NACCHO

Welcome to the National Association of County and City Health Officials' Webinar on PrEP and Local Health Departments

There are two options for accessing the audio portion of this webinar:

(1) Using your computer speakers

(2) Dialing-in to this conference line –

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

Please note that 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.



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

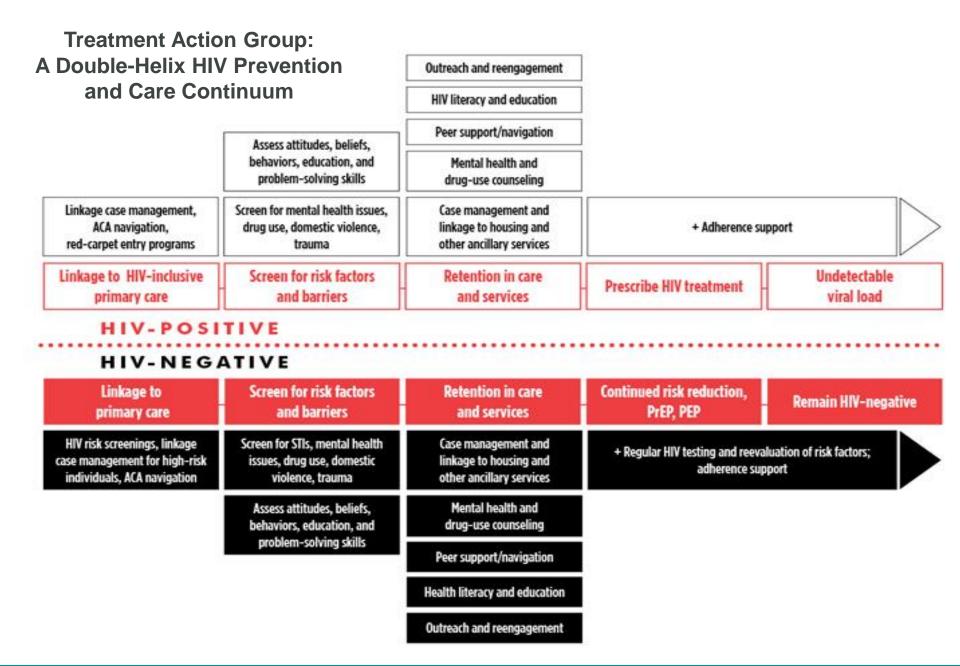
Webcast 1: PrEP for HIV Prevention: An Introduction

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

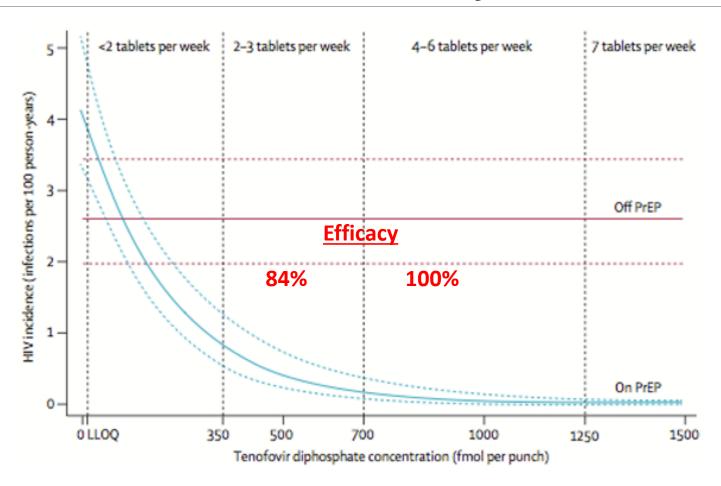


The Science of PrEP

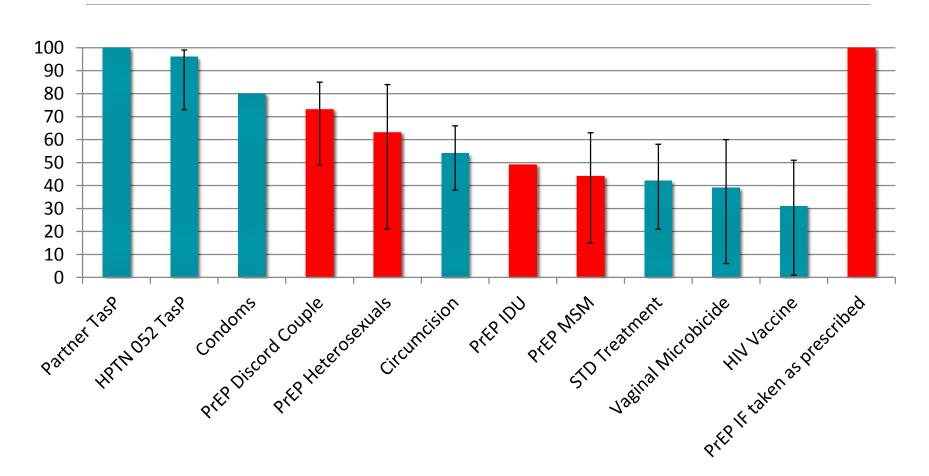
PrEP clinical trials show efficacy of 44-73%, with greater levels of efficacy (reaching 92%) among patients who took the pill consistently.

- iPrEx Study: PrEP in MSM
- TDF2: Heterosexual PrEP Study
- Partners PrEP Study: Heterosexual Serodiscordant Couples
- Bangkok Tenofovir Study: PrEP in Injection Drug Users

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	
Detecting substantial risk of acquiring HIV infection:	Sexual partner with HIV Recent bacterial STD High number of sex partners History of inconsistent or no condom use Commercial sex work	Sexual partner with HIV Recent bacterial STD High number of sex partners History of inconsistent or no condom use Commercial sex work Lives in high-prevalence area or network	HIV-positive injecting partner Sharing injection equipment Recent drug treatment (but currently injecting)	
Clinically eligible:	Documented negative HIV test before prescribing PrEP No signs/symptoms of acute HIV infection Normal renal function, no contraindicated medications Documented hepatitis B virus infection and vaccination status			
Prescription	Daily, continuing, oral doeses of TDF/FTC (Truvada), ≤90 day supply			
Other services:	 Follow-up visits at least every 3 months to provide: HIV test, medication adherence counseling, behavioral risk reduction support, side effect assessment, STD symptom assessment At 3 months and every 6 months after, assess renal function Every 6 months test for bacterial STDs 			
	Do oral/rectal STD testing	Assess pregnancy intent Pregnancy test every 3 months	Access to clean needles/ syringes and drug treatment services	

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



Preexposure Prophylaxis for the Prevention of HIV Infection in the United States - 2014 Clinical Providers' Supplement Page 1 of 43

Module 2 Overview

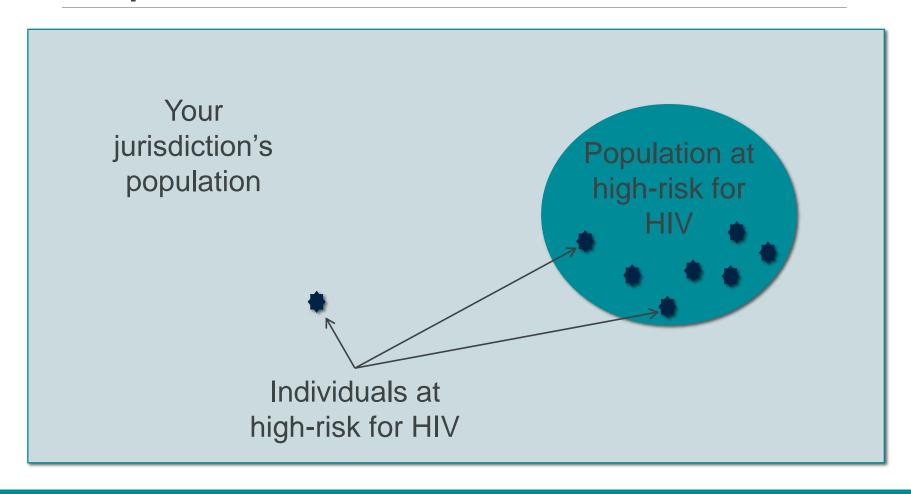
Webcast 1: Who Might Benefit from PrEP: Population-level Assessments

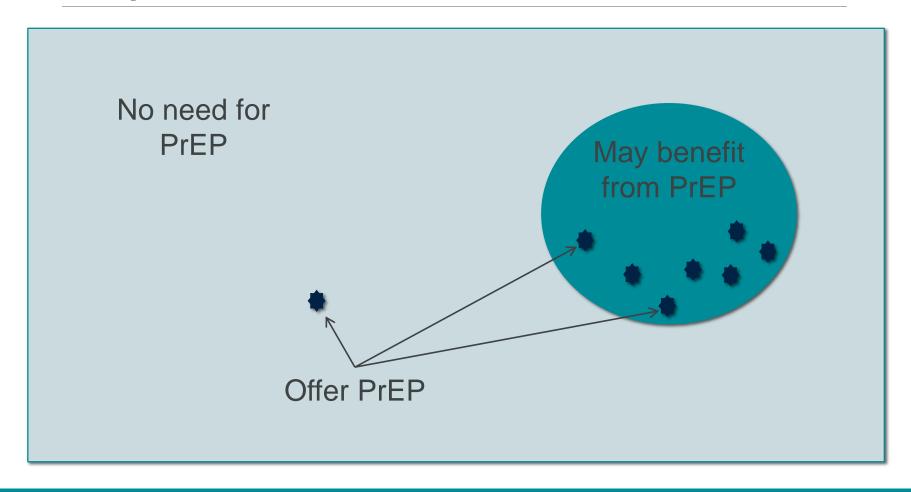
Webcast 2: Who Might Benefit from PrEP: Individual-level Assessments

Your jurisdiction's population

Your jurisdiction's population







Population-level Assessments

Key Data Sources

- Centers for Disease Control and Prevention (CDC)
- Kaiser Family Foundation
- State and local data sources
- AIDSVu.org
- HIVContinum.org

A Framework for Looking at the Data

National-level data

- Begin to focus on the epidemic
- May profile the local epidemic

State-level data

- Begin to hone in on the epidemic
- Remember nationally collected data sources
- May be more helpful to local providers than national data

Local-level data

- Fine-tune data on the epidemic
- Community partners and healthcare providers likely to be more responsive to local data

Placing the Data into Context

- "Triangulate" HIV data from multiple sources
 - National
 - State
 - 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

Employ a Sexual Health Framework

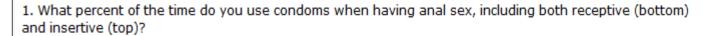
- Sexual health is an element of overall health
- Place behaviors in the context of having a healthy sex life
- Frame messaging in a supportive light
 - Not "I am sorry that you have chlamydia."
 - Rather "I am so glad you came in so we could take care of this for you."
- Open the door for disclosure and ongoing dialogue
- Understand patient desires and goals

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
 Sexual partner with HIV Recent bacterial STD High number of sex partners History of inconsistent or no condom use Commercial sex work 	 Sexual partner with HIV Recent bacterial STD High number of sex partners History of inconsistent or no condom use Commercial sex work Lives in high-prevalence area or network 	 HIV-positive injecting partner Sharing injection equipment Recent drug treatment (but currently injecting)

HIV Pre-Exposure Prophylaxis (PrEP) Risk Assessment Tool: Individual Risk Calculator





2. What percent of the time are you the insertive partner (top) when having anal sex?



3. On average, how many times per month do you have anal sex?



4. Are you in a monogamous relationship with an HIV positive partner?



4b. What is the HIV prevalence in your community? (click here for CDC estimates of HIV prevalence among MSM by metropolitan area, age, and race/ethnicity. If left blank, the national average of 19% will be used)

16 %

Risk of acquiring HIV this year:			
Without PrEP	1 in 44 (2.3%)		
PrEP, expected adherence ¹	1 in 77 (1.3%)		
PrEP, expected adherence + increase in risky behavior ²	1 in 59 (1.7%)		
PrEP, high adherence ³	1 in 538 (0.2%)		
PrEP, high adherence and 100% condom use	1 in 1614 (0.1%)		

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

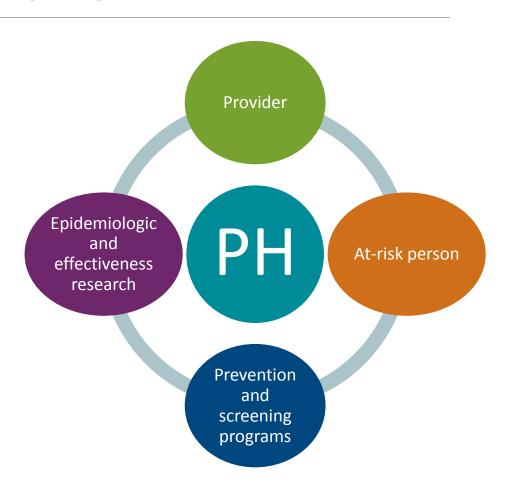
Local Health Departments and PrEP

What can local health departments do?

- Develop community profiles for HIV prevention planning
- Create resource inventories
- Educate at-risk community members, healthcare providers, and other HIV prevention partners
- Conduct risk assessments and make referrals for PrEP
- Support PrEP delivery (e.g. HIV and STI screening, adherence and behavioral risk counseling support)
- Deliver PrEP via health department clinics
- Evaluate and monitor HIV incidence and key
 PrEP performance measures

Public Health and PrEP

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



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

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 Assessments

Who Might Benefit from PrEP: Individual-level Assessments

Module 3

Increasing PrEP Awareness and Knowledge in Your Jurisdiction Incorporating PrEP into Comprehensive HIV Prevention Programs

NACCHO's Educational Series on PrEP and Local Health Departments

Module 3

Release: Monday, December 1

Live webinar: Tuesday, December 16 from 1:00-2:00 PM EST

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 hivsti@naccho.org