

## PrEP and Local Health Departments

For audio access, either:

(1) Use your computer speakers

or

(2) Dial-in to this conference line –

number: 866-740-1260; passcode: 9522046#

To verbally ask a question or make a comment, you **MUST** dial-in to the conference line. If you are accessing audio via your computer speakers, you will only be able to submit questions and comments via the chat box.

## Speakers

### **Mark Thrun, MD**

Associate Professor, University of Colorado, Division of Infectious Diseases  
Director, HIV/STD Prevention and Control, Denver Public Health  
Director, Denver Prevention Training Center

### **Tarek Mikati, MD, MPH**

Medical Director, HIV/STI Services Division, Chicago Department of Public Health

### **Bryan Bautista-Gutierrez**

PrEP Coordinator, Howard Brown Health Center

### **Julie Myers, MD, MPH**

Director, HIV Prevention, New York City Department of Health and Mental Hygiene  
Instructor of Medicine, Division of Infectious Diseases, Department of Medicine, Columbia  
University Medical Center



# PrEP for HIV Prevention and Local Health Departments

---

**PRESENTED BY:**

MARK THRUN, MD

ASSOCIATE PROFESSOR, UNIVERSITY OF COLORADO, DIVISION OF  
INFECTIOUS DISEASES

DIRECTOR, HIV/STD PREVENTION AND CONTROL, DENVER PUBLIC HEALTH  
DIRECTOR, DENVER PREVENTION TRAINING CENTER

# Module 1 Overview

---

**Webcast 1:** PrEP for HIV Prevention: An Introduction

**Webcast 2:** Beyond the Basics: The Science of PrEP

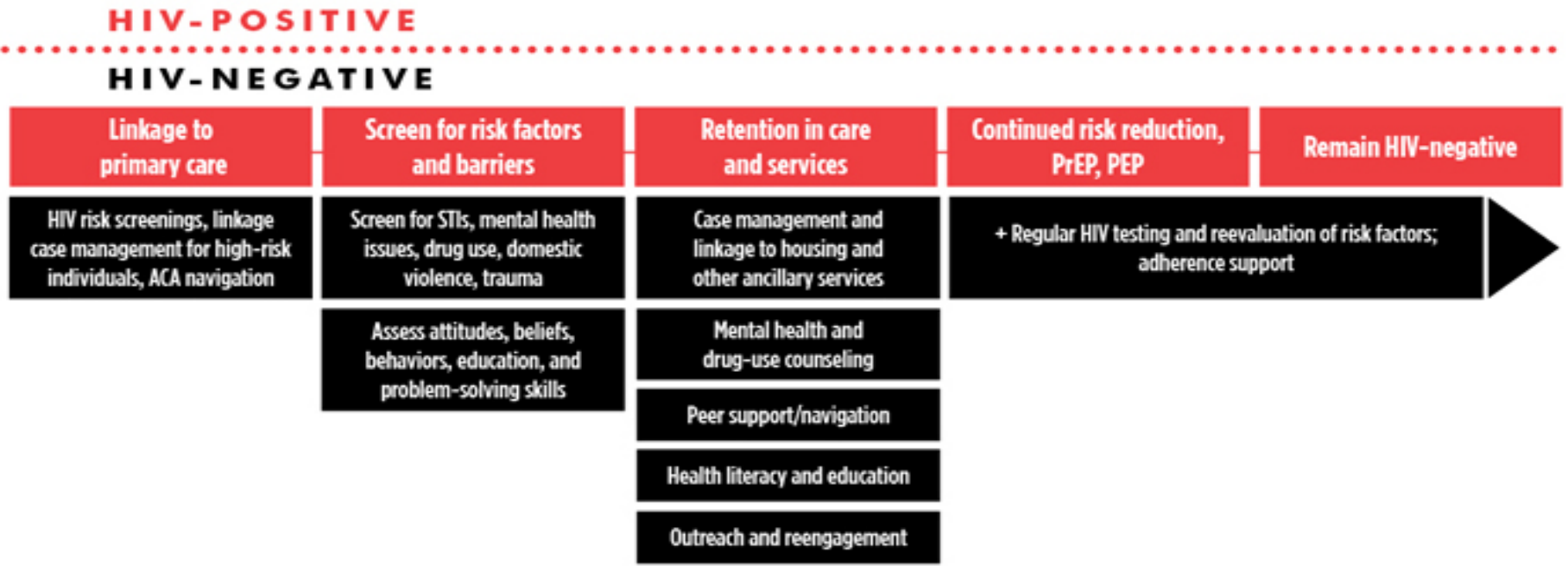
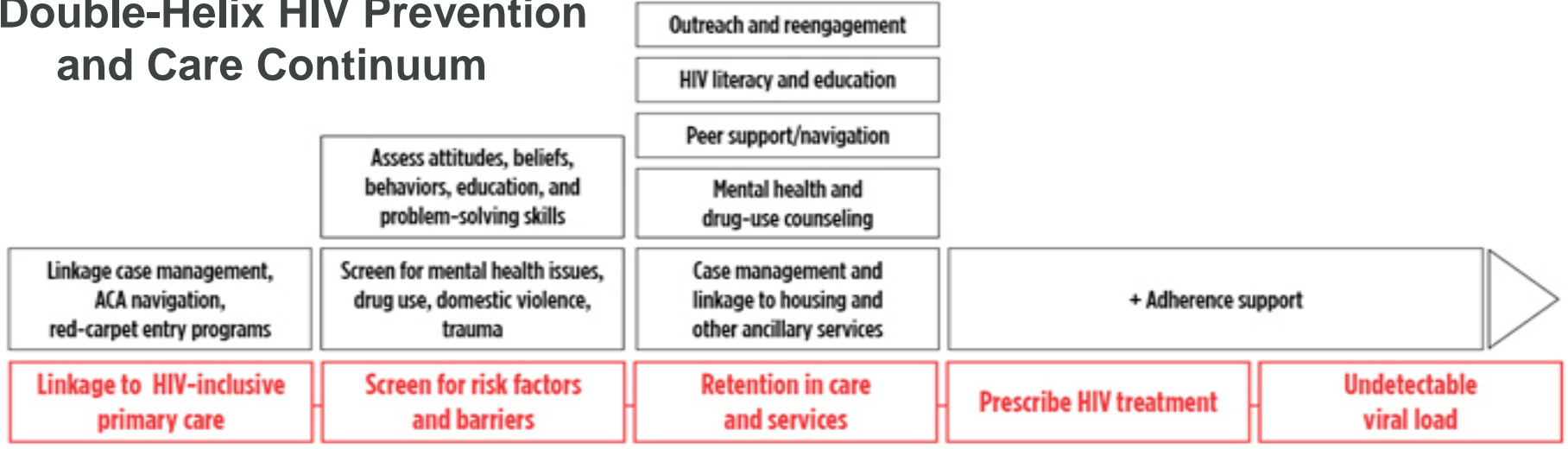
**Webcast 3:** US Public Health Service Clinical Practice  
Guidelines for PrEP

# PrEP: What are we talking about?

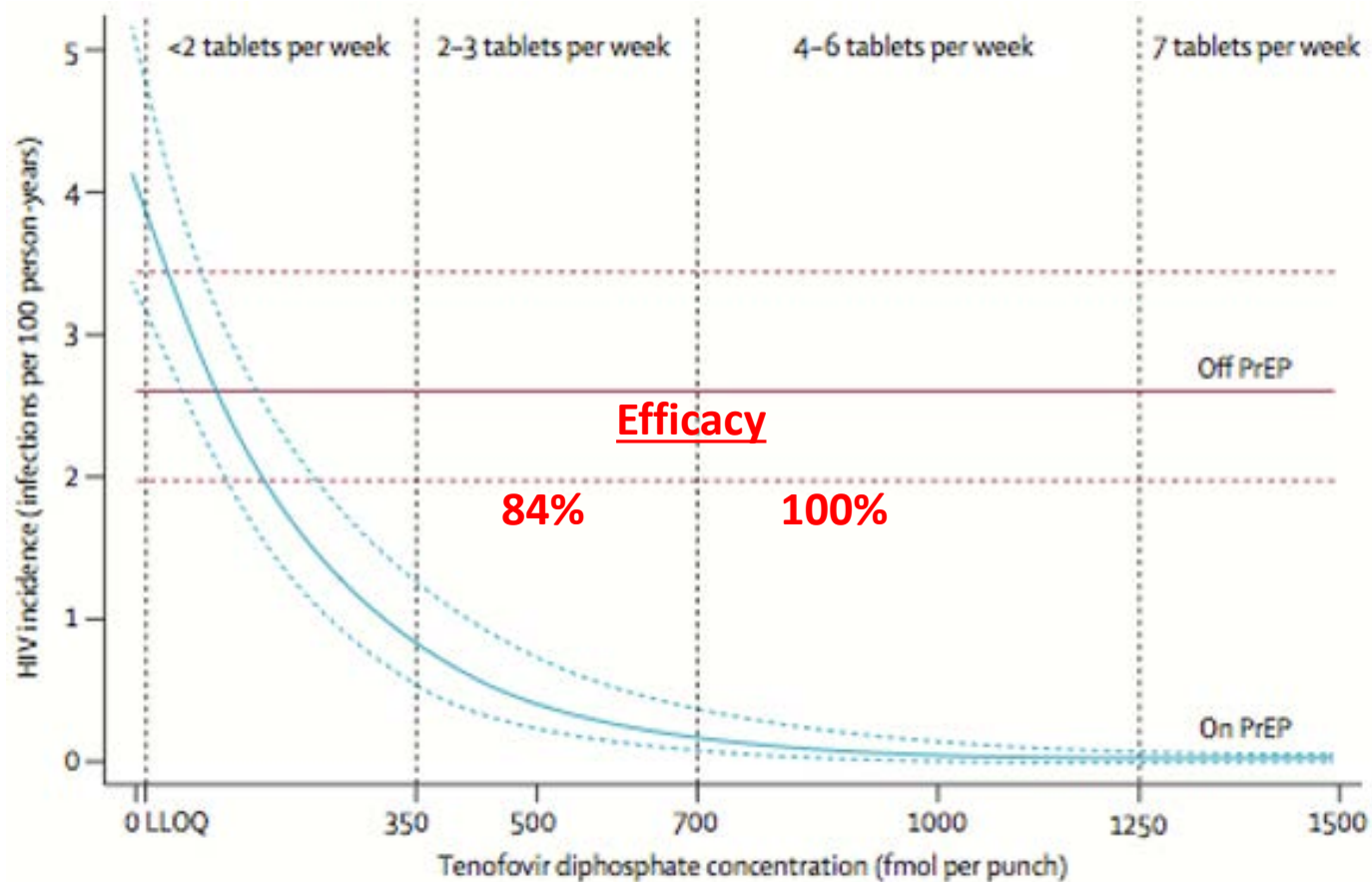
---

- A new HIV prevention option that utilizes antiretroviral HIV medications to prevent HIV infection **before** exposure to HIV
- Involves taking daily oral tenofovir disoproxil fumarate plus emtricitabine (TDF/FTC)
  - Combination pill (brand name Truvada)
  - Approved by the U.S. Food and Drug Administration for use as HIV treatment in 2004
  - Approved for use as PrEP in July 2012

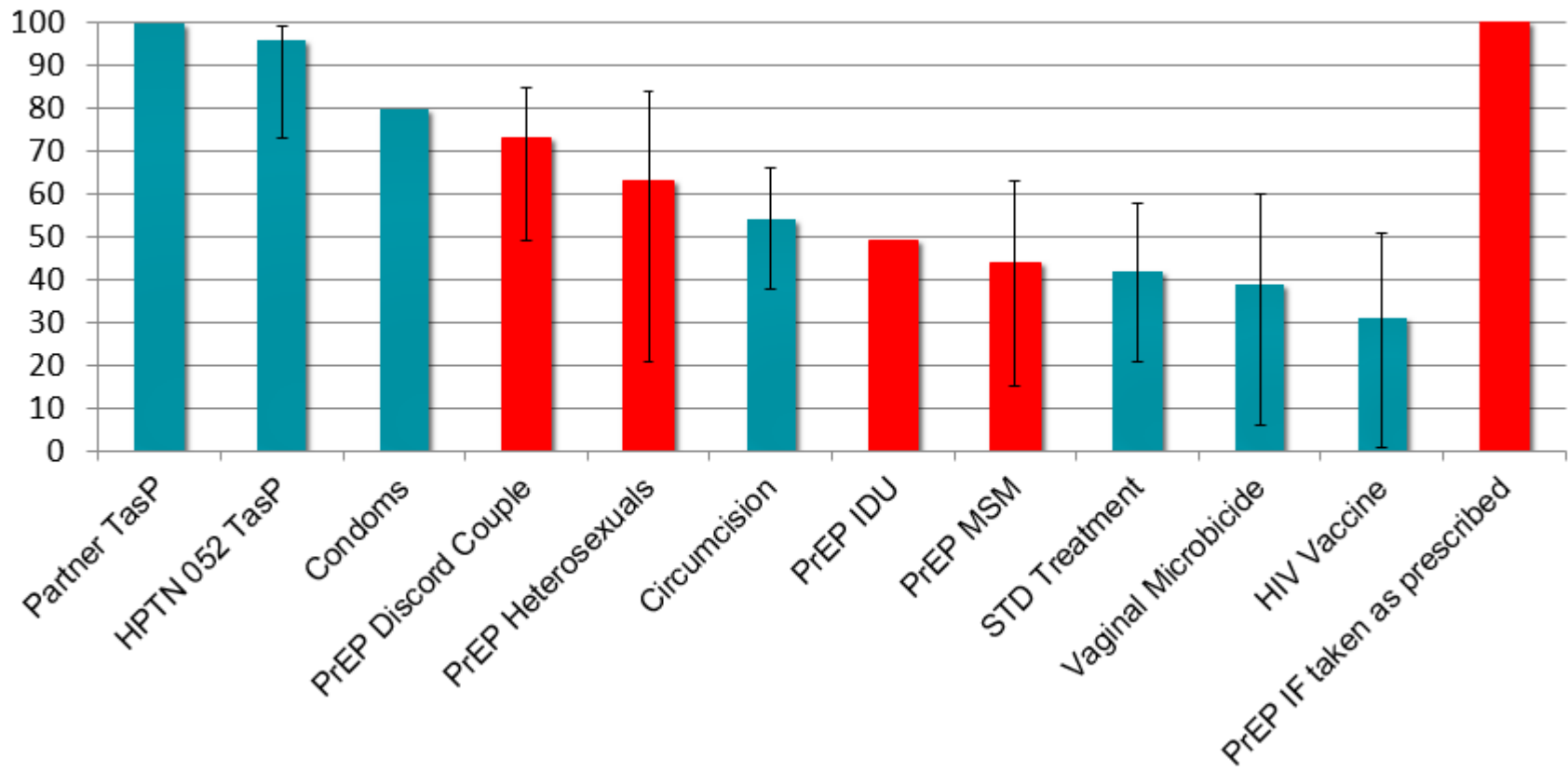
# Treatment Action Group: A Double-Helix HIV Prevention and Care Continuum



# Increased Adherence Associated with Increased Efficacy



# Prevention Science Overview: Biomedical Intervention Efficacy





# Key Messages of the Guidelines

US Public Health Service

## PREEXPOSURE PROPHYLAXIS FOR THE PREVENTION OF HIV INFECTION IN THE UNITED STATES - 2014

A CLINICAL PRACTICE GUIDELINE



## Summary of Guidance for PrEP Use

	Men Who Have Sex With Men	Heterosexual Women and Men	Injection Drug Users
<b>Detecting substantial risk of acquiring HIV infection:</b>	<ul style="list-style-type: none"> <li>Sexual partner with HIV</li> <li>Recent bacterial STD</li> <li>High number of sex partners</li> <li>History of inconsistent or no condom use</li> <li>Commercial sex work</li> </ul>	<ul style="list-style-type: none"> <li>Sexual partner with HIV</li> <li>Recent bacterial STD</li> <li>High number of sex partners</li> <li>History of inconsistent or no condom use</li> <li>Commercial sex work</li> <li>Lives in high-prevalence area or network</li> </ul>	<ul style="list-style-type: none"> <li>HIV-positive injecting partner</li> <li>Sharing injection equipment</li> <li>Recent drug treatment (but currently injecting)</li> </ul>
<b>Clinically eligible:</b>	<ul style="list-style-type: none"> <li>Documented negative HIV test before prescribing PrEP</li> <li>No signs/symptoms of acute HIV infection</li> <li>Normal renal function, no contraindicated medications</li> <li>Documented hepatitis B virus infection and vaccination status</li> </ul>		
<b>Prescription</b>	<b>Daily, continuing, oral doses of TDF/FTC (Truvada), ≤90 day supply</b>		
<b>Other services:</b>	<ul style="list-style-type: none"> <li>Follow-up visits at least every 3 months to provide:</li> <li>HIV test, medication adherence counseling, behavioral risk reduction support, side effect assessment, STD symptom assessment</li> <li>At 3 months and every 6 months after, assess renal function</li> <li>Every 6 months test for bacterial STDs</li> </ul>		
	<ul style="list-style-type: none"> <li>Do oral/rectal STD testing</li> </ul>	<ul style="list-style-type: none"> <li>Assess pregnancy intent</li> <li>Pregnancy test every 3 months</li> </ul>	<ul style="list-style-type: none"> <li>Access to clean needles/syringes and drug treatment services</li> </ul>

Source: US Public Health Service. Preexposure prophylaxis for the prevention of HIV infection in the United States —2014: a clinical practice guideline.

# Clinical Provider's Supplement

US PUBLIC HEALTH SERVICE

PREEXPOSURE PROPHYLAXIS  
FOR THE PREVENTION OF HIV  
INFECTION IN THE UNITED  
STATES – 2014

CLINICAL PROVIDERS' SUPPLEMENT



# Module 2 Overview

---

**Webcast 1: Who Might Benefit from PrEP:  
Population-level Assessments**

**Webcast 2: Who Might Benefit from PrEP:  
Individual-level Assessments**

# Population versus Individual Risk

---

Your  
jurisdiction's  
population

# Population versus Individual Risk

---

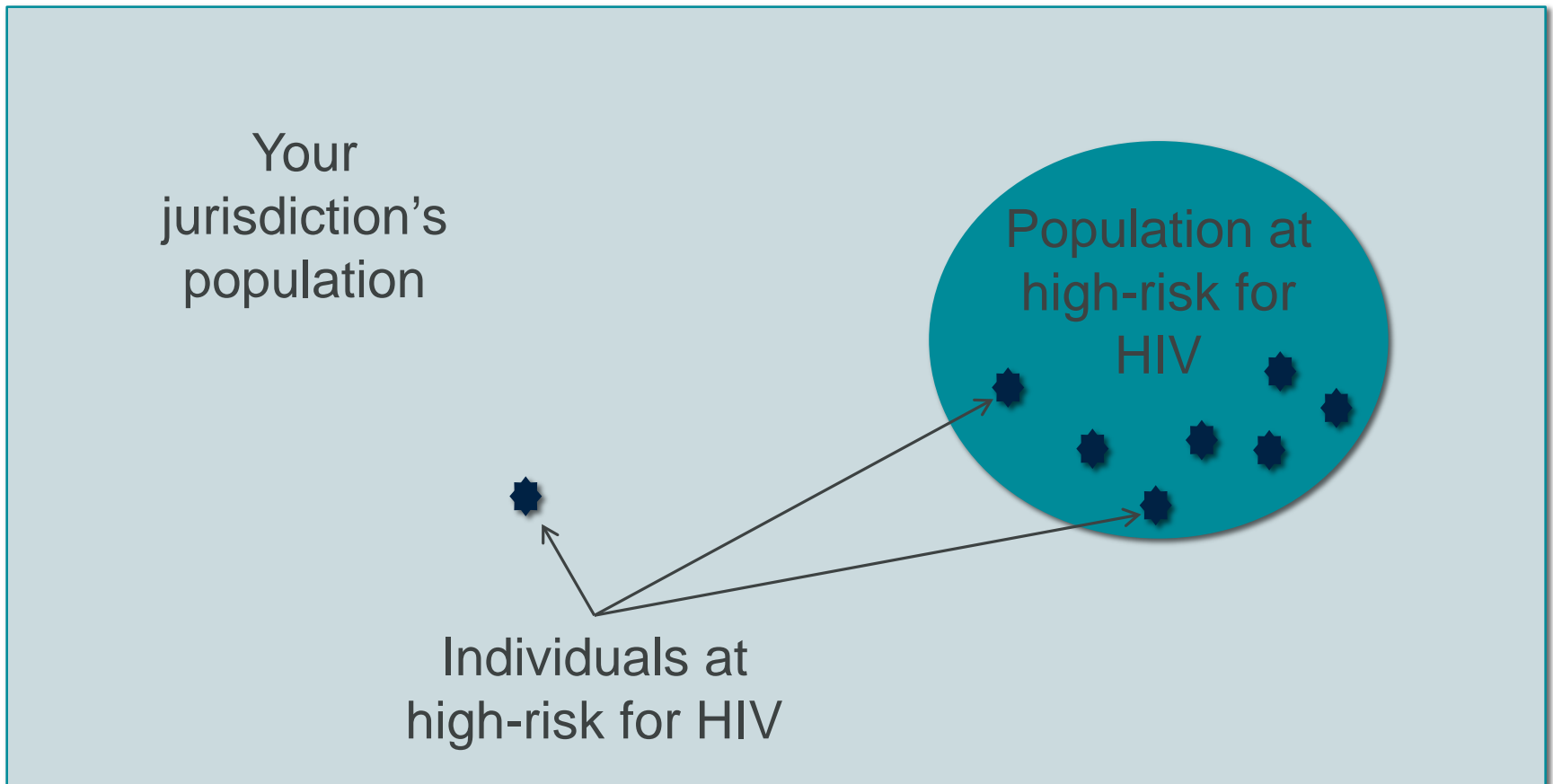
Your  
jurisdiction's  
population



Population at  
high-risk for  
HIV

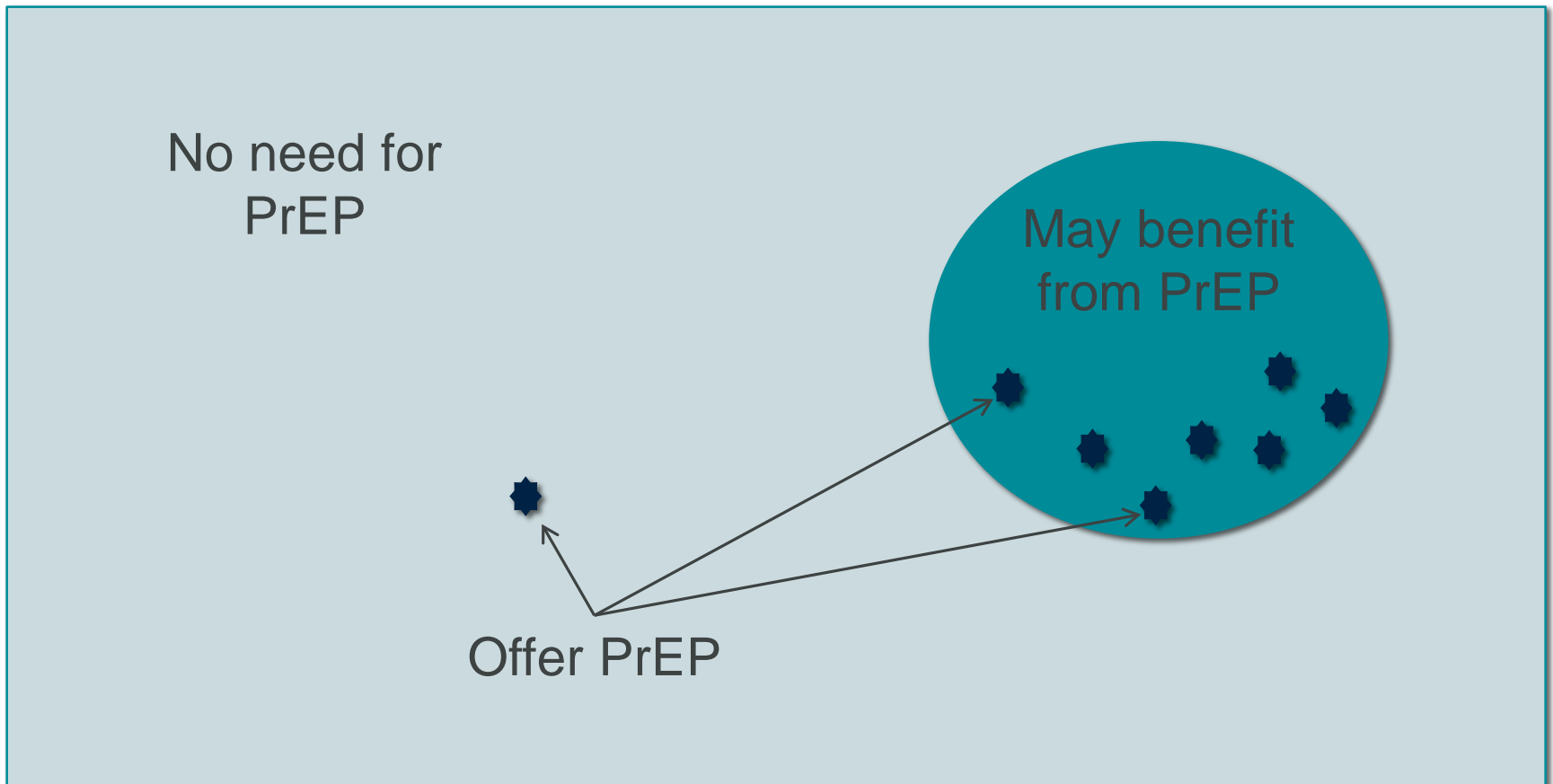
# Population versus Individual Risk

---



# Population versus Individual Risk

---





# Population-level Assessments

---

# Placing the Data into Context

---

- “Triangulate” HIV data from multiple sources
  - National, state, and local
- Cross-reference with other data sources
  - STD surveillance data
  - Pregnancy and birth rates
  - Other experts: healthcare providers, HIV planning bodies, etc.
- Overlap with non-sexual health data sources
  - Poverty rates, educational attainment, etc.

# Dissemination Mechanisms

---

Communicate risk profiles and HIV prevention messages to healthcare providers, HIV prevention partners, and communities at risk.

- Policy briefs
- Print media
- Earned media: press release, news reports, editorials
- Social media: Facebook, Twitter, Instagram, etc.
- Newsletters
- Conference presentations
- Local medical society connections
- HMO/healthcare organization medical director/quality control officer
- Insurance plan medical directors
- Medicaid program staff
- Prevention and care advisory groups
- Local community healthcare provider associations

# Individual-level Assessments

---

# Specific Topics to Cover

---

From the U.S. Public Health Service Clinical Practice Guidelines for PrEP

Men Who Have Sex with Men	Heterosexual Women and Men	Injection Drug Users
<ul style="list-style-type: none"><li>• Sexual partner with HIV</li><li>• Recent bacterial STD</li><li>• High number of sex partners</li><li>• History of inconsistent or no condom use</li><li>• Commercial sex work</li></ul>	<ul style="list-style-type: none"><li>• Sexual partner with HIV</li><li>• Recent bacterial STD</li><li>• High number of sex partners</li><li>• History of inconsistent or no condom use</li><li>• Commercial sex work</li><li>• Lives in high-prevalence area or network</li></ul>	<ul style="list-style-type: none"><li>• HIV-positive injecting partner</li><li>• Sharing injection equipment</li><li>• Recent drug treatment (but currently injecting)</li></ul>

# Who should facilitate sexual health discussions and/or educate about PrEP?

---

- Primary care provider or other medical provider
- Sexual health/STD clinician
- Family planning practitioner
- Health department clinical/educational outreach staff
- Disease intervention specialist
- Anyone else who interacts with persons at risk for HIV in the community

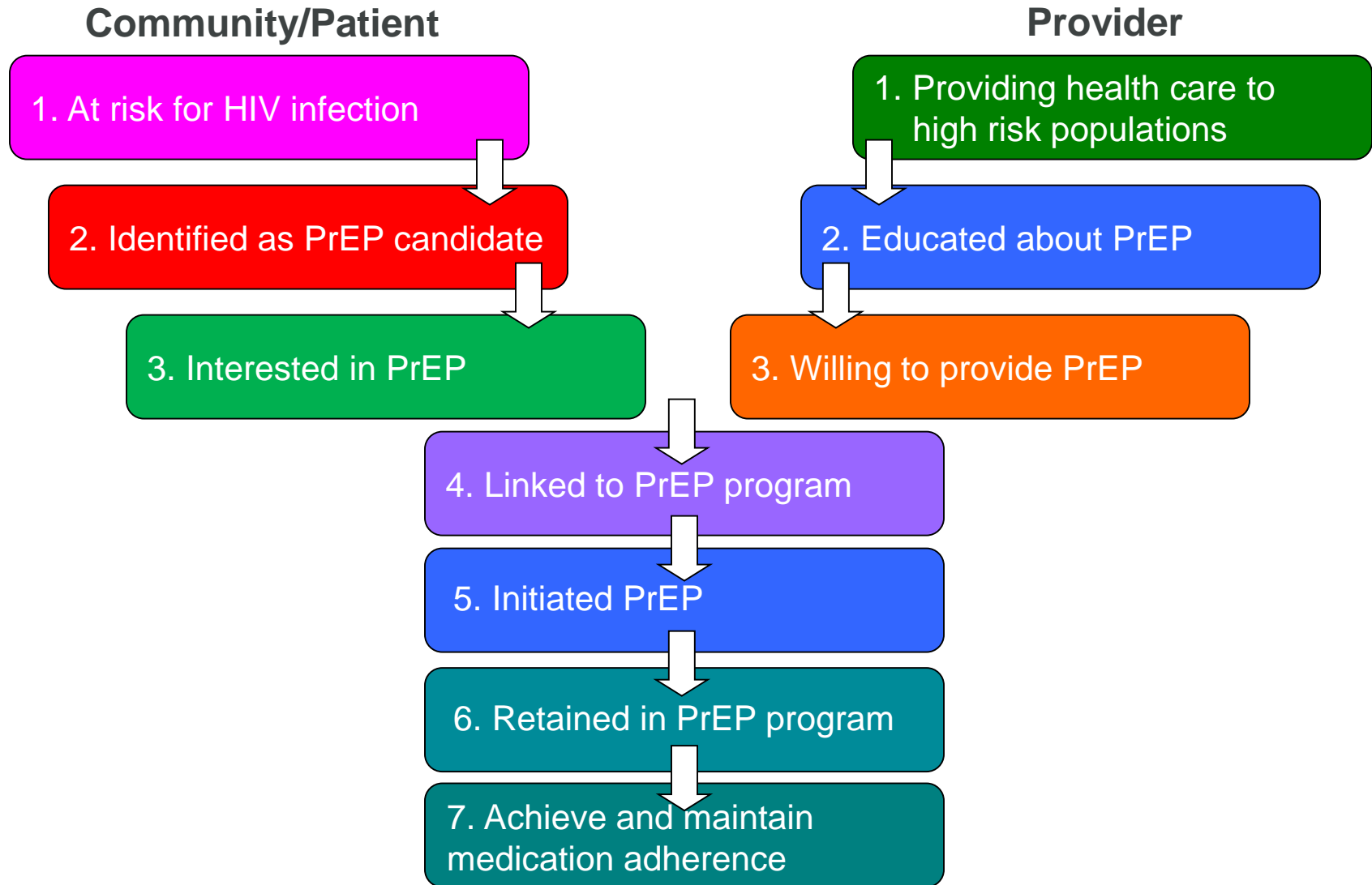
# Module 3 Overview

---

**Webcast 1:** Increasing PrEP Awareness and Knowledge in Your Jurisdiction

**Webcast 2:** Incorporating PrEP into Comprehensive HIV Prevention Programs

# PrEP Delivery Cascade





# Community Education

---

# Key Messages to Community

---

- What PrEP is – a pill a day to help prevent HIV
- Efficacy and potential side effects – what does this really mean for someone on PrEP
- Who might benefit from PrEP – indicators that may resonate with the target population(s)
- Where to find PrEP – who to talk to about PrEP and where to get it
- Paying for PrEP – how much does it cost and what if you can't afford it or don't have insurance

# Provider Education

---

# Educating and Identifying Providers

- Systems for PrEP delivery must be created; provider education is an essential component of system development
- Providers who have never prescribed Truvada may need time to become comfortable doing so, as well as providing the accompanying supportive services
- Changing prescribing patterns and HIV prevention messaging is a behavioral intervention at the provider level
- Identify local champions; not all providers will end up prescribing PrEP; start with the interested few

# Key Messages to Providers and Prevention Practitioners

---

- PrEP science – namely efficacy and side effects
- Who might benefit from PrEP – populations and individuals at high-risk for HIV
- How to prescribe PrEP
- Resources available for clinical consultation and education
- Insurance coverage, patient assistance programs, and billing

# Educating Providers and Engaging Potential Champions

---

- Provide educational opportunities; helpful to offer CMEs
- Feature PrEP-experienced/knowledgeable providers at educational events
- Develop locally-focused educational webcasts/webinars
- Hold PrEP sessions during local or regional meetings and conferences
- Meet with healthcare leaders (e.g., HMO medical directors, Medicaid directors, FQHC/CHC directors)
- Meet with provider organizations (e.g., medical associations, subspecialty groups, regional community health center organization)
- Meet with potential provider groups (e.g., HIV care groups, LGBT clinic practices, sexual health providers)
- Public health detailing

## PrEP Delivery/ Implementation Models

- **Internal referral:** clinic housed within or operated by the health department
- **External referral:** private/community providers prescribing PrEP
- **Blended implementation model:** health department (or CBO) staff provide some or all of the HIV and STI screening and counseling services; private/community providers prescribe PrEP

# Supporting PrEP Implementation in Your Jurisdiction

- Conduct assessments of local need
- Identify at-risk populations
- Provide community and provider education
- Create and disseminate resource inventories
- Serve as a resource/local experts for providers, community members, and partners
- Identify individuals who might benefit from PrEP and make referrals to PrEP providers
- Monitor and evaluate the implementation and impact of PrEP in your jurisdiction
- Providing funding to community organizations and agencies to support PrEP implementation



# Resource Inventory Example: New York City

## Clinics with Experience Providing PrEP and/or PEP

PrEP and/or PEP						
Clinic	Phone Number(s)	Evening and Saturday Hours	PrEP	PEP	PEP (free for the uninsured)	Free PEP starter packs
<b>Bronx</b>						
<b>Comprehensive Health Care Center- Montefiore Medical Center</b> 305 E 161st St., 2nd Fl. 10451	718-644-2937	Mon. to Thurs. until 9 p.m.; Sat. 8:30 a.m. - 5 p.m.	x	x		
<b>HELP/PSI CitiWide Primary Care</b> 244 E 144th St., 2nd Fl. 10451	855- 681-8700			x*	*	
<b>West Farms Family Practice- Montefiore Medical Group</b> 1055 E Tremont Ave., 10460	718-644-2937	Mon. to Thurs. until 7 p.m.; Sat. 8 a.m. - 11:45 a.m.	x	x		
<b>ACS Clinic- Jacobi Medical Center</b> 1400 Pelham Parkway S Building #1, Rm 146 10461	718-918-4333 718-918-3669		x	x		
<b>Castle Hill Family Practice</b> 2175 Westchester Ave., 10462	718-644-2937	Mon. to Thurs. until 7 p.m.	x	x		
<b>Marble Hill Family Practice- Montefiore Medical Group</b> 5525 Broadway 10463	718-644-2937	Mon. and Thurs. until 7 p.m.; Sat. 9 a.m. - 1 p.m. (1st and 3rd Saturdays)	x	x		
<b>North Central Bronx Hospital</b> 3424 Kossuth Ave., Fl 10A 10467	718-519-4804 718-519-3351		x	x		
<b>The Oval Center at Montefiore</b> 3230 Bainbridge Ave., Ste D 10467	718-882-5482		x	x		
<b>Morrisania STD Clinic</b> 1309 Fulton Ave., 10456	347-396-7959			x**		**
<b>South Bronx Health Center</b> 871 Prospect Ave., 10459	718-644-2937	Mon. to Thurs. until 7:30 p.m.; Fri. until 5:30 p.m.; Sat., by appointment only	x	x		

# Help Facilitate PrEP Referrals

---

- Identify key contacts in locations delivering PrEP
- Define referral processes in advance (e.g., Chicago Department of Health)
- Actively refer persons for PrEP
  - Assist with the scheduling of fiscal intake appointment
  - Help patient compile necessary documents
  - Assist with the scheduling of medical appointment
- Develop a plan to follow up with patient after appointment

# Public Health and PrEP

---

Local public health (PH) serves an ideal role as a connector between many parts of a broader network.



# Lakeview STI Clinic and Howard Brown Health Center PrEP Implementation Pilot Project

Tarek Mikati, MD, MPH  
HIV/STI Medical Director  
Chicago Department of Public Health

December 16, 2014

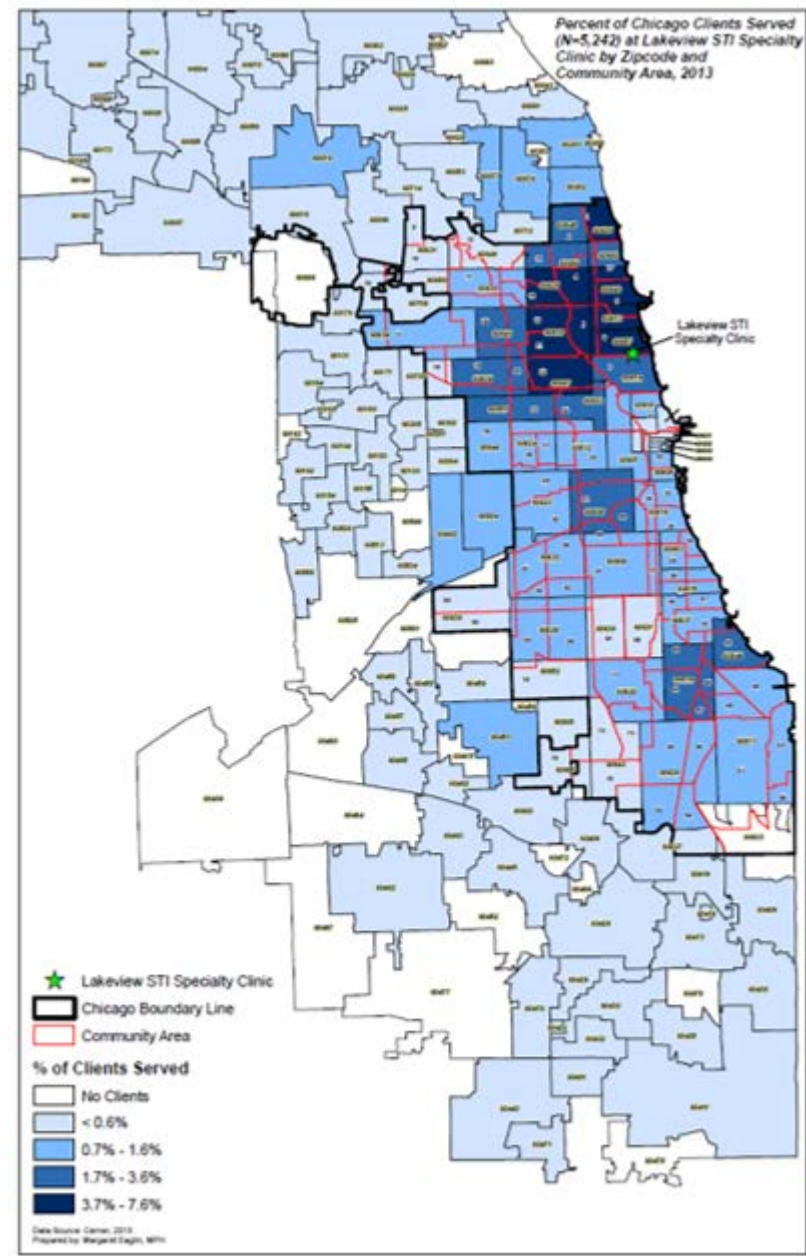
# STI Clinics and PrEP



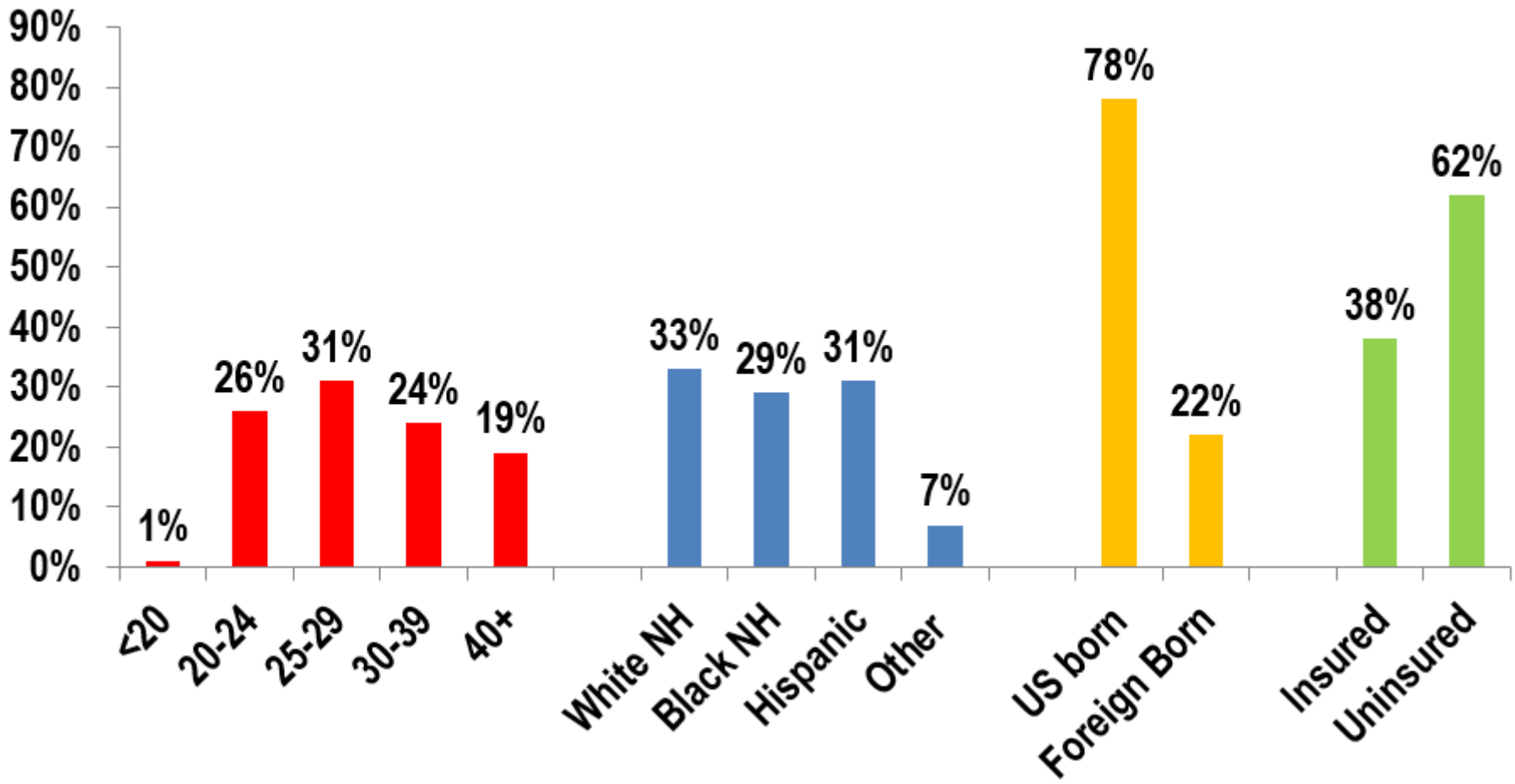
- Are most STI clinic patients PrEP candidates?
- Which STI clinic sub-populations should be prioritized for PrEP?
- How can PrEP be implemented in STI clinics with limited resources?

# Lakeview Specialty Clinic (LVSC)

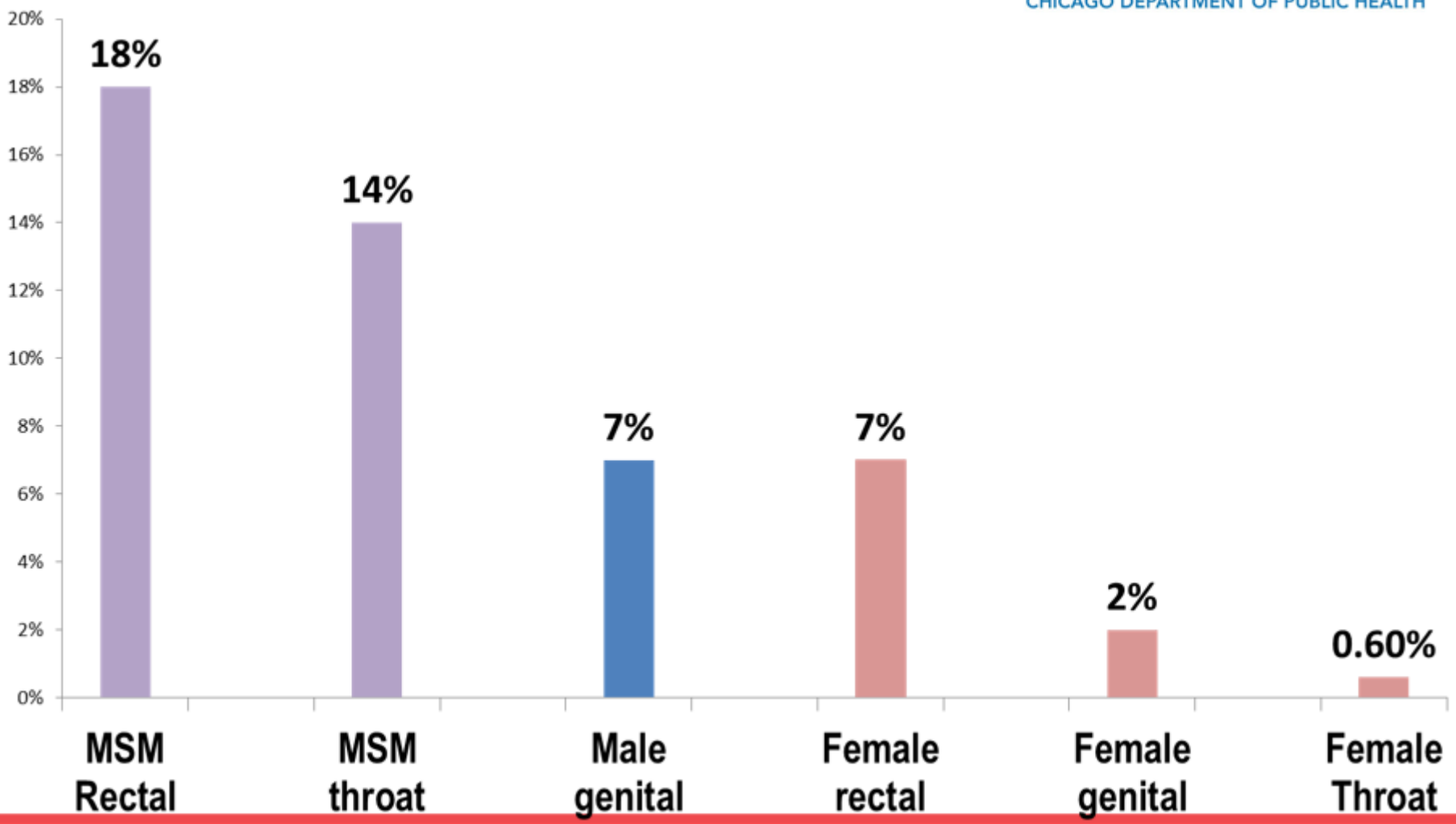
- 5500 annual patient visits
- 1350 annual MSM visits
  - 60% of total MSM CDPH STI visits
- Service menu
  - STD diagnosis and treatment
  - HIV screening (including acute)
  - Referrals, prn



# MSM Demographics at LVSC

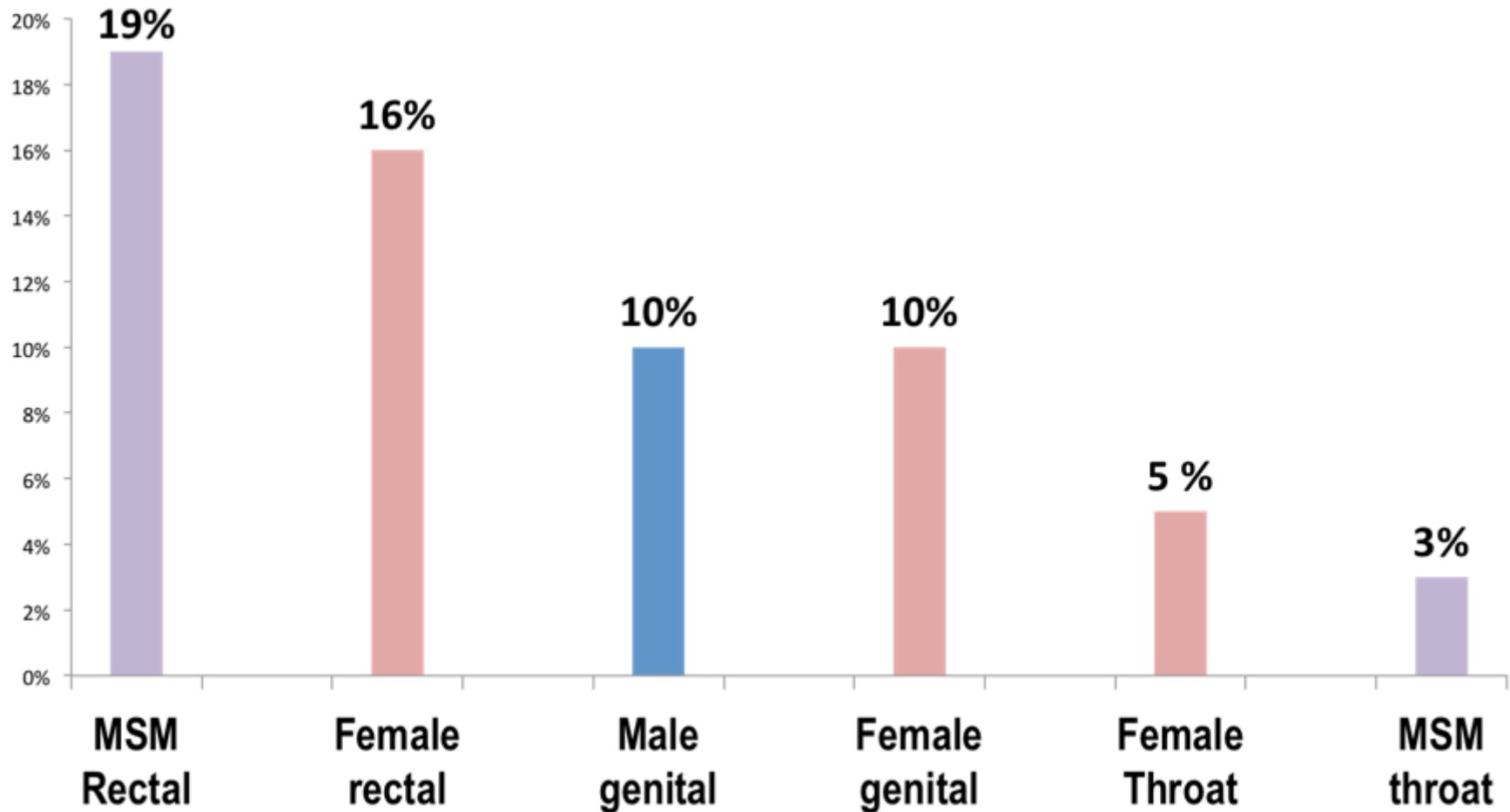


# Gonorrhea Positivity by Anatomical Site LVSC April – July 2014





# Chlamydia Positivity by Anatomical Site LVSC April – July 2014



# Behavioral Risk Factors of LVSC MSM Patients with Rectal STI's April – July 2014 (N=76)



- 22% HIV positive and 5% new HIV diagnosis
- 82% had multiple sexual partners in last 3 months (median 5 partners)
- 83% had receptive anal intercourse in last 3 months
- 83% reported never/sometimes for using condoms during anal receptive sex
- 70% had history of previous STI's
- 45% admitted to drug use during sex (most commonly poppers, marijuana)

# Howard Brown Health Center (HBHC)



- Founded in 1974, HBHC is one of the nation's largest lesbian, gay, bisexual, and transgender (LGBT) organizations
  - Services include: mental health, primary care, outreach, and STD/HIV testing walk-in services
  - 31% of patients are HIV-positive
  - 44% of patients are of color
  - 17% fall below 100% of the Federal Poverty Line

- PrEP Coordinator
  - Reduces barriers to PrEP access by helping patients assess PrEP coverage on their health insurance plans
  - Connects uninsured patients to Affordable Care Act (ACA) navigators
  - Ensures that patients are completing follow-up primary care visits
- Successes
  - Growing PrEP program (250+ patients)
  - Utilization of Medication Assistance Program is high
  - 25% PrEP initiators are uninsured
  - Uninsured PrEP patients connected to ACA navigator
  - Many Medicaid eligible patients now enrolled

# STI Clinic PrEP Implementation Modules



1. Education about PrEP to STI clinic patients (passive referral)
2. Linkage of high-risk patients to collaborating PrEP clinics (active referral)
3. Administration of PrEP on-site at STI clinic

# Pros: Active Referral Module



- Can be implemented at a shorter time period than providing PrEP on site
- In theory, more likely to link patients to PrEP than passive referral
- More likely to be cost saving in resource limited settings

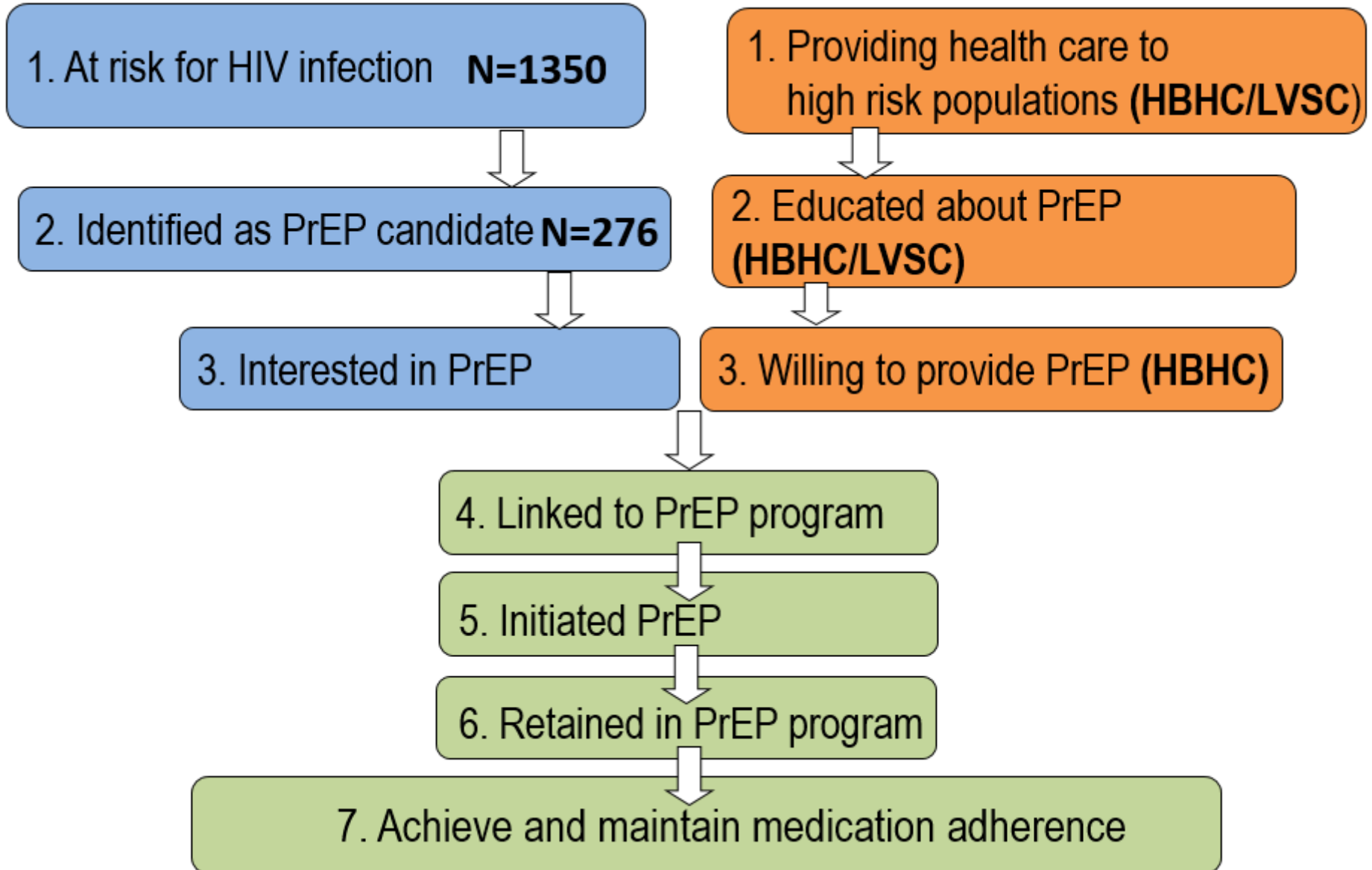
# Defining the PrEP Candidates for Active Referral



- HIV negative MSM with rectal gonorrhea and/or chlamydia (183)
- HIV negative MSM with early syphilis (primary, secondary, or early latent) (30)
- HIV negative partners of patients newly diagnosed with HIV (63, 90% males)

*Based on 4 months data (April-July 2014)*

# PrEP Delivery Cascade





# Active Referral Protocol

LVSC Clinician/DIS identify high risk patient

LVSC Clinician/DIS counsels patient about PrEP and suggests active PrEP referral

Agrees

Declines

Active referral form and informed consent faxed to HBHC

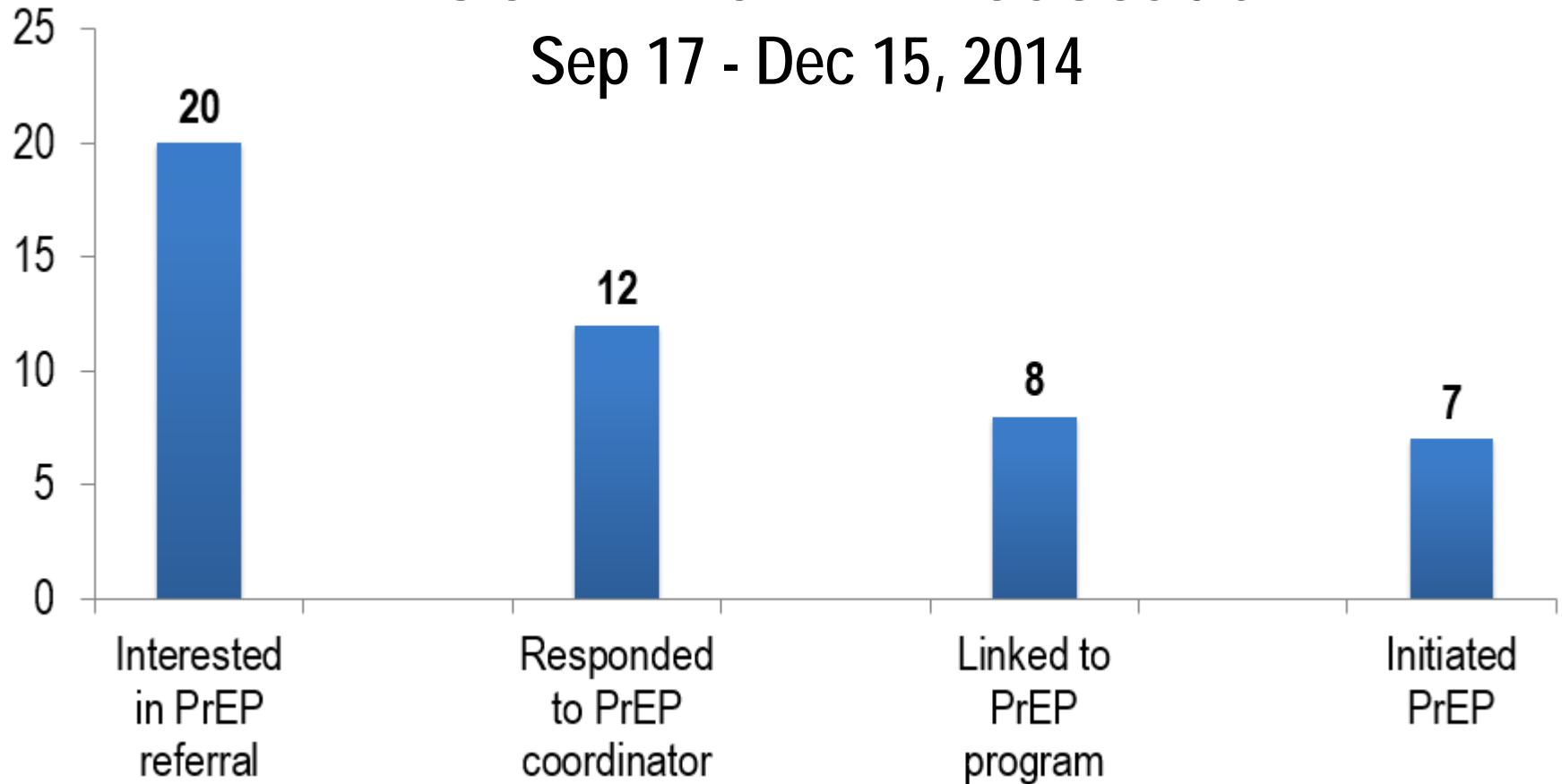
PrEP brochure and HBHC information provided

PrEP Coordinator contacts patient within 3 business days and provides PrEP information

Linkage to PrEP care

# LVSC-HBHC PrEP Cascade

Sep 17 - Dec 15, 2014



## Collaboration Successes

- Active referral pilot started after only three months of planning
- Providing an estimate of the number of PrEP candidates for active referral was helpful in identifying programmatic resources with participating clinic
- LVSC clinical providers had a quick “buy in ”
- Majority of patients are enthusiastic about PrEP education and very receptive to PrEP referrals (active and passive)
- Many patients were not aware where to obtain PrEP access, but now are
- Undocumented immigrant at high-risk for HIV was started on PrEP within two weeks

# Next Steps



- CDPH DIS staff will be further trained about PrEP and will offer active referral to all rectal STI patients who were treated empirically at first visit (65% of total rectal infections)
- Active referral process will expand to other CDPH STI clinics
- Other PrEP clinics in Chicago are interested in collaborating with CDPH STI clinics

# Acknowledgements

**LVSC clinic staff**

**Bryan Bautista Gutierrez- HBHC**

**Daniel Pohl- HBHC**

**Irina Tabidze, MD, MPH**

# A Public Health Approach to Biomedical HIV Prevention: The New York City Story



**Julie Myers, MD, MPH**

*Director, HIV Prevention*

**New York City Department of Health and Mental Hygiene**

*Instructor in Medicine*

**Division of Infectious Diseases, Department of Medicine, Columbia University Medical Center**

# PrEP/PEP: The NYC Plan



- Increasing PrEP/PEP Awareness
- Increasing PrEP/PEP Access
- Support appropriate implementation
- Monitor appropriate implementation

PrEP & PEP

NEW  
WAYS TO  
**PREVENT  
HIV**



**NYC**  
Health

PrEP & PEP

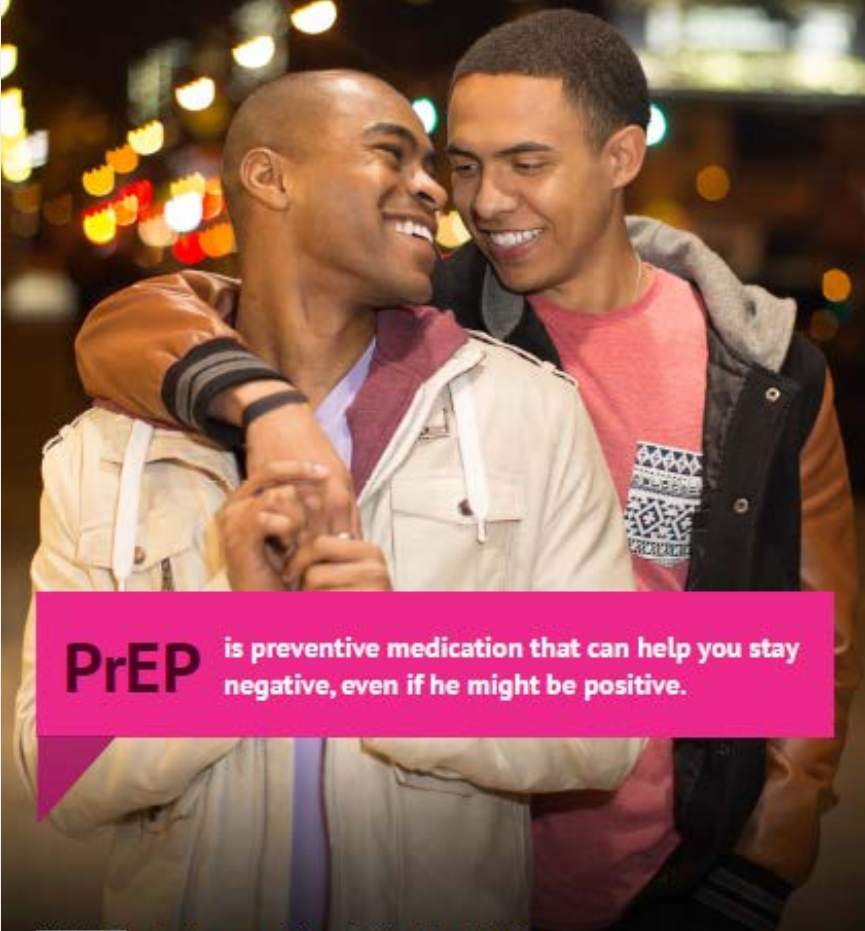
NEW WAYS TO  
**PREVENT HIV**



**NYC**  
Health



# Share the Night, *Not HIV*



**PrEP** is preventive medication that can help you stay negative, even if he might be positive.



Condoms provide additional protection.  
For more information on PrEP, talk to your doctor,  
call 311 or visit [nyc.gov](http://nyc.gov) and search "HIV PrEP and PEP."

**NYC**  
Health

# PEP

Kept Me

# HIV-

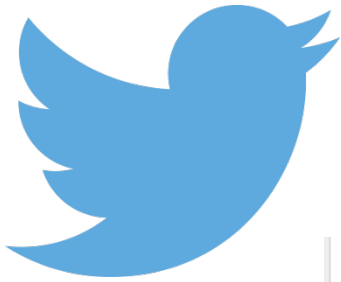


If you think you've been exposed to HIV,  
go immediately to a clinic or ER and ask for **PEP**.






For more information, call 311 or visit  
[nyc.gov](http://nyc.gov) and search "HIV PrEP and PEP."

**NYC**  
Health







# Promoted Tweets



 **nycHealthy**   
@nycHealthy  **Following**

HIV-negative individuals can use daily #PrEP meds to reduce their #HIV risk. Ask your doctor: [bit.ly/PEPPrEP](http://bit.ly/PEPPrEP)

**302**  
**retweets**



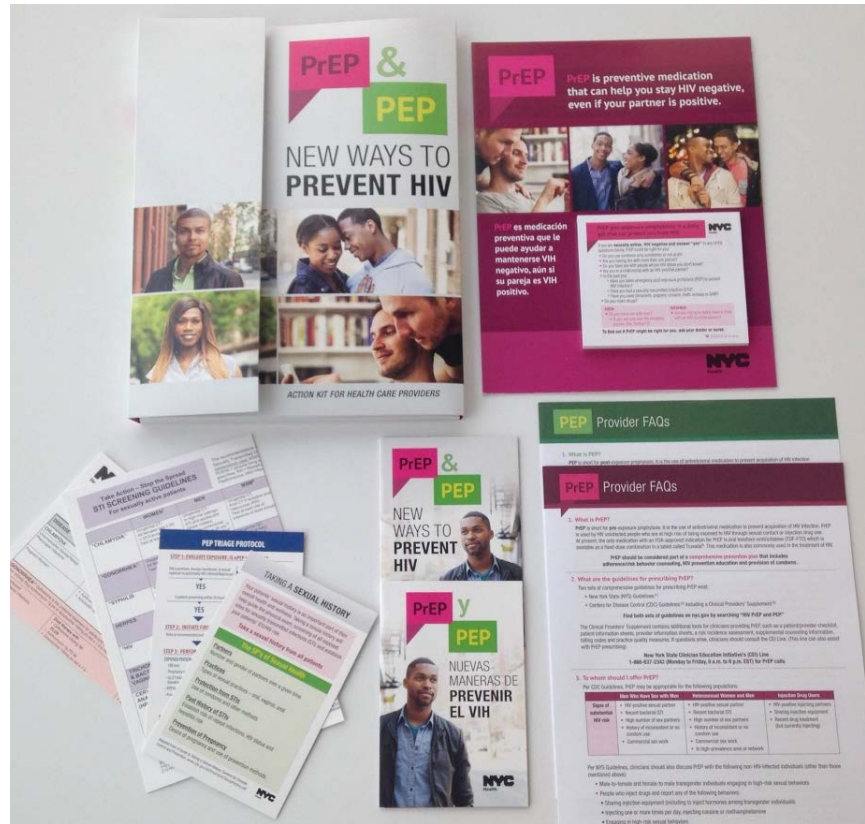
RETWEETS 302 FAVORITES 268



10:00 AM - 3 Sep 2014

Twitter click-through rate = 5.2% (above the 1-3% average)

# Public Health Detailing: PrEP & PEP



- Detailing kit contents
  - For providers: clinical guidelines pocket cards, FAQ, information on practical aspects of prescribing (e.g., billing codes); invitation to subsequent workshops, trainings
  - For patients: educational materials, waiting room self-assessment



# Increasing PrEP/PEP Awareness



## Importance of Biomedical Interventions for High-Impact Prevention (aka HIV 201)

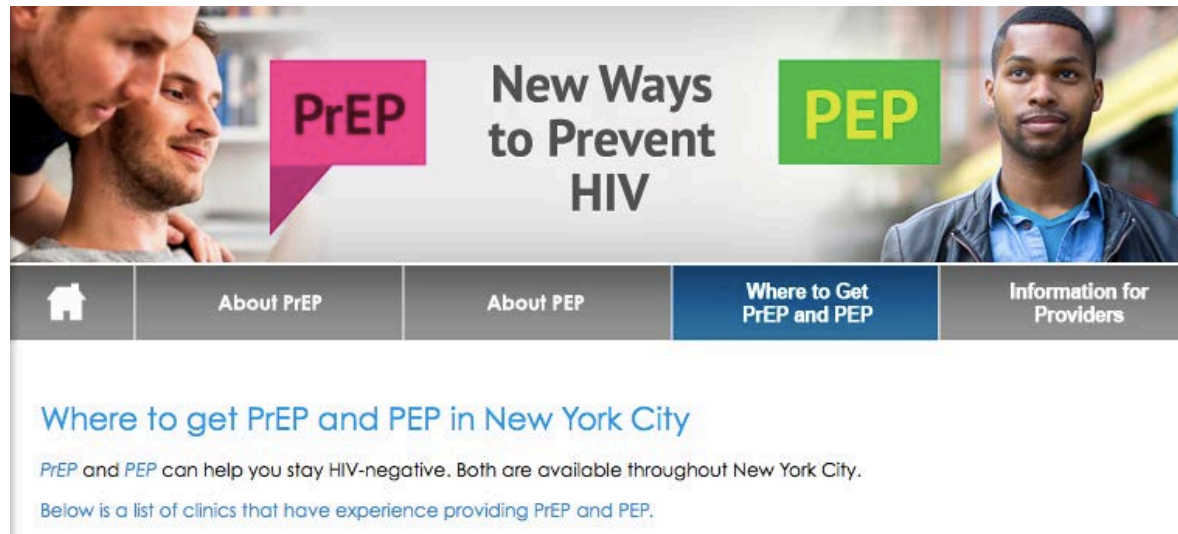
- Full-day, interactive training for front-line staff in CBOs and clinical organizations held monthly (since early 2014)
- Review basics of treatment as prevention, PrEP/PEP
- Address myths and attitudes
- Introduce social marketing materials, how to use/order

# Increasing PrEP/PEP Access



## Citywide Referral Network

- Checklist of site criteria developed
- Sites provide contact information and formally agree to be listed (website/311)
- PEP at 34 sites (and PrEP at 25); network still growing



[www.nyc.gov/health](http://www.nyc.gov/health) - search PrEP and PEP

# Increasing PrEP/PEP Access



## **PEP in STD Clinics**

- PEP starter pack (3 days) with referral for follow-up
- Focus on highest risk exposures
- PEP provided to 164 patients at 8 clinics (April-Nov. 2014)

## **PEP through Sexual and Behavioral Health Programs**

- Full course of PEP plus other services
- Focus on uninsured MSM and transgender women who have sex with men
- PEP provided to 374 patients at 8 sites (March 2013-Oct. 2014)

# Support Implementation



- **PrEP implementation workshop**
  - Academic partner: Dr. Sarit Golub (Hunter College), PI of PrEP study at Callen-Lorde
  - Full-day work session for clinic administrators and medical directors
  - Work through all issues related to setting up a PrEP program, especially:
    - HOW will the PrEP program be implemented?
    - BY WHOM will each piece be delivered?
  - 1<sup>st</sup> workshop: 10/14/14; 2<sup>nd</sup> workshop: 1/13/15

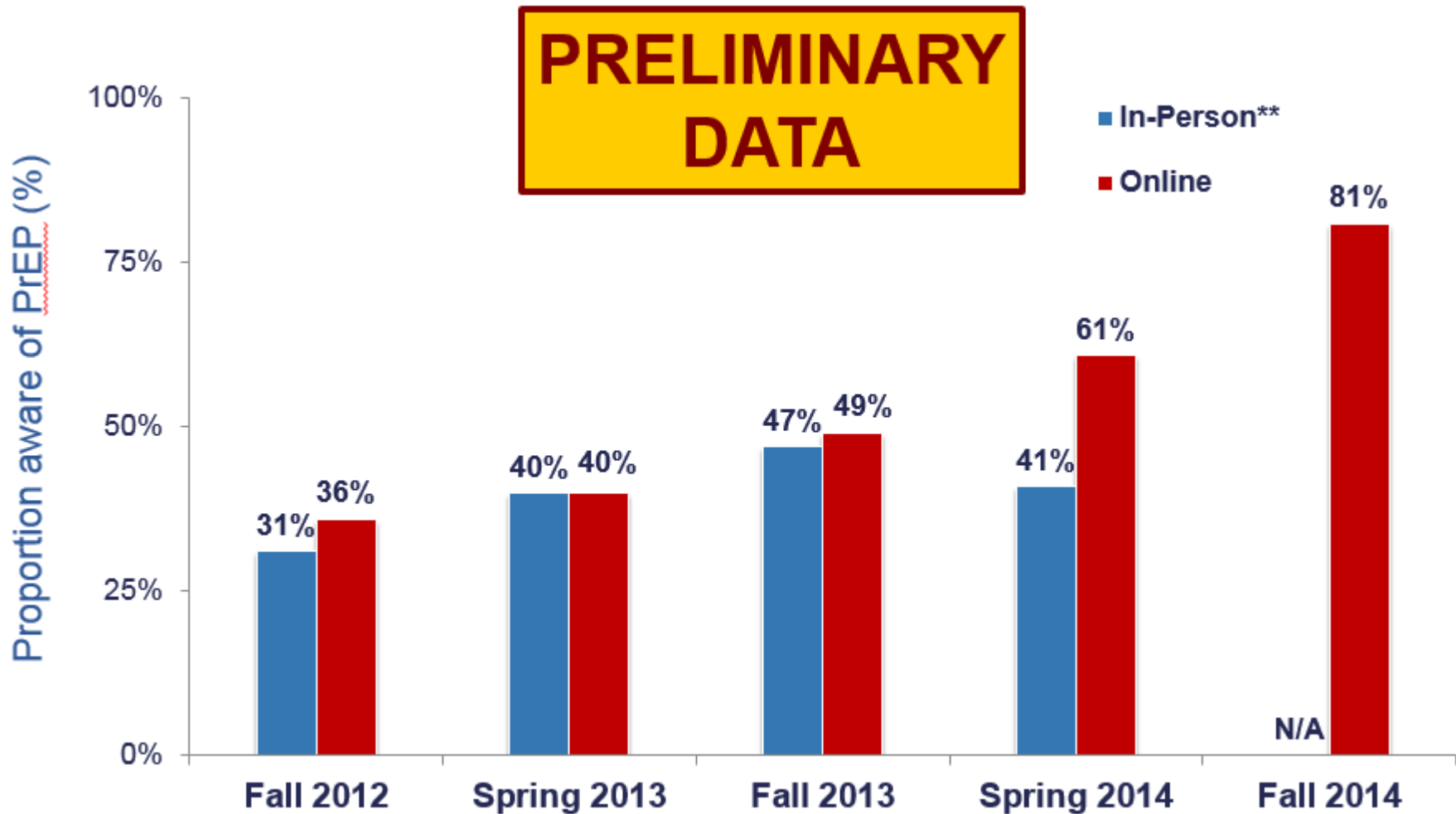
# Monitor Implementation: Examples



- Surveillance data
  - High Risk Behavioral Survey
  - Emergency Room Surveillance (PEP only)
- Medical record review
  - Primary Care Information Project – in progress
- Administrative data
  - Medicaid data – in progress
- Others
  - Provider surveys – planned



# Awareness of PrEP: NYC MSM\*



\*Aged 18-40 years, sexually active, with self-reported HIV status as negative or unknown

\*\* Data not collected In-person in Fall 2014

# Acknowledgements



- NYC DOHMH – BHIV
  - Demetre Daskalakis
  - Zoe Edelstein
  - Paul Kobrak
  - Adriana Andaluz
  - Nana Mensah
  - Shruti Ramachandran
  - Terrance Gardet
- NYC DOHMH – BSTD
  - Susan Blank
  - Christine Borges
  - Emily Westheimer
- NYC DOHMH – Communications
  - Elizabeth Thomas
- NYC DOHMH – BCD
  - Stephanie Ngai
  - Don Weiss
- CUNY – Hunter College
  - Sarit Golub
- Members of the HPG
- Members of NYC AIDS activist groups
- And many others

**Thank you!**

[jmyers@health.nyc.gov](mailto:jmyers@health.nyc.gov)

[PrEPandPEP@health.nyc.gov](mailto:PrEPandPEP@health.nyc.gov)



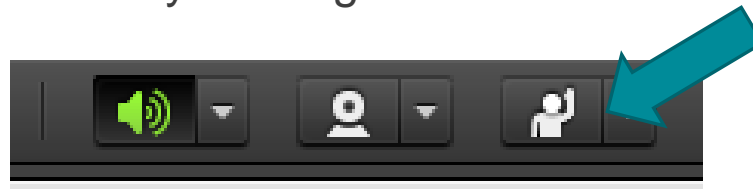
# Question, Answer, and Discussion

---

# Instructions for Asking a Question or Making a Comment

---

- Submit your question or comment via the chat box.
- If you are dialed-in via the conference line (866-740-1260; 9522046#) and would like to ask a question or make a comment verbally:
  - Raise your hand by clicking this button at the top of your screen.



- We will call on you to speak and instruct you to enter \*7 to unmute your line.
- After you are done speaking, mute your line by pressing the mute button on your phone or entering \*6 and click on the raise hand button to lower your hand.

# NACCHO's Educational Series on PrEP and Local Health Departments

---

<http://www.naccho.org/hivprep>

## Module 1

PrEP for HIV Prevention: An Introduction

Beyond the Basics: The Science of PrEP

US Public Health Service Clinical Practice Guidelines for PrEP

## Module 2

Who Might Benefit from PrEP: Population-level Risk Assessments

Who Might Benefit from PrEP: Individual-level Risk Assessments

## Module 3

Increasing PrEP Awareness and Knowledge in Your Jurisdiction

Incorporating PrEP into Comprehensive HIV Prevention Programs

# NACCHO's PrEP Story Bank

---

## Stories in Development

- New York City
- Chicago
- Hennepin County
- Denver
- Others?

We would love to hear your story. Please contact us if you would like to share your story of how you are delivering or supporting PrEP delivery in your jurisdiction.

To contact NACCHO, e-mail [gweiss@naccho.org](mailto:gweiss@naccho.org)

Visit the Story Bank at [www.naccho.org/hivprep](http://www.naccho.org/hivprep)