



As New HIV Cases Decline, West Hollywood Advocates Focus on Prevention

Disparities persist in Black and brown communities' access to PrEP and PEP to prevent HIV, say West Hollywood residents.

March 2, 2023 By [Trent Straube](#)

HIV advocates in West Hollywood, California, held a town hall event to discuss access to pre- and post-exposure prophylaxis, [PrEP](#) and [PEP](#), to prevent [HIV](#). Speakers had good news to report regarding the local HIV epidemic: New HIV diagnoses in the LGBTQ mecca plummeted 63% in the past seven years, falling from 60 new cases to 22 diagnoses, [reports WeHoville.com](#).

The [City of West Hollywood](#) encompasses about 1.9 square miles in metropolitan Los Angeles. By contrast, Los Angeles County reported 1,382 new HIV cases in 2020, [according to AIDSVu data](#). Nearly 50,250 people were living with HIV in the county that year.

Despite the decline in new HIV diagnoses in West Hollywood, challenges and disparities persist, especially when it comes to accessing PrEP and PEP. The city hosted the town hall event February 23 to hear firsthand from residents about the barriers they face when trying to access PrEP and PEP.

Of note, disparities in PrEP uptake are worsening across the nation. [As POZ reported in September:](#)

While PrEP uptake rose steeply among white Americans relative to their number of new HIV diagnoses, prescriptions for Black and Latino people aren't meeting the need. White people made up 65% of PrEP users in 2021 but accounted for just 26% of new HIV diagnoses in 2020. In contrast, Black people made up 14% of PrEP users despite having 42% of new diagnoses, while Latino people made up 17% of PrEP users and 27% of new diagnoses. Only 8% of PrEP users were women, who account for 18% of new HIV diagnoses

PrEP disparities are further illustrated in these graphics by AIDSVu:

Speaking at the event, West Hollywood Mayor Pro Tempore John Erickson related that even he, as a cisgender gay white man with health insurance, experienced unnecessary red tape when he

decided to start PrEP.

Other speakers, including Ayako Miyashita Ochoa of the HIV AIDS Policy Research Center and Shane Nash of the Transgender Advisory Board, discussed common barriers for both patients and providers, such as lack of insurance and education and a shortage of staff to offer services.

The discussion took place a few weeks after state Senator Scott Wiener (D-San Francisco) introduced [SB 339](#), a bill that aims to expand pharmacists' ability to provide PrEP and PEP. Specifically, the bill requires insurers to cover the costs of the pharmacists' services and allows pharmacists to prescribe up to a 90-day supply—and even more under certain conditions. For more details, see the POZ article "[California Bill Allows Pharmacists to Provide More PrEP to Prevent HIV](#)."

During the town hall event, participants and attendees also talked about the effectiveness of PrEP, the risk of contracting other sexually transmitted infections and the success that Mistr, a national telehealth platform, has experienced in getting clients on PrEP.

To learn more about HIV prevention methods, see the POZ Basics on [Pre-Exposure Prophylaxis \(PrEP\)](#) and [Post-Exposure Prophylaxis \(PEP\)](#). For example, the PrEP information states:

"PrEP is an HIV prevention tool in which an HIV-negative person takes antiretroviral medication to reduce the risk of contracting HIV. Currently, there are three Food and Drug Administration-approved medications for PrEP:

- [Truvada](#) (tenofovir disoproxil fumarate/emtricitabine)
- [Descovy](#)* (tenofovir alafenamide/emtricitabine)
- [Apretude](#) (extended-release cabotegravir)

*Descovy has not yet been indicated for individuals at risk for HIV from receptive vaginal sex.

"When antiretroviral medication builds up in the human body, it can stop HIV from replicating and establishing an infection. PrEP was approved in 2012 by the U.S. Food and Drug Administration (FDA) with the requirement that it be used every day, even during periods of minimal or low-risk sexual activity. Studies are exploring intermittent 2-1-1 dosing strategies as well as different medications that could be used as PrEP. In 2021, the first long-lasting injectable form of PrEP was approved.

"PrEP only works if you take it. Data from the iPrEx trial show that daily adherence of oral PrEP reduces HIV risk between 96% and greater than 99%. Those who took four doses a week remained fully protected, and those who took two lowered their chance of getting HIV by 76%. Data from the HPTN 083 and HPTN 084 studies showed that long-acting injectable regimens are even more effective than PrEP pills at preventing HIV acquisition."

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