Aims: To explore perceptions of interpersonal and socio-cultural barriers and facilitators to using and adhering to combined emtricitabine and tenofovir known as Truvada, among post-incarcerated, African American, HIV-negative men who have sex with men as compared with male to female transgender persons. Background: HIV pre-exposure chemoprophylaxis, Truvada, has been recently FDA approved for use among HIV-negative persons at high risk for HIV. Truvada is most efficacious when used daily, with condoms at each sex act, with 2-3 month medical checks and counseling. Methods: This is a qualitative, ethnographic study using convenience sampling, and semi-structured questions in one and one half hour audio-recorded focus groups. Men who have sex with men (47) and male to female transgender persons participated in separate focus groups consisting of approximately 5-7 persons per group. Participants were recruited in collaboration with the Center for Health Justice (CHJ) and Men’s Central Jail in Los Angeles (MCJ) California, U.S.A. Results: This is the first study to examine Truvada use and adherence among post-incarcerated persons, and male to female transgender persons. Most participants were unaware of Truvada as HIV pre-exposure chemoprophylaxis. Once informed, most participants perceived Truvada as an HIV-related conspiracy against African Americans. Both men who have sex with men and male to female transgender persons indicated ambivalence to use and adhere to Truvada given that condoms have known efficacy to prevent HIV and STD, therefore they may not use both simultaneously. A majority of male to female transgender persons indicated they would use Truvada as compared with MSM. Implications: Nurses are in a prime position to educate and counsel high-risk persons about Truvada. This study was funded by a pilot grant from the Center for HIV Identification, Prevention and Treatment Services NIMH P30MH058107