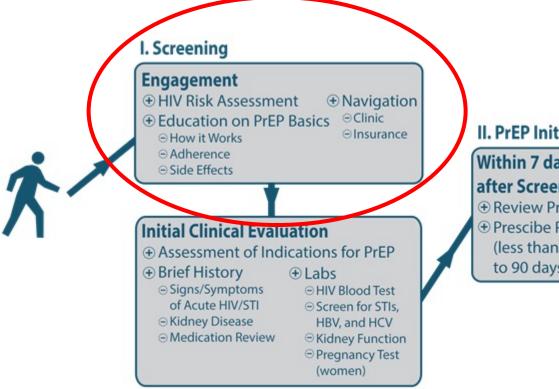
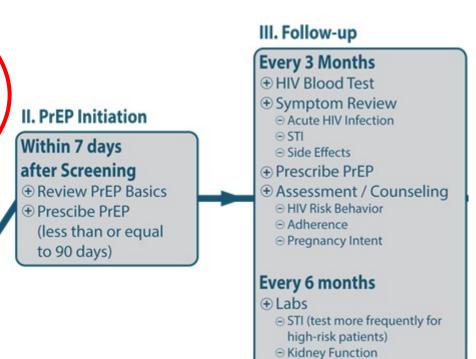
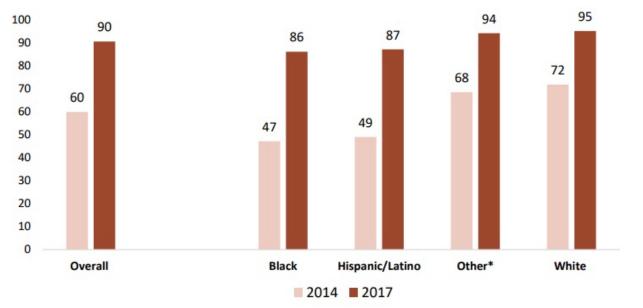
Recruiting for PrEP candidates

July 2, 2021



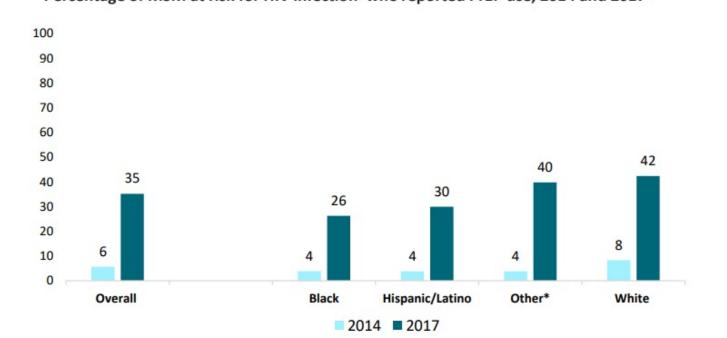


https://www.cdc.gov/hiv/effective-interventions/prevent/prep/index.html#PrEP-Care-System



Percentage of MSM at risk for HIV infection[§] who reported PrEP awareness, 2014 and 2017

Percentage of MSM at risk for HIV infection[§] who reported PrEP use, 2014 and 2017



https://2jg4quetidw2blbbq2ixwziwwpengine.netdna-ssl.com/wpcontent/uploads/sites/2/posters/2019 /1430_Finlayson_0972.pdf

Outline

- Provider-based interventions to increase PrEP
- Patient education and engagement
- Innovative strategies for PrEP delivery
 - Mobile clinic
 - TelePrEP
 - Immediate/Same-day PrEP start



- Recommend having a training to discuss PrEP with all providers/staff
 - Providers can educate patients about PrEP, even if they don't feel comfortable ultimately providing PrEP to a patient
- Can distribute resources





- Training
 - Discuss PrEP background, indications, monitoring
 - Encourage providers to
 - Take sexual histories and assess risk for HIV during encounters

Taking a sexual history

- "I am going to ask you a few questions about your sexual health and sexual practices. I understand that these questions are very personal, but they are important for your overall health."
- "Just so you know, I ask these questions to all of my adult patients, regardless of age, gender, or marital status. These questions are as important as the questions about other areas of your physical and mental health. Like the rest of our visits, this information is kept in strict confidence. Do you have any questions before we get started?"

Taking a sexual history

- The five "P"s:
 - Partners
 - Practices
 - Protection from STDs
 - Past history of STDs
 - Prevention of pregnancy

• Training

- Discuss PrEP background, indications, monitoring
- Encourage providers to
 - Take sexual histories and assess risk for HIV during encounters
 - Discuss PrEP as part of sexual health
 - Patients want providers to initiate conversations about PrEP
 - Important in all clinical areas, including women's health clinics
- Remind providers to repeatedly screen for PrEP and offer because circumstances change

Pocket Card

Clinical PrEP Essentials Efficacy key messages:



- PrEP is highly effective for preventing HIV infection when taken daily;
- Full protection after 7 daily doses for rectal sex and after 20 daily doses for vaginal sex;
- PrEP does not prevent GC/CT/syphilis/genital warts/HSV/HCV.

Side Effects:

- 1 in 10 may have GI side effects (N/V/abd pain); usually resolves by 1 month,
- 1 in 200 may have renal dysfunction (typically reversible if d/c PrEP),
- 1% average loss of bone mineral density; reversible if d/c PrEP; no increased risk of fx.

Recommended Lab Screening & Visits:

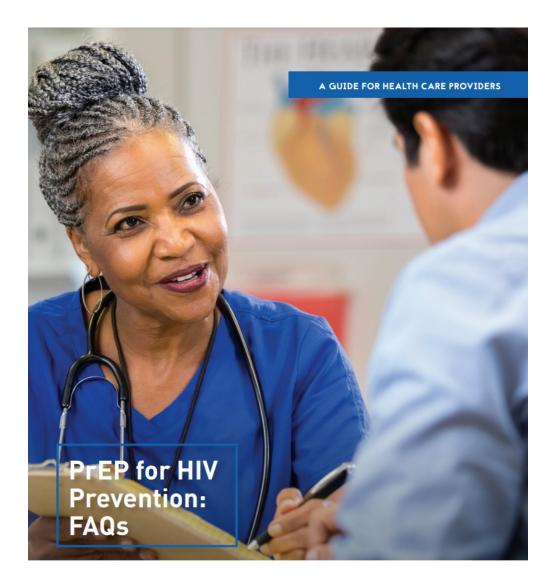
Initial Labs: HIV Ag/Ab (4th gen); HIV RNA (If possible); HBsAg (if non-immune); HCV Ab; ALT; Cr; 3 site GC/CT; RPR; Consider: Upreg, HAV, HBV, & HPV vaccines.

- Week 1: Call, check if prescription was filled, adherence, and insurance copay.
- Month 1: If no HIV RNA test at screening, check HIV Ag/Ab (4th gen), Adherence check.

Q 3 Months: HIV Ag/Ab, Cr, GC/CT (3 sites), RPR; check adherence & PrEP indications. **Documentation:** ICD-10 Z20.6: HIV Exposure.

> Need Help? U.S. PrEPline, 855-448-7737 Created by: Lauren Wolchok & Robert Grant

• More in-depth brochure for providers



https://www.cdc.gov/stophivtogether/library/topics/prevention/brochures/cdc-lsht-prevention-brochure-prep-faq-provider.pdf

- Utilize EHR reminders
- Bundle PrEP reminder with STI screening labs

View Action	
	la a la a la
Available Reminders	Due Date Last Occurrence Priority
🖯 🗠 Due	
	01/27/2020 07/27/2019
- 🦰 DM Eye Exam	04/22/2020 04/22/2019
- 🧱 DM Foot Exam	01/31/2019 01/31/2018
DM HgbA1c	DUE NOW
- 🧱 DM HgbA1C Control	09/03/2019 06/03/2019
PH09/ASQ-Adult	01/27/2020 07/27/2019
Chlamydia Screening	09/19/2019 09/19/2018
Hepatitic C Sereening	DUE NOW
- 🚰 Fall Risk Screen	06/04/2019 06/03/2019
	12/11/2019 12/11/2014
- 🧱 Mammogram 40-49	DUE NOW -
- 🚟 Flu Shot Immunization	DUE NOW
HepB Adult Immunization	DUE NOW

• Make note template to share with providers

#Contact/exposure to HIV

- Patient is a good candidate for PrEP- will order emtricitabine/tenofovir disoproxil fumarate 30d w 2 refills

- Pt has been counseled on how PrEP works, how to take it, potential side effects, to not stop and restart without seeing provider, that he will need screening every 3 months

- Will send HIV test, BMP, HepB sAg, HepB sAb, HepB cAb Total, RPR, HCV Ab, GC/CT urine, rectal, pharyngeal

- Obtained good contact information for patient in case of results that prohibit PrEP use (ie positive HIV test, CrCl <60)

- Will vaccinate for HepB if not immune

- Advised condom use at least until PrEP has reached protective levels (7 days for rectal tissue, 20 days for blood or vaginal tissue) and discussed that PrEP does not prevent other STIs

- Patient informed that while on PrEP will need HIV test every 3 months, bacterial STI testing every 3-6 months (RPR, urine GC/CT, pharyngeal GC/CT, rectal GC/CT), Cr check after 3 months and then every 6 months, HCV Ab every year

- Consider anal pap screening for immunocompetent MSM age greater than 40 y/o.

• Disease surveillance officers can educate patients about PrEP when doing contact investigation for STI



Patients

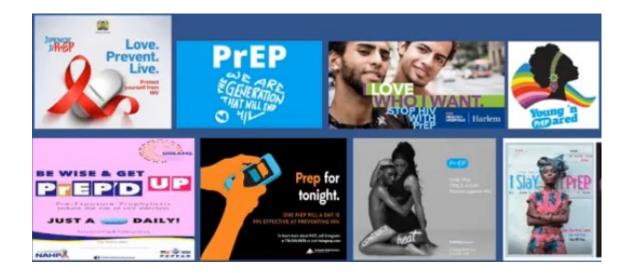
Patients: Social media



- Appointment desk phone number
- Link to the STD Prevention Programs Facebook page with posts about PrEP

Patients

- Educational materials in the lobbies for clinics and emergency department, patient rooms, patient education events
- Can obtain materials from CDC





Let's Stop HIV Together

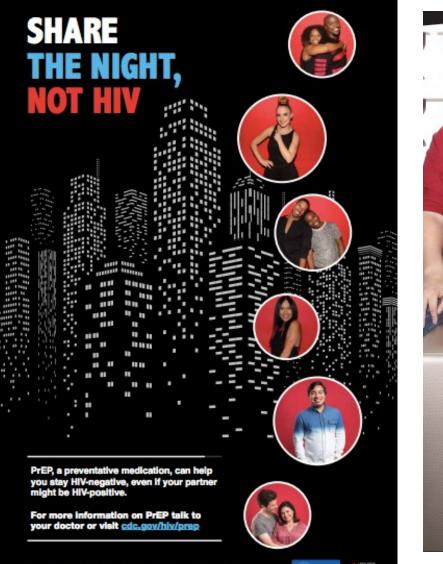
PrEP is changing the HIV conversation.

PrEP (pre-exposure prophylaxis) is an HIV prevention pill. When taken as prescribed, it can greatly reduce your risk of getting HIV. There are more HIV prevention options than ever before.

Talk to your health care provider about which ones are right for you.



For more information on PrEP, talk to your health care provider or visit: Cdc.gov/StopHIVTogether
Cdc



As Native people, we understand the power of getting tested for HIV. Once we know our status, it's important we stay healthy and strong. - Michelle and Shawn WE'RE DOING **Testing for HIV** #Doinglt CDC Testing is Fast, Free, and Confidential adc.gov/Doingl

You can also receive information - toil free from CDC-INFO: 809-CDC-INFO (800-232-4636) I TTY: (888) 232-6348



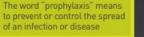
<u>https://www.cdc.gov/hiv/clinicians/materials/prevention.html</u> <u>https://www.cdc.gov/stophivtogether/campaigns/start-talking-stop-hiv/resources.html</u>

PrEP 101

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PrEP Basics

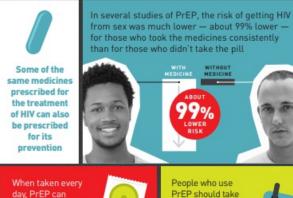
PrEP stands for **Pre-Exposure Prophylaxis**



option that works by taking one pill PrEP can help every day

prevent you from getting HIV if you are exposed to the virus

How Does It Work?



of protection against

against other STDs

like syphilis and

gonorrhea

HIV, but, only condoms protect



day and return to

their health care

provider every

3 months for

follow-up and

Some people in clinical studies of PrEP had early side effects such as an upset stomach or loss of appetite, but these were mild and usually went away in the first month. Some people also had a mild headache. No serious side effects were observed. You should tell your health care provider if these or other symptoms become severe or do not go away.

prescription refills

for those who took the medicines consistently

33333



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 that PrEP might reduce your risk of aetting HIV. he or she will test you for HIV and other sexually transmitted diseases

> If PrEP is a good option for you, your health care provider will give you a prescription

Your health care

provider will

also test to see if

your kidneys are

working well

You can also

contact your

local health

department and

HIV/AIDS service organizations for more information

How Do I Pay for PrEP?

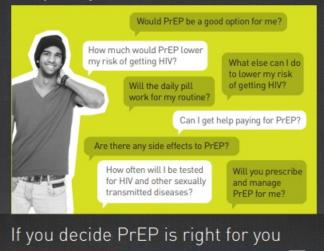


Is PrEP Right For Me?

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



Frequently Asked Questions





Tell your health care provider if you have trouble remembering to take your pill or want to stop PrEP 222331

https://www.cdc.gov/stophivtogether/hiv-prevention/prep.html



If you are HIV negative and answer "yes" to any of the questions below, talk to your doctor about PrEP:

· Are you and your

pregnant?

partner who lives

- Is your sexual partner(s) living with HIV or of unknown status?
- · Has your partner threatened or forced sexual activity?
- Do you/your sex partner(s) use or inject drugs?
- · Do you [sometimes Do you/your sex or always] have anal, partners(s) exchange vaginal, or frontal sex sex for money, housing, without a condom? drugs, or other needs?
- Have you been treated recently for an STD, with HIV trying to get such as gonorrhea, chlamydia, or syphilis?





for you?

What is PrEP?

Pre-Exposure Prophylaxis (PrEP) is a daily pill that can reduce the risk of contracting HIV by more than:

- 90% for sex
- 70% for shared needles

• PrEP is for all genders and sexes. • Daily PrEP does not prevent STDs or pregnancy.

Ask Your Doctor

If your current doctor is unable to prescribe PrEP, ask for a referral to another doctor or facility.

If taking PrEP, visit your doctor every three months for repeat HIV tests, refills, and follow-up.

See your doctor if you have side effects that become severe or don't go away.

Resources

To find a doctor that prescribes PrEP:

To learn more:

To tell your provider about PrEP:

Payment

Some urban Indian health clinics, tribal clinics, and IHS facilities currently do not cover PrEP, so you may be referred to another doctor or facility. Most private insurance and state Medicaid plans cover PrEP.

If PrEP isn't fully covered for you, patient assistance can help:

uihi.org/projects/hiv-sti-and-hepatitis-c-preventionproject/prep-payment-assistance/

New Strategies

- Mobile clinics
- TelePrEP
- Immediate/Same-day PrEP

Mobile Clinic Example



- Miami mobile health unit for HIV prevention/PrEP services and cancer screening
 - Reduces stigma to have linked with other services
- 4 sites chosen where PrEP services lacking and HIV incidence high
- Vehicle staffed by medical provider, HIV/PrEP counselor, and cancer educator
- Advertised through social media
- Over 6 months: services were provided to 229 clients
 - 168 (73.7%) sought PrEP
 - 159 (94.9%) of PrEP clients identified as MSM
 - 45 (26.6%) PrEP clients had positive STI results (GC, CT, or syphilis) at baseline
 - 6 (3.5%) PrEP-seeking clients were HIV positive at baseline

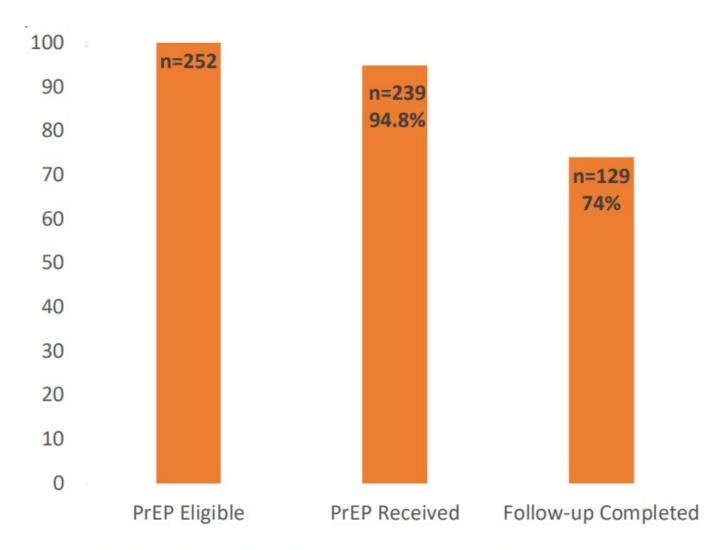
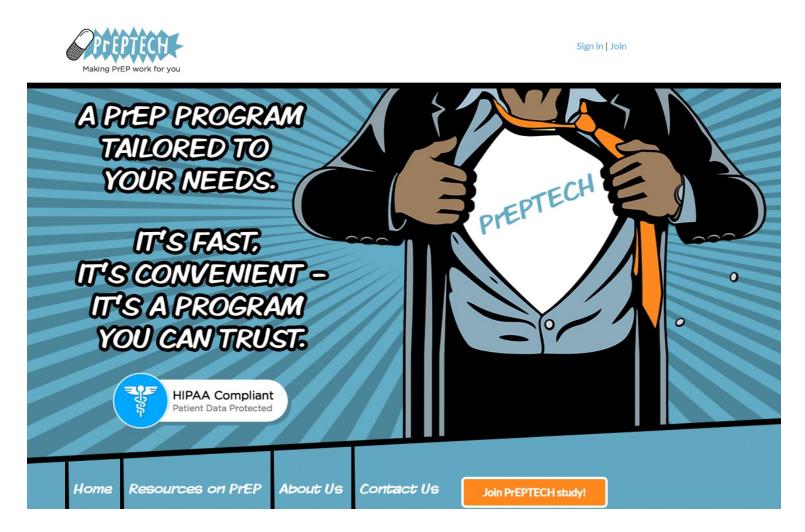


Figure 2. Receipt of PrEP and completion of at least one follow-up visit for those initiating PrEP services through the Mobile PrEP Program.

Tele PrEP

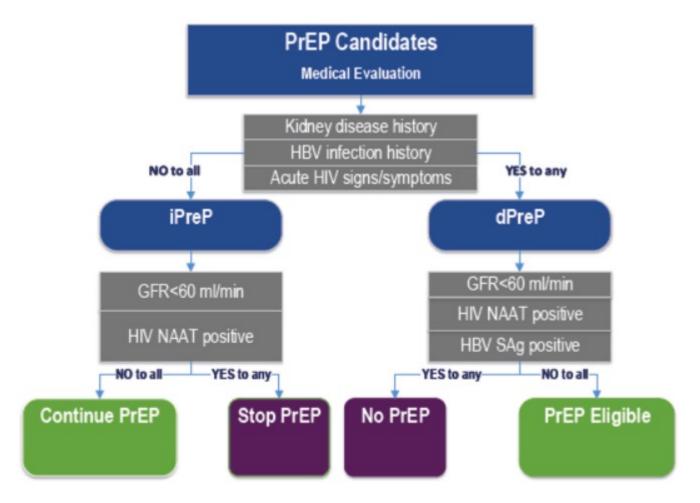
• PrEPTECH

- San Francisco
- Some labs self-collected
- Phone appointments
- PrEP@Home
 - San Francisco, Saint Louis, Boston
 - Labs all self-collected
 - Yearly face-to-face

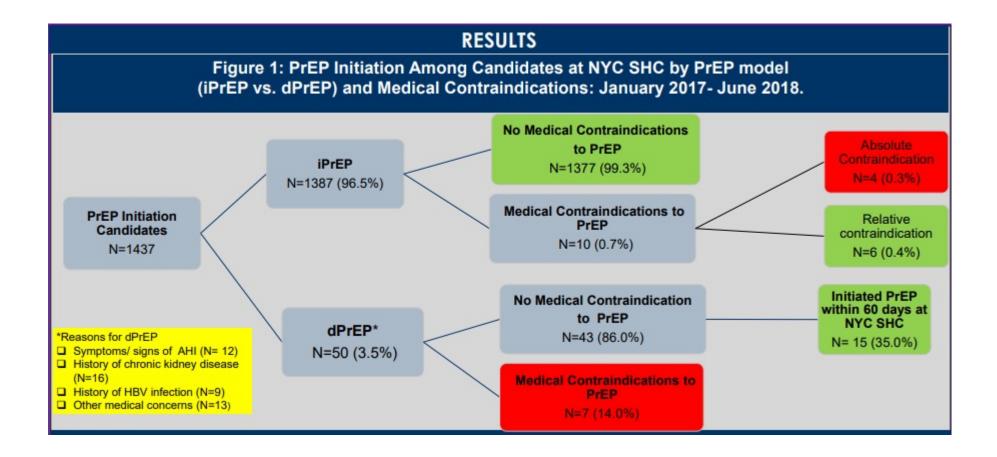


Siegler A et al. Developing and assessing the feasibility of a home-based PrEP monitoring and support program. Clin Infect Dis. 2019

- Can reduce barriers to PrEP uptake
- NYC Sexual Health Clinics
 - Assessment in clinic:
 - Rapid HIV test
 - Medical evaluation
 - Labs sent for HIV NAAT testing, Hepatitis B serology, Creatinine



Mikati T, Jamison K, Daskalakis D. Immediate PrEP Initiation at New York City Sexual Health Clinics. CROI. 2019



Mikati T, Jamison K, Daskalakis D. Immediate PrEP Initiation at New York City Sexual Health Clinics. CROI. 2019

- Clinical assessment able to predict candidates to start PrEP immediately
- Few patients needed to stop PrEP
- Delaying PrEP associated with loss to follow-up

Rapid start (PIMC Model)

- PrEP: Same day start without same-day provider visit
 - Patient interviewed by pharmacist and nurse case manager
 - Patient scheduled with provider within 1 month
 - Only 30 tablets given, with no refills
- Starting without all baseline labs completed
 - HIV negative within 7 days required for PrEP rapid start
 - May have drawn day of visit and hold meds until results available
 - Pharmacist or case manager can perform in-room testing
 - Obtain missing labs, such as HBV status, renal function and pregnancy screening as soon as possible
- Avoids burden to patient and provider (extra visits, delayed care)

Other examples?

Summary

- Many options for interventions to increase PrEP uptake
- Do assessment at your facility to see what the barriers are to linking patients to PrEP
- Have a PrEP Champion or referral service so staff can know who to contact with questions

Resources

- <u>https://www.cdc.gov/hiv/effective-interventions/prevent/prep/index.html#PrEP-Care-System</u>
- Sales JM et al. Contraception. 2019
- https://www.cdc.gov/std/treatment/sexualhistory.pdf
- <u>https://www.cdc.gov/stophivtogether/campaigns/start-talking-stop-hiv/resources.html</u>
- Doblecki-Lewis et al. PrEP On the Go! Implementation Mobile PrEP, STI, and HIV Prevention Services in South Florida. IDWeek 2019.
- http://www.how2offerprep.org/#/clinicians/
- Mikati T, Jamison K, Daskalakis D. Immediate PrEP Initiation at New York City Sexual Health Clinics. CROI. 2019
- Havens, et al. Open Forum Infect Dis. 2019
- Siegler A et al. *Developing and assessing the feasibility of a home-based PrEP monitoring and support program*. Clin Infect Dis. 2019