

HIV PEP Implementation in the USA

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Exposed to HIV? The clock is ticking!



To be effective, **PEP** must begin **within 72 hours** of exposure

Overview

Gaps in Prevention

Current State of PEP*

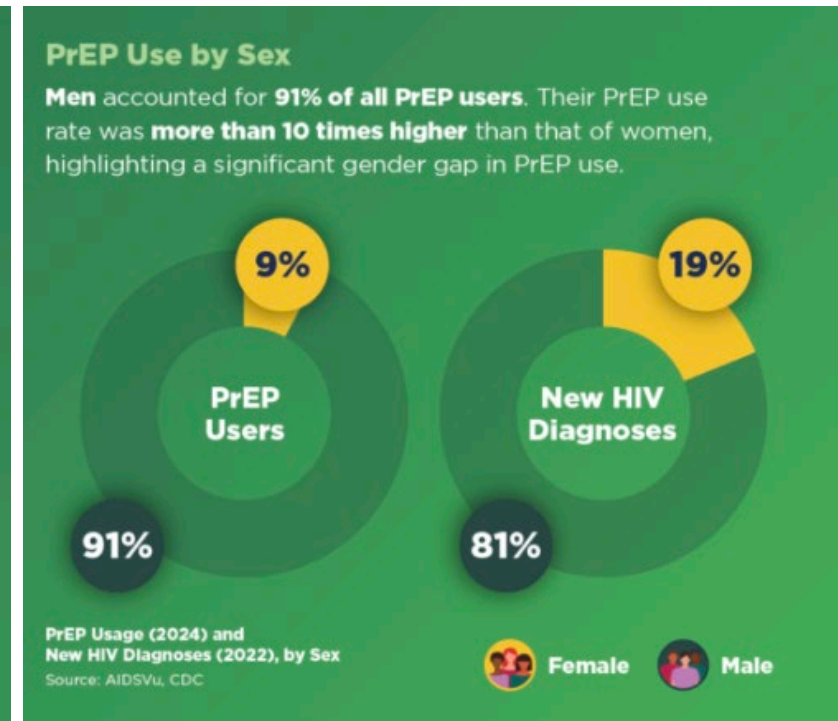
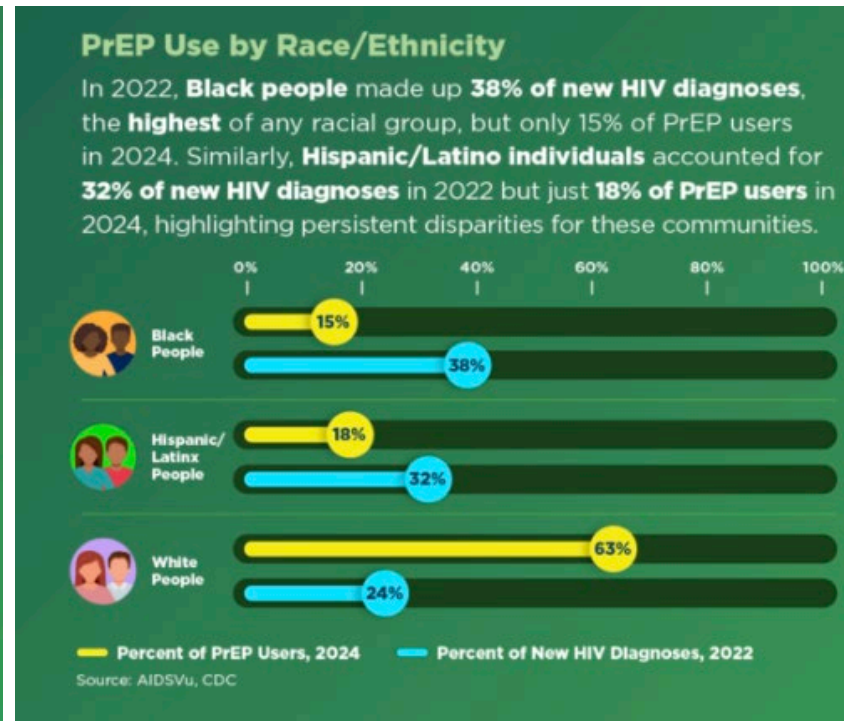
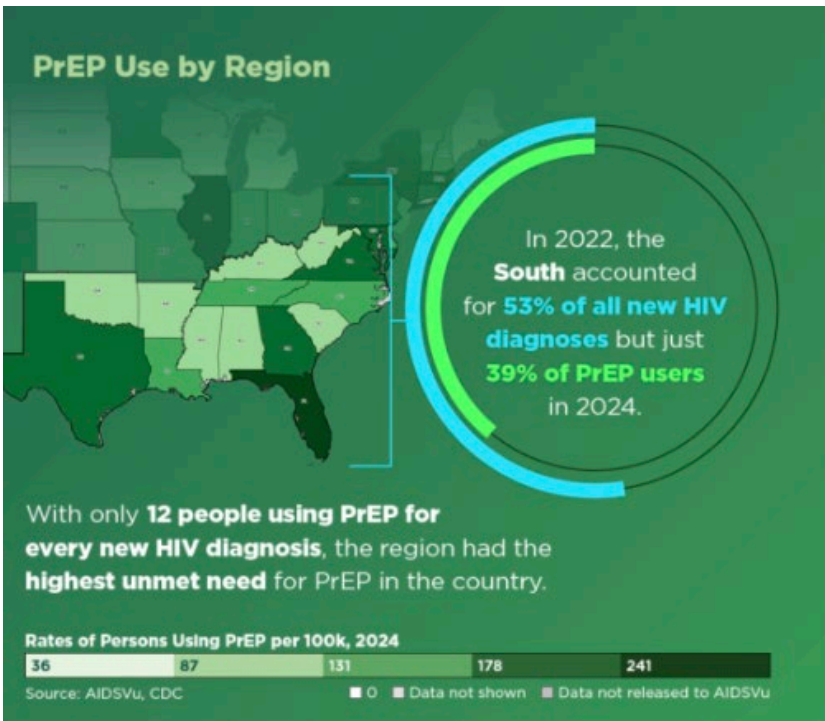
Barriers to PEP

Decentralizing and Demedicalizing PEP Care

*Occupational PEP is an important tool to protect healthcare workers –this presentation will focus on nonoccupational PEP (nPEP).

Figure. Monterey County Department of Public Health

PrEP can fill important prevention gaps



AIDSvu graphic using 2024 CDC data (Sullivan et al, 2025)

*Decreased medical care access in 2026 not captured






PEP UTILIZATION IN THE US

Two urban STI clinics show persistently low PEP initiation rates in 2024–2025, with room to improve linkage to PrEP.



SEATTLE, WA [WEST COAST]






(communication with SKC Public Health STI Clinic)

	2024	2025
 # of visits - total	11,318	10,606
 # visits where HIV PEP initiated	57	80
 % visits where HIV PEP initiated	0.50%	0.75%
 # that transitioned to PrEP within 6mo	7	13
 % transitioned to PrEP within 6mo	12.3%	16.3%



MINNEAPOLIS, MN [MIDWEST]

(communication with Red Door Public Health STI Clinic)

	2024	2025
 # of visits - total	15,302	14,257
 # visits where HIV PEP initiated	73	46
 % visits where HIV PEP initiated	0.48%	0.32%
 # that transitioned to PrEP within 6mo	29	19
 % transitioned to PrEP within 6mo	39.7%	41.3%

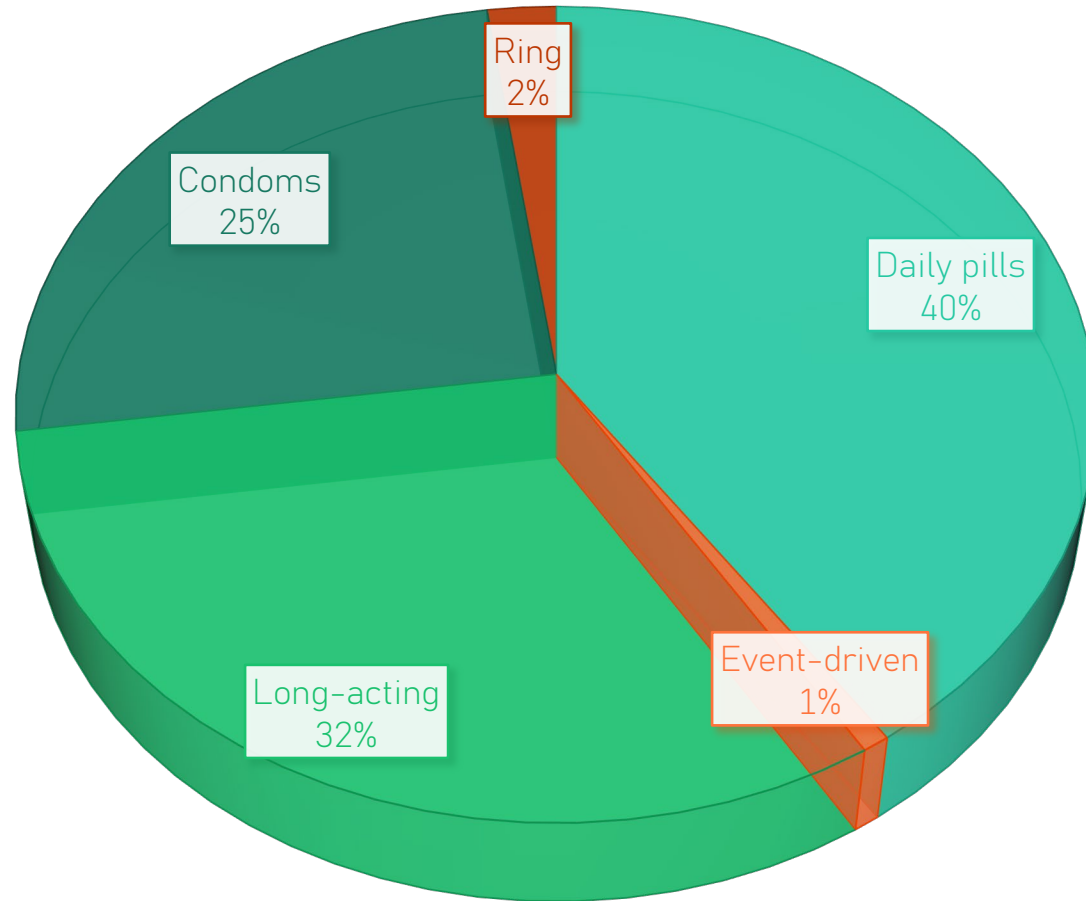


PEP initiation rates remain <1% of total visits in both cities.



Importance of choice and flexibility – as observed with contraceptive

USA: 2018*



26% of women, age 15 to 49 years, report ever using emergency contraception between 2017-2019* compared with 19% in 2011-2013.

Uwanaka et al, Ob Gyn. 2022

Guttmacher Institute, 2024

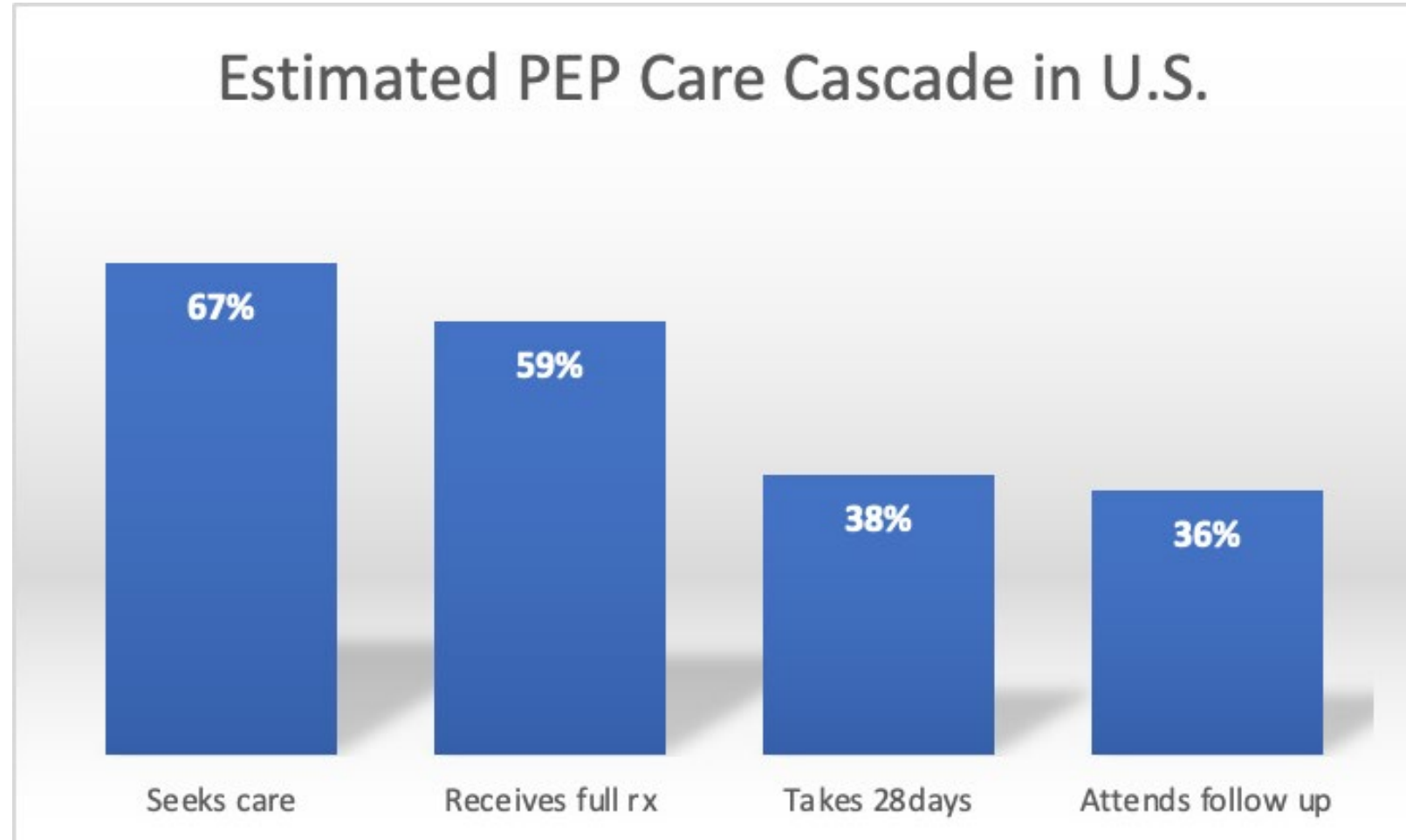
Hussain and Kavanaugh, Contraception, 2021;

*updated numbers not available. Likely increase in use with large decrease in contraceptive and abortion care

PEP Completion Rates are Low

Minneapolis Example:
HCMC [large public hospital] ED
6-month period (Oct '25 – Apr '26)*
21 patients received post-assault PEP

- 17 received 28 pills
- 4 received partial quantity (4 - 7 pills)
 - 2 received the rest the next business day
 - 2 did not receive further medication.



*significant overlap with Operation Metro Surge ICE activity in Minneapolis

PEP Guidelines vs Real-World Practice

Why current guidelines fail to translate into rapid PEP access

GUIDELINE EXPECTATIONS

Case-by-case risk assessment
Many labs before/with initiation
Same day access
Follow-up (4 + 12 weeks)

GAP

REAL-WORLD CONSTRAINTS

Patients access > 24hr later
ED workflow constraints
Cost & access barriers
40% of ED providers felt comfortable prescribing PEP.

Mismatch between guidelines and real-world leads to delayed or missed PEP

HIGH COST OF PEP CARE IN THE US

Significant out-of-pocket costs remain a major barrier to timely access and completion of PEP.



1 ENCOUNTER WITH A PRESCRIBING PROVIDER

- ED ~ **\$900 – \$2000**
- Public Health Clinic* ~ **\$0 – \$100**



2 MEDICATION

- Biktarvy – **\$4252.33**
- DTG + TDF/FTC – **\$4183.24**



3 LABORATORY

- Approximately **\$800** for HIV Ag/Ab, HBV serologies, pregnancy, and CMP.
- Approximately **\$150** for HIV Ab/Ab and NAAT at 4–6 weeks and again at 12 weeks



!

TOTAL POTENTIAL COST OF PEP CARE:

\$7000+
before insurance

 High costs contribute to delayed care, non-initiation, and non-completion.



*Access to PEP care varies widely by county, especially after 2025.



50% of individuals avoid using insurance due to privacy concerns.

BARRIERS TO EFFECTIVE HIV PEP IMPLEMENTATION

Multiple system- and individual-level barriers delay or prevent rapid access to PEP.



SYSTEM



Low provider confidence



Cost of medications and labs



CDC Guidelines are complex

- Low buy-in with guidelines that don't make sense



Lack of institutional guidelines



INDIVIDUAL



Lack of awareness of PEP



Wait times



Health insurance/bill



Emotional component of prolong



Stigma of sexual exposure care

- "high-risk homosexual behavior"



Pill burden



Risk perception lowers over time
(cognitive desinence)

Paths to Decentralize and Demedicalize PEP



Telehealth

- Remote lab testing, rapid med delivery



PEP in pocket (PiP)

- Rare case of planning ahead for PEP not PrEP



Pharmacist prescribed

- Remove lab testing, simplified guidelines



Vending Machine

- Over the counter



PrEP and PEP vending machine in Sao Paulo, Brazil (Photo: The Telegraph)

Current regimen, guidelines, and access are missing the mark.



The need for **RAPID ACCESS** can only be improved through:

1



Affordable access without health insurance

2



More affordable medication

3



Shorter course of medication with rapid onset and "forgiveness"

4



Clear and feasible guidelines

5



Rethink necessity of labs

Thank you!



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