of new HIV cases in the United States, only 8% of those who could benefit received a PrEP prescription. The proportion of women and Latinos with a PrEP prescription were 10% and 14%, respectively.
