

Let's Talk About PrEP

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Outline

- What is PrEP? and why do we need it?
- HIV Status in the USA
- What now?

What is PrEP?

- **PrEP is** when HIV negative people at very high risk for acquiring HIV take one pill daily (tenofovir/emtricitabine) to lower their chances of getting infected when exposed sexually or through injection drug use.
 - **Taken daily PrEP** can lower the risk of getting HIV from sex by more than 90% and from injection drug use by more than 70%
- **PrEP is not a substitution** for other HIV prevention interventions such
 - Condoms
 - Behavioral risk reduction
- **PrEP does not protect** against other STIs

Adherence is critical

Protective efficacy (%)

All participants

High adherers



44



92



62-73



~95

iPrEx – MSM

Partners PrEP – Heterosexual men and women

Grant RM, et al. *NEJM*. Dec 2010;363(27):2587-99
Baeten JM, et al. *NEJM*. Aug 2012;367(5):399-410

HIV in the US: The Facts

700,000

American lives lost to HIV since 1981

\$20 billion

Annual direct health expenditures by U.S. government for HIV prevention and care

Without intervention and despite substantial progress another

400,000

Americans will be newly diagnosed over 10 years despite the available tools to prevent infection

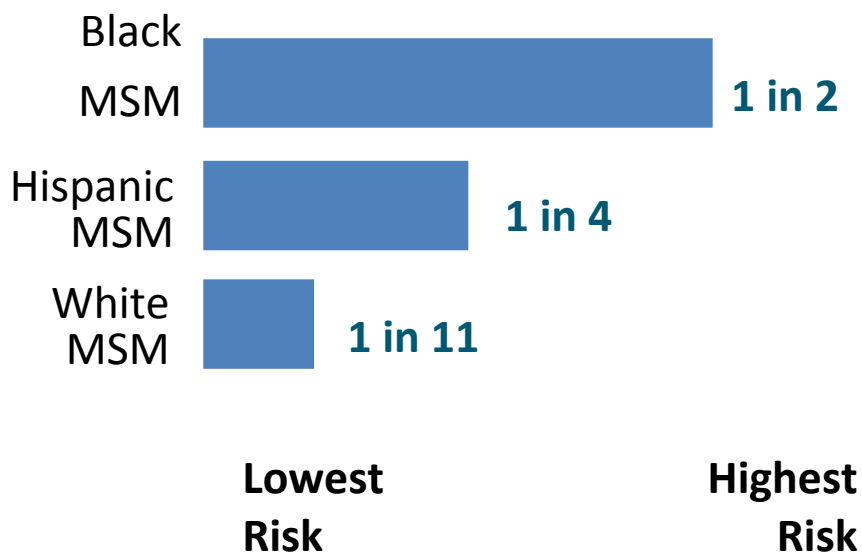
EARLY DIAGNOSIS IS ESSENTIAL TO END THE HIV EPIDEMIC

- **1 in 2** people with HIV have the virus at least 3 years before diagnosis
- **1 in 4** people with HIV have the virus at least 7 years before diagnosis
- **1 in 5** people with HIV are diagnosed with advanced disease (AIDS)
- **7 in 10** people with HIV saw a healthcare provider in the 12 months prior to diagnosis and failed to be diagnosed

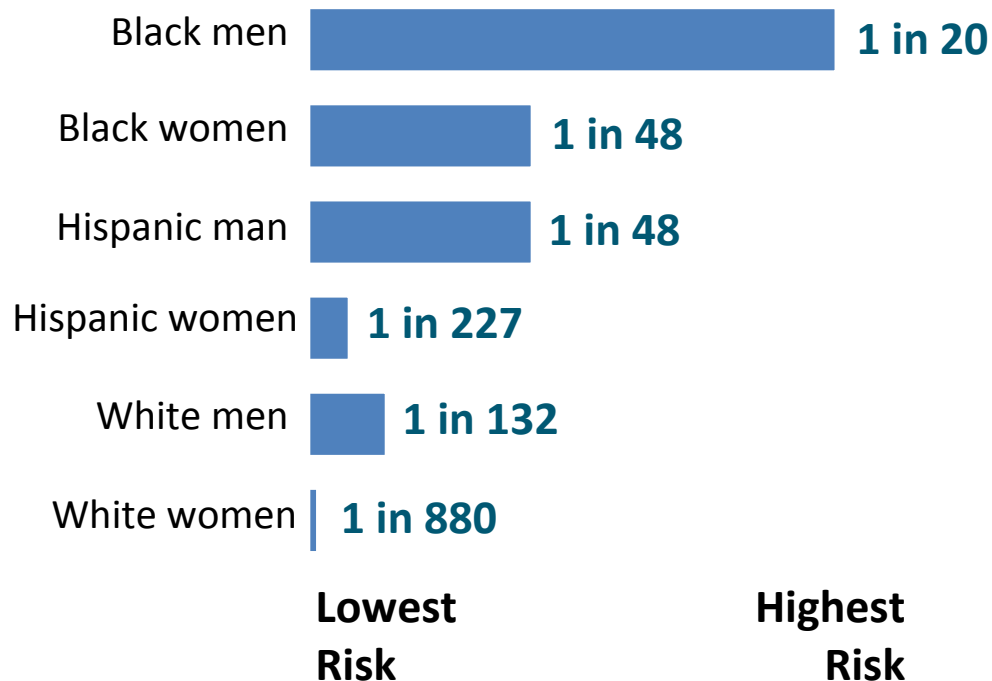
87% of new HIV infections are transmitted from people who don't know they have HIV or are not retained in treatment

Lifetime Risk of HIV Diagnosis by Race/Ethnicity in the United States

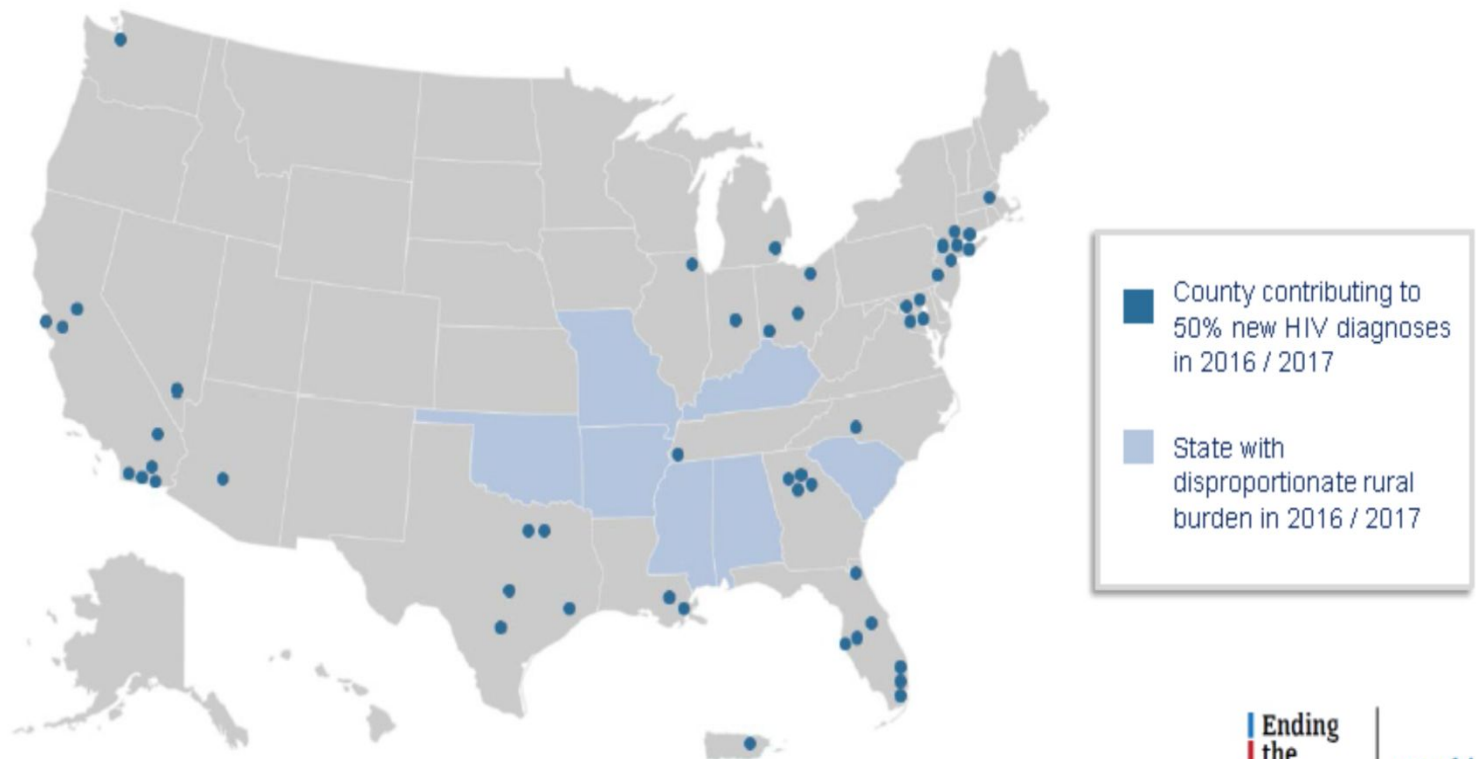
Lifetime Risk of HIV Diagnosis Among MSM by Race/Ethnicity



Lifetime Risk of HIV Diagnosis by Race/Ethnicity

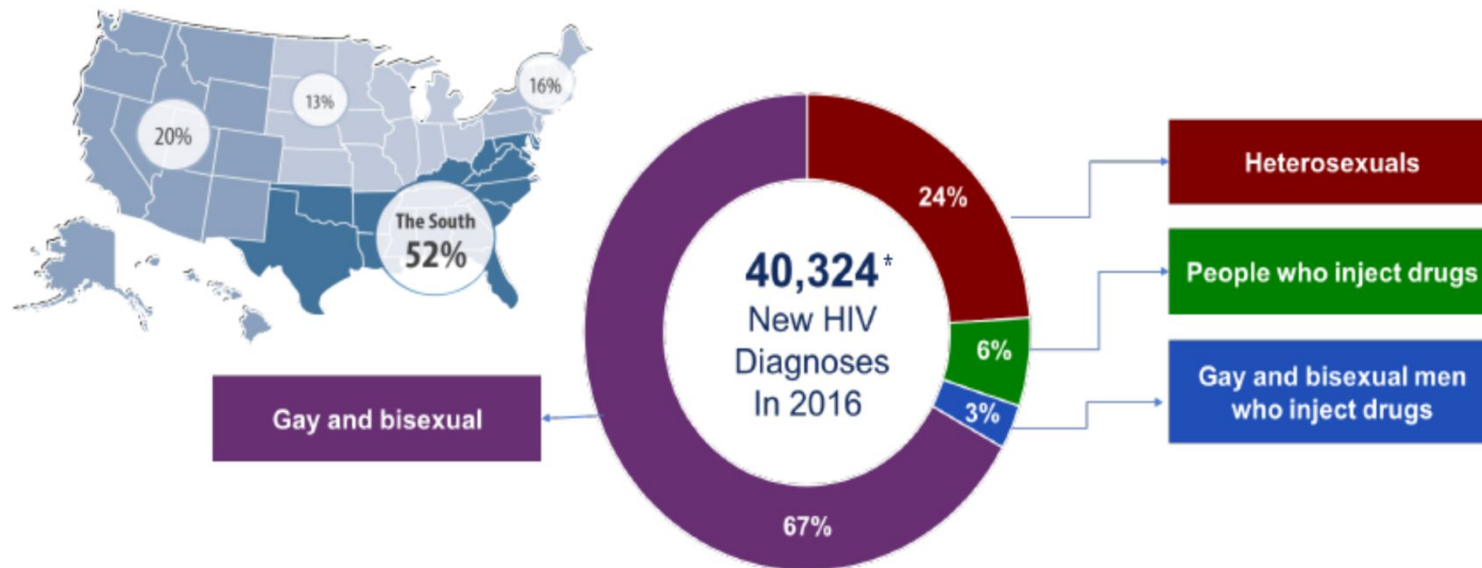


48 COUNTIES, 7 STATES WITH SUBSTANTIAL RURAL HIV BURDEN, DC AND SAN JUAN ACCOUNT FOR 50% OF NEW DIAGNOSES



HIV: More Facts

HIV DIAGNOSES ACROSS SPECIFIC GROUPS



In 2016, **African Americans** accounted for 44% of HIV diagnoses, but comprised 12% of U.S. population

From 2012-2016, HIV diagnoses among **Hispanic/Latino** MSM age 25-34 years increased 22%

From 2012-2016, HIV diagnoses among **American Indian / Alaska Native** MSM increased 58%

* www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-supplemental-report-vol-23-4.pdf,
all other data from <https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2017-vol-29.pdf>

ENDING THE HIV EPIDEMIC: A PLAN FOR AMERICA

GOAL:

75%
reduction in new
HIV infections
in 5 years
and at least
90%
reduction
in 10 years.

PHASE 1: Focused effort to reduce new infections by 75% in 5 years

PHASE 2: Widely disseminated effort to reduce new infections by 90% in the following 5 years

PHASE 3: Intense case management to maintain the number of new infections at < 3,000 per year

ACHIEVING THE GOALS

DIAGNOSE

All people
with HIV as early
as possible after
infection

TREAT

The infection
rapidly and
effectively to
achieve sustained
viral suppression

PROTECT

People at highest
risk of HIV with
potent evidence-
based
interventions

RESPOND

Rapidly and
effectively to
clusters and
outbreaks of new
HIV infections

HIV WORKFORCE

A boots-on-the-ground team ensures implementation of Ending the HIV Epidemic plans

Ask yourself:
How do I fit in to the
Ending the Epidemic
plan?

Will I be able to find at risk patients?

Will I refer my patients to pharmacy or will I
treat them myself?

Indications for PrEP

Men Who Have Sex With Men (MSM)

1. HIV positive partner*
2. Recent STI (particularly syphilis)
3. Multiple sex partners
4. Inconsistent/no condom use
5. Commercial Sex Work

Heterosexual Men & Women

- 1-5. Same as above
6. High prevalence area

People Who Inject Drugs (PWID)

1. HIV positive injection partner
2. Shares injection equipment
3. Recent drug treatment + still injecting

*Particularly if HIV-partner does not have an undetectable HIV viral load on HAART

Step 1: Assess Need

If you are a talker

- Get to know your patient and her/his risks
- Ask lots of questions!!
- Educate about signs and symptoms of STIs
- Ask about drug and alcohol use around sex
- Don't forget about shared paraphernalia

If you are a listener

PrEP 101

PrEP Basics

PrEP stands for **Pre-Exposure Prophylaxis**. The word "prophylaxis" means to prevent or control the spread of an infection or disease.

PrEP is an HIV prevention option that works by taking **one pill every day**.

PrEP can help prevent you from getting HIV if you are exposed to the virus.

1 PILL DAILY

PrEP Access

How Can I Start PrEP?

Talk with your doctor or health care provider to determine if PrEP is right for you.

If you and your health care provider agree, the PrEP might reduce your risk of getting HIV. He or she will test you for HIV and other sexually transmitted diseases.

Your health care provider will also test to see if your kidneys are working well.

Is PrEP Right For Me?

I am thinking about PrEP to prevent HIV. What now?

Do your research. Save out information to help you decide. CDC.gov/prispren/asktheexpert

Talk to your health care provider if you have more questions.

Make a list of why you think PrEP would be right for you.

Your health care provider will also test to see if your kidneys are working well.

How Does It Work?

In several studies of PrEP, the risk of getting HIV infection was much lower — up to 92% lower — for those who took the medicines consistently than for those who didn't take the pill.

Some of the same medicines prescribed for the treatment of HIV can also be prescribed for its prevention.

92% LOWER RISK

When taken every day, PrEP can provide a high level of protection against HIV, and it gets even better when it is combined with condoms and other prevention tools.

People who use PrEP should take the medicine every day and return to their health care provider every 3 months for a follow-up and prescription refills.

How Do I Pay for PrEP?

PrEP is covered by most insurance programs.

You can also contact your local health department and HIV/AIDS service organizations for more information.

If you do not have insurance, your health care provider can direct you to medication assistance programs that may help pay for PrEP.

Frequently Asked Questions

Would PrEP be a good option for me?

How much would PrEP lower my risk of HIV infection?

What else can I do to lower my risk of HIV infection?

Will the daily pill work for my situation?

Can it get help paying for PrEP?

Are there any side effects to PrEP?

How often will I be tested for HIV and other sexually transmitted diseases?

Will you prescribe and manage PrEP for me?

If you decide PrEP is right for you

Follow your health care provider's advice about how to take your pill. This will give it the best chance to prevent HIV.

Take your pill every day.

Tell your health care provider if you have trouble remembering to take your pill or want to stop PrEP.

Step 2: Determine clinical eligibility



Viral hepatitis

- HBsAg
- HBsAb
- HCV Ab

CAUTION if active HBV!



Renal function

- Creatinine
- eCrCl

eCrCl must be ≥ 60 mL/min



HIV status

- Ag/Ab (4th gen)**
- Rapid (blood)
- ELISA / EIA

Must be HIV(-)

→ Maybe RNA, too?

Step 3: Screen for STIs

If not already done in prior 3-6 months:

- RPR for syphilis
- Gonorrhea and chlamydia
 - NAA testing preferred
 - **Extragenital sites too!**



Step 4: Counsel the patient

Establish ground rules

- Ongoing relationship – **quarterly** visits
- No HIV test? No prescription!

“Startup syndrome”

- Flatulence, nausea / GI upset, headache
- Symptoms resolve within first 30d, for most

Step 5: Prescribe & follow-up

First Rx: Thirty days, NO refills

Return to clinic in 30 days

- Adherence?
- Side effects?
- Risk behaviors?



2nd Rx: Thirty days, 2 refills

Step 6: Maintenance & reassessment

At least every 3 months

- Assess adherence, side effects, risk behavior
- Repeat HIV testing
- Prescription renewal

At least every 6 months

- Check creatinine and eCrCl
- Screen for STIs, if not already done
- Determine need – **“seasons of risk”**

Conclusion

- PrEP is one component of the HIV preventive care continuum
- PrEP should be considered for all individuals who are at risk for HIV acquisition
 - Includes subgroups of MSM, heterosexual men and women, and PWIDs as well as subgroups of special populations such as adolescents, pregnant/breastfeeding women, and transgender persons
- More than **90%** reduction in risk of sexual HIV acquisition and **> 70%** reduction among PWIDs with high adherence to recommended daily dosing

