



**NATIONAL BLACK GAY MEN'S ADVOCACY COALITION (NBGMAC)**  
3636 Georgia Ave, NW • Washington, DC 20010  
Office: (202) 455-8441 Fax (202) 204-0806 [www.nbgmac.org](http://www.nbgmac.org) • [info@nbgmac.org](mailto:info@nbgmac.org)  
[Facebook.com/NBGMAC](https://www.facebook.com/NBGMAC) • [Twitter @NBGMAC](https://twitter.com/NBGMAC)

---

## **ADVANCING HIV PREVENTION AMONG BLACK GAY MEN: THE ROLE OF PRE-EXPOSURE PROPHYLAXIS**

---

### **INTRODUCTION**

Established in 2005, the National Black Gay Men's Advocacy Coalition (NBGMAC) is committed to improving the health and well-being of Black gay men through advocacy that is focused on research, policy, education and training. While the impact of the HIV epidemic has been devastating to the gay male community as a whole, the effect on Black gay men has been catastrophic. The most recent CDC epidemiologic data highlighting the 48% increase in new infections among young Black males from 2006 to 2009 is particularly alarming: Young Black gay men are the only population in the United States to experience such a steep increase in new HIV infections.

During the last year, encouraging new data have emerged from clinical trials demonstrating that pre-exposure prophylaxis (PrEP) – whereby HIV-negative individuals take antiretroviral drugs to protect themselves from infection – can significantly reduce the likelihood of HIV infection when offered as part of a comprehensive prevention package. Based on **iPrEx**, the first human efficacy study of [pre-exposure prophylaxis](#) (PrEP) to report efficacy data results, funding for further investigation related to the administration of PrEP in a real-world environment is essential. NBGMAC's view is that PrEP is an essential biomedical prevention intervention option for populations at high risk of HIV infection (especially Black gay men), and that in order to utilize PrEP most effectively and efficiently, demonstration projects and additional clinical and behavioral research are needed to provide more data for implementation of this new HIV prevention tool.

NBGMAC's initial position on PrEP is discussed in this policy paper, which is divided into three sections: Section 1 reviews recent data illuminating the impact of HIV on Black gay men in the United States, irrefutably establishing this population as the highest priority for a domestic HIV/AIDS agenda. As a result, NBGMAC's position is that all future HIV prevention research trials must include a sufficient cohort of Black men. Section 2 defines PrEP and discusses both the promising results of the historic iPrEX study, as well as concerns regarding its shortfalls. Section 3 emphasizes the need for additional data and identifies what NBGMAC believes to be necessary steps regarding funding for new demonstration projects. Ultimately, our hope is that making PrEP available in a culturally appropriate and supportive manner to Black gay men for whom it is appropriate can permanently change the direction of HIV infection among this population.

---

The National Black Gay Men Advocacy Coalition (NBGMAC) is committed to improving the health and well-being of Black gay men through advocacy that is focused on research, policy, education and training.

## SECTION 1

### *Identifying Black gay men as the population most in need of an intervention for HIV prevention*

The annual number of new HIV infections has decreased dramatically over the past three decades, dropping from an estimated incidence of 130,000 in the early 1980s to a current CDC estimate of 50,000 annually. This decline in new infections has been concurrent with an exponential increase in the number of persons living with HIV, following the emergence of effective antiretroviral treatment.

The CDC report provides grim evidence of a continued concentration of the epidemic among America's racial minorities and the poor. It highlights that 44% of new infections occur among African Americans, despite their representing only 13% of the nation's population. Overall, African Americans experience an HIV incidence rate 8 times that of whites. Black men have the highest rate of new HIV infections of any group, at 103.9/100,000, in contrast to white men at 15.9 per 100,000. Black women have the highest rate among women, at 39.7 per 100,000, compared to 2.6 per 100,000 among white women. These disparities, however, are not a departure from previous surveillance. Incidence rates have remained stable across demographic groups, including people of color, with one glaring exception: young Black gay men.

The most disturbing new finding in the CDC's report is that there was a 48% increase in new HIV infections among young Black gay men between 2006 and 2009. This is a statistically significant 12.2% yearly increase in HIV diagnoses among these young men. As the CDC notes in its September 2011 Fact Sheet "*HIV and AIDS among Gay and Bisexual Men*,"

*The majority of new infections among black MSM occur among young black MSM aged 13 to 29 (6,500). In fact, more new infections occur among young black MSM than white MSM aged 13 to 29 and 30 to 39 combined (6,400).*

The startling disproportionate burden of HIV being shouldered by Black gay men, and particularly by young Black gay men, demands immediate attention at all levels. **There is an urgent need for a greater investment in existing prevention strategies, as well as in new approaches to stem the epidemic in the United States.** We must target what is causing this effect on this specific population, but more urgently, we must work to stop the spread of HIV among Black gay men to prevent even further decimation of Black gay males in our communities.

## SECTION 2

### *PrEP, the promising results of the IPrEx study, and limitations on current data*

Biomedical intervention for HIV prevention has emerged as an essential global public health response to the transmission of HIV. PrEP is part of a wide-range of HIV prevention services in which HIV-negative individuals that are at high risk take antiretroviral medication daily to try to lower their chances of becoming infected with HIV if they are exposed to it.

---

The National Black Gay Men Advocacy Coalition (NBGMAC) is committed to improving the health and well-being of Black gay men through advocacy that is focused on research, policy, education and training.

In November 2010, the National Institutes of Health announced the results of the iPrEx clinical trial, a large, multi-country research study examining PrEP. The iPrEx study evaluated the safety and efficacy of Truvada, a single pill combining two drugs, tenofovir (TDF) and emtricitabine (FTC), as part of a study package that included counseling to continue condom use, medication adherence counseling, regular HIV testing and monitoring of side effects. There were approximately 2,500 participants from Peru, Ecuador, Brazil, South Africa, and the United States (San Francisco and Boston). Trial subjects were at high risk for HIV infection based on self-reported data of multiple sex partners, engagement in unsafe sex, history of sexually transmitted infections and high rates of alcohol use.

The data from this study indicate that thirty-four (34) infections occurred among participants in the drug arm of iPrEx while sixty-six (66) infections occurred in participants in the placebo arm. Therefore, researchers calculated that Truvada reduced new HIV infections by 44% compared to placebo. Furthermore, when the results of the study were adjusted for participants who adhered to medication 50 percent of the time or more, overall efficacy was 50.2%. Increased adherence to Truvada improved efficacy as well. Moreover, study participants reported increased condom use and decreased sexual partners. Some side effects, notably nausea, were experienced by participants receiving medication, but there were no major adverse events. These results present incredibly promising scientific data which confirm that prevention of the spread of HIV is a legitimate possibility within our lifetimes.

While the results of the iPrEx study are encouraging, there are several limitations to this data. First, iPrEx was a clinical trial, and it is imperative that we gather data on the optimal strategies for delivering PrEP in real-world settings. To understand the potential public health impact for HIV-negative Black gay men at the highest risk of infection in the US, we must see its application in the communities in which these men live. Of the participants in the iPrEx study, only approximately 10% were from the United States. As we are aware, there are factors, including social stigma, behavioral factors, and structural and policy considerations which are unique to the United States. It is therefore imperative that future studies focus on Black gay men in this country.

Demonstration projects are necessary to establish the best strategies for supporting adherence to the PrEP regimen, as well as the best mix of behavioral interventions necessary to achieve the greatest preventive effect. It is imperative that studies commence which not only assess how PrEP would be implemented in the community (e.g., details of actual drug administration, including dosing), but which also evaluate a full “side effect profile” of this particular drug combination. Also, although studies do not demonstrate that behavioral disinhibition results from PrEP, this possible effect must be carefully studied and evaluated. This additional research should include analysis of the long-term biochemical effects of PrEP on mental health, as well as data on those under the age of 18. PrEP should be viewed as an incredibly promising piece of an entire comprehensive package of HIV prevention strategies for Black gay men.

Furthermore, the long-term safety of Truvada among HIV-negative individuals merits additional study. There is the possibility that broad administration of Truvada may confer unintended and potentially dangerous consequences. For example, those taking PrEP who happen to be exposed to a strain of HIV which is resistant to Truvada will not be protected from acquiring HIV. If these individuals assume they are HIV-negative, they may unintentionally spread the virus. Also, additional study is necessary to determine possible resistance to Truvada over the long-term. Furthermore, renal dysfunction is a common complication in patients with HIV and can result from the adverse effects of taking antiretroviral drugs, such as Truvada. Although little is known about the racial differences in the incidence and progression of HIV-related chronic kidney disease, it is clear that African Americans develop end-stage renal disease markedly faster than whites and that Blacks have a higher rate of death (see *Chronic kidney disease incidence, and progression to end-stage renal disease, in HIV-infected individuals: a tale of two races*. Lucas GM, et. al. *J Infect Dis*. 2008). These concerns reinforce the need for additional research and testing and also support NBGMAC's assertion that all future studies unequivocally must include Black gay men.

In order to implement any biomedical prevention intervention, particularly in the most at-risk communities, it is essential that we promote health literacy and confront both the internalized homophobia and the latent racism entrenched in these communities and in the United States. Unless significant steps are taken to remove existing barriers to receiving sexual health information, particularly for those under the age of 18, it will be impossible to educate and disseminate crucial information to Black gay males. Undoubtedly, there is a tremendous need for additional research and testing and we are compelled to find the best ways to use antiretroviral drugs as prevention. Public and private funders must act swiftly to ensure the availability of resources for the essential next steps for PrEP, including demonstration projects and continued research.

### **SECTION 3**

#### *Next steps*

Despite the financial challenges facing our country, the HIV epidemic in Black communities across the United States demands urgency and appropriate resources, especially in addressing the impact on Black gay men. Without doubt, funding must not be cut or redirected from existing prevention strategies such as condom distribution, behavioral interventions focused specifically on the sociocultural drivers of infection among Black gay men, and medication adherence counseling. Rather, legislation such as the Affordable Care Act, which specifically provides for preventative care, should provide additional financial support for HIV prevention options.

NBGMAC recommends that the CDC and the Health Resources and Services Administration jointly create an investment fund to strengthen the capacity of indigenous Black gay organizations to provide HIV testing, prevention and treatment education and linkage to care services. A considerable hurdle, particularly in communities of color, is resistance to being tested for HIV. We need to fund research and develop tools to determine what is missing for Black gay men, why they are resistant to getting tested, and work to reduce the stigma, denial, and myths which still envelop HIV testing and transmission.

---

The National Black Gay Men Advocacy Coalition (NBGMAC) is committed to improving the health and well-being of Black gay men through advocacy that is focused on research, policy, education and training.

Certainly, Black gay men themselves must be an integral part of this dialogue and work cohesively with regulators, activists, and providers to implement solutions. To this end, NBGMAC calls for the White House Office of National AIDS Policy to convene a high-level consultation on Black gay men and HIV with the full participation of the National HIV/AIDS Strategy coordinating agencies. The purpose of this consultation would be for the White House to develop a specific strategy on ending the health disparity of HIV among African Americans. Such a strategy would include an expansion of the number of culturally appropriate, high quality facilities which serve Black gay men with HIV and increased availability of resources devoted to behavioral interventions and sociocultural education, The goal of these strategies would be sweeping recognition that reducing health disparities an essential component to HIV prevention, as well as the implementation of a coordinated, national response to HIV.

Moreover, NBGMAC recommends that the NIH Office of AIDS Research develop and issue a high-priority research plan to address HIV among gay men, especially African American and Latino gay men in the United States, including using novel technologies and strategies to lower the viral load and prevalence in these communities. Specifically, this research plan should include additional inquiry regarding any biological and behavioral factors which lead to increased incidence of HIV in Black communities. Furthermore, this research should identify what can be done both immediately and in the long-term to limit the spread of HIV among Black males by incorporating a variety of approaches, including the administration of PrEP to the populations most in need. Most importantly, currently planned and future trials of PrEP and other biomedical HIV prevention strategies must include a significant representation of the highly impacted population of young Black gay men.

Funding for more data is essential, but as we await new demonstration projects, **the FDA must be supported in considering the administration of Truvada as a biomedical prevention intervention for HIV negative individuals.** It is imperative that we work collaboratively to ensure access and affordability, so that this proposed intervention can be administered safely and effectively to Black gay men as part of a comprehensive package of care.

Contact: National Black Gay Men’s Advocacy Coalition  
3636 Georgia Ave NW  
Washington, DC 20010  
**Phone:** (202) 455 - 8441  
**Email:** [info@nbgmac.org](mailto:info@nbgmac.org)

December 2011

---

The National Black Gay Men Advocacy Coalition (NBGMAC) is committed to improving the health and well-being of Black gay men through advocacy that is focused on research, policy, education and training.