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**Abstract Number 86 - (Oral)**

**BY RACE/ETHNICITY, BLACKS HAVE HIGHEST NUMBER NEEDING PREP IN THE UNITED STATES, 2015 *Epidemiology/Public Health*: (T) Prevention Interventions**

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**Background:** To effectively measure progress in delivering PrEP, it is necessary to have national and subnational estimates of the number of persons with indications for its use that account for racial/ethnic disparities and differences in HIV infection rates by transmission risk group (risk group).

**Methods:** We used data on new HIV diagnoses and population-based estimates of risk group size to derive estimated numbers of persons with indications by jurisdiction. For each jurisdiction, we multiplied the estimated number of men who have sex with men (MSM) by the proportion of MSM with indications to calculate the number of MSM with indications. For heterosexually active adults (HET) and persons who inject drugs (PWID), we calculated ratios of the numbers of HIV diagnoses in 2015 attributed to HET or PWID to the number attributed to MSM. The ratios were multiplied by the number of MSM with indications to calculate the numbers of HET and PWID with indications. Proportions of HIV diagnoses in 2015 by race/ethnicity or sex (HET only) were multiplied by estimates for each risk group to calculate numbers with indications by risk group, race/ethnicity and sex. We summed subnational estimates to produce national estimates.

**Results:** Nationally, an estimated 1.1 million persons had indications in 2015, of whom 500,340 were black (44%), 303,230 were white, 282,260 were Hispanic/Latino (Latino), and 58,720 were of other race/ethnicities (Table). Of 813,970 MSM (71% of total) with indications, 38% were black, 29% were white, and 27% were Latino. Of 258,080 HET with indications, 64% were black, 18% were Latino, and 14% were white; while 68% (176,670) were female and 32% were male. Among 72,510 PWID with indications, 39% were white, 37% were black, and 21% were Latino. States in the South and DC had the highest proportions of blacks with indications.

**Conclusion:** Blacks comprised the highest number of persons with PrEP indications overall and among MSM and HET. In light of other studies showing that PrEP use is low in black persons, these findings strongly support the highest priority for increasing awareness of, access to, and utilization of PrEP by this group. All MSM, and especially black MSM, must remain a high priority for PrEP delivery because of their high numbers compared to other risk groups. Use of these estimates as denominators will allow for the assessment of PrEP coverage and impact on HIV incidence by race/ethnicity and risk group over time at subnational levels.