A Local Health Department
STD Clinic-Based
PrEP Program

2016 Chicago Regional STI / HIV Prevention Clinical Update
September 29, 2016
CUPHD PrEP Clinic

- Champaign-Urbana is two hours south of Chicago
- Population of C-U 122,000
- Univ of Illinois at U-C
- Micro-Urban
HIV Prevalence in 2013, Illinois

Notes: 1) HIV prevalence data were from Illinois Department of Public Health Surveillance, as of 1/28/2015
2) Census 2013 population estimates were used in the rate calculation
Map was created 2/5/2015
Assessment of Community Need

- Late Summer/Early Fall 2014
- Gathered Stakeholders to discuss
- Initial ideas
  - link clients to providers
  - **build capacity of providers**
  - promote PrEP in the community
- Started with a survey of the Community
Survey Results

September 2014:

• N=143 (67 were MSM)
• Ages 18-55
• 51% of MSM had never heard of PrEP
• 69% would consider taking it based on what they know right now
• One-quarter were not sure they would feel comfortable asking a medical provider about PrEP
Winter 2014

- Started receiving feedback from clients:
  - “My doctor googled PrEP when I asked”
  - Dr. said “Why not just be more responsible?”
  - Traveling to Chicago to access PrEP
  - Friends in larger urban areas getting PrEP
  - Misinformation about resistance, adherence, etc

We started to get weekly calls about PrEP
January 2015

What would be required to provide PrEP at CUPHD?

CDC Guidance

CUPHD Already Had:

- Staff trained to conduct sexual and injection risk assessments
- Lab Services for HIV testing
- Services for persons living with HIV
- Treatment adherence counselors
- Financial case management
CUPHD Needed to Add:

- Staff trained to do PrEP counseling
  - who are good candidates
  - how does PrEP work
  - what does clinical management look like
  - how do we help clients discontinue PrEP
- Lab Services for Renal Function
- Lab Services for Hepatitis Serology
February to May 2015

• Contracted with a new lab to provide PrEP related testing

• CUPHD Medical Director was supportive and first prescriber

• Training for staff, including STD nurses

• Developed protocols, forms & clinic flow
<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>DOB</th>
<th>Provide ID</th>
<th>Initial Visit - Date</th>
<th>Initial</th>
<th>Client established as a potential candidate for PrEP</th>
<th>Rapid HIV test conducted / Pregnancy test if appl.</th>
<th>Additional STD &amp; HCV screening conducted</th>
<th>Assess for acute HIV infection</th>
<th>Assess for Vaccines</th>
<th>Signed Patient/Provider Checklist</th>
<th>Labs Ordered</th>
<th>Benefits Counseling</th>
<th>Follow-up Appointment Scheduled for</th>
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<tbody>
<tr>
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<td></td>
<td>□ Syphilis</td>
<td>□ Urine</td>
<td>□ Throat</td>
<td>□ Rectal</td>
<td>□ Rapid HCV</td>
<td>□ HBV</td>
<td>□ Creatinine</td>
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<td>□ Patient Handouts</td>
<td>□ Insured</td>
<td>□ Co-Pay Assistance Card</td>
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# CDC MSM Risk Index

<table>
<thead>
<tr>
<th>Question</th>
<th>Score</th>
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</thead>
<tbody>
<tr>
<td>1. How old are you today?</td>
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<tr>
<td>If &lt;18 years, score 0</td>
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<tr>
<td>If 18-28 years, score 5</td>
<td></td>
</tr>
<tr>
<td>If 29-40 years, score 2</td>
<td></td>
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<tr>
<td>If 41-48 years, score 1</td>
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<tr>
<td>If 49 years or more, score 0</td>
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<tr>
<td>2. In the last 6 months, how many men have you had sex with?</td>
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<tr>
<td>If &gt;10 male partners, score 7</td>
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<tr>
<td>If 6-10 male partners, score 4</td>
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<tr>
<td>If 0-5 male partners, score 0</td>
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<tr>
<td>3. In the last 6 months, how many times did you have receptive anal sex</td>
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<tr>
<td>(you were the bottom) with a man without a condom?</td>
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<tr>
<td>If 1 or more times, score 10</td>
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<tr>
<td>If 0 times, score 0</td>
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<tr>
<td>4. In the last 6 months, how many of your male sex partners were HIV</td>
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<tr>
<td>positive?</td>
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<td>If &gt;1 positive partner, score 8</td>
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<tr>
<td>If 1 positive partner, score 4</td>
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<tr>
<td>If &lt;1 positive partner, score 0</td>
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<tr>
<td>5. In the last 6 months, how many times did you have insertive anal sex</td>
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<tr>
<td>(you were the top) without a condom with a man who was HIV positive?</td>
<td></td>
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<tr>
<td>If 5 or more times, score 6</td>
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<tr>
<td>If 0 times, score 0</td>
<td></td>
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<tr>
<td>6. In the last 6 months, have you used methamphetamines such as crystal</td>
<td></td>
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<tr>
<td>or speed?</td>
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<tr>
<td>If yes, score 6</td>
<td></td>
</tr>
<tr>
<td>If no, score 0</td>
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</tbody>
</table>

Add down entries in right column to calculate total score

**TOTAL SCORE**

*If score is 10 or greater, evaluate for intensive HIV prevention services including PrEP. If score is below 10, consider providing standard HIV prevention services.*
PreP: Frequently Asked Questions

What is PreP?
"PreP" stands for pre-exposure prophylaxis. The term "prophylaxis" (pronounced pro fil sis) means to prevent or control the spread of an infection or disease. The goal of PreP is to prevent HIV infection from taking hold if you are exposed to the virus. This is done by taking a pill that contains 2 HIV medications every day. These are the same medicines used to stop the virus from growing in people who are already infected.

Why take PreP?
The HIV epidemic in the United States is growing. About 50,000 people get infected with HIV each year. Most of these infections are happening in some groups of people and some areas of the country rather than others.

Is PreP a vaccine?
No. PreP medication does not work the same way as a vaccine. When you take a vaccine, it trains the body's immune system to fight off infection for years. You will need to take a pill every day by mouth for PreP. PreP does not work if you stop taking it. The medication that was shown to be safe and to help block HIV infection is called "Truvada" (pronounced tru va duh). Truvada is a combination of 2 drugs (tenofovir and emtricitabine). These medicines work by blocking important pathways that the HIV virus uses to set up an infection. If you take Truvada as PreP daily, the presence of the medication in your bloodstream can often stop the HIV virus from establishing itself and spreading in your body. If you do not take the Truvada pills every day, there may not be enough medicine in your bloodstream to block the virus.

Should I consider taking PreP?
PreP is not for everyone. Doctors prescribe PreP for some patients who have a very high risk of coming in contact with HIV by not using a condom when they have sex with a person who has HIV infection. You should consider PreP if you are a man or woman who sometimes has sex without using a condom, especially if you have a sex partner who you know has HIV infection. You should also consider PreP if you do not know whether your partner has HIV infection but you know that your partner is at risk (for example, your partner injects drugs or is having sex with other people in addition to you) or if you have recently been told by a health care provider that you had a sexually transmitted infection. If your partner has HIV infection, PreP may be an option to help protect you from getting HIV infection while you try to get pregnant, during pregnancy, or while breastfeeding.

How well does PreP work?
PreP was tested in several large studies with men who have sex with men, men who have sex with women, and women who have sex with men. All people in these studies (1) were tested at the beginning of the trial to be sure that they did not have HIV infection, (2) agreed to take an oral PreP tablet daily, (3) received intensive counseling on safer sex behavior, (4) were tested regularly for sexually transmitted infections, and (5) were given a regular supply of condoms.

Several studies showed that PreP reduced the risk of getting HIV infection:
- Men who have sex with men who were given PreP medication to take, were 44% less likely to get HIV infection than those men who took a pill without any PreP medicine in it (a placebo). Forty-four percent was an average that included men who didn't take the medicine every day and those who did. Among the men who said they took most of their daily doses, PreP reduced the risk of HIV infection by 73% or more, up to 92% for some.

Truvada: Medication Information

Brand name: Truvada (tru va duh)
Generic name: tenofovir disoproxil fumarate and emtricitabine

Why is this medication prescribed?
- Truvada is one of several medications that are currently used to treat human immunodeficiency virus (HIV) and hepatitis B virus infection.
- Truvada is now being used to prevent HIV infection.
- Truvada is sometimes prescribed to some people who do not have HIV infection (for example, those who do not always use condoms or who have a sex partner that has HIV infection) to help reduce their chances of getting HIV infection.
- When you take Truvada to prevent HIV infection, doctors refer to this use as "pre-exposure prophylaxis" or "PrEP."

How does Truvada (PreP) help prevent HIV infection?
- HIV is a virus that attacks your body's immune cells (the cells that work to fight infections).
- The 2 medications that make up Truvada (tenofovir and emtricitabine) block important pathways that viruses use to set up infection.
- If you take Truvada as PreP daily, the presence of the medication in your bloodstream can sometimes stop the virus from establishing itself and slow the spread of HIV in your body.
- By itself, PreP with Truvada does not work all the time so you should also use condoms during sex for the most protection from HIV infection.

How should this medication be used?
- You must take one tablet of Truvada by mouth every day.
- Follow the directions on your prescription label carefully, and ask your doctor or pharmacist to explain any part you do not understand.
- Do not stop taking Truvada without talking to your doctor. When your supply of Truvada starts to run low, contact your doctor or pharmacist to get more.
- You may be at higher risk of becoming infected with HIV if you miss doses or stop taking Truvada than if you take it every day.

What special precautions should you follow?
Before taking Truvada (tenofovir and emtricitabine) you must do the following:
- Tell your doctor and pharmacist if you are allergic to tenofovir, emtricitabine, or any other medications.
- Tell your doctor and pharmacist about all prescription and nonprescription medications you are taking. Your doctor may need to change the doses of your medications or monitor you carefully for side effects.
- Tell your doctor if you have or have ever had kidney or liver disease.
- Tell your doctor if you become pregnant or if you are breastfeeding.
Assessment for Acute HIV Infection

SIGN AND SYMPTOMS CHECKLIST

Print name of patient ___________________________ DOB ___________________________

In the past month:

☐ Fever
☐ Headache
☐ Diarrhea
☐ Nausea and vomiting
☐ Fatigue
☐ Aching Muscles

☐ Sore Throat
☐ Red rash that does not itch, usually on the torso
☐ Swollen glands
☐ Night Sweats
☐ Joint Pain

NOTES:

_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________
_________________________________________________________________________

Provider Signature ___________________________ Patient Signature ___________________________ Today's Date ___________________________
Provider/Patient Agreement

PATIENT/PROVIDER CHECKLIST

CHECKLIST FOR INITIATING PRE-EXPOSURE PROPHYLAXIS (PrEP)

Print name of provider ____________________________ Print name of patient ____________________________ Today’s Date ____________________________

Provider Section

I have provided this patient with the following: (check all as completed):

☐ Assessment for possible acute HIV infection
☐ Indicated laboratory screening to determine indications for these medications
☐ An HIV risk assessment to determine whether PrEP is indicated for this patient
☐ A medication fact sheet listing dosing instructions and side effects
☐ Counseling or a referral for counseling on condom use and any other HIV risk-reduction methods this patient may need
☐ Advice on methods to help the patient to take medication daily as prescribed
☐ Information about PrEP use during conception and pregnancy (when indicated)
☐ A prescription for Truvada (300mg tenofovir disoproxil fumarate, 200 mg emtricitabine)
☐ A follow-up appointment date

As the provider, I will:

☐ Limit refill periods to recommended intervals for repeat HIV testing (at least every 3 months)
☐ Conduct follow-up visits at least every 3 months that include the following:
  ☐ Assessment of HIV status (including signs or symptoms of acute HIV infection)
  ☐ Assessment of side effects and advice on how to manage them
  ☐ Assessment of medication adherence and counseling to support adherence
  ☐ Assessment of STI symptoms, HIV risk behavior and counseling support for risk-reduction practices
☐ Inform the patient of any new information about PrEP and respond to questions

CONTINUE TO CLIENT SECTION

Client Section

It has been explained to me that:

☐ Taking a dose of PrEP medication every day may lower my risk of getting HIV infection
☐ This medicine does not completely eliminate my risk of getting HIV infection, so I may choose to use condoms during sex
☐ This medicine may cause side effects, so I should contact my provider for advice by calling 531-5365 if I have any health problems
☐ It is important for my health to find out quickly if I get HIV infection while I’m taking this medication, so I will contact my provider right away if I have symptoms of possible HIV infection (fever with sore throat, rash, headache, or swollen glands)
☐ My provider will test for HIV infection at least once every 3 months

Therefore, I will:

☐ Try my best to take the medication my provider has prescribed every day
☐ Talk to my provider about any problems I have in taking the medication every day
☐ Not share the medication with any other person
☐ Attend all my scheduled appointments
☐ Call _________________ to reschedule any appointments I cannot attend

Provider Signature ____________________________ Patient Signature ____________________________ Today’s Date ____________________________

HIV Services Staff ____________________________
Paying for PrEP

• Medicaid

• Health Insurance

• Gilead Co-Pay Assistance Program

• Gilead Medication Assistance Program
June 2015

Started providing PrEP Services

• Half a day a week

• By appointment or during walk in clinic hours during PrEP Clinic
June 2015 – August 2016

CUPHD has 57 clients in PrEP program

- 81 have received a prescription
  - 6 have relocated
  - 2 have discontinued due to side effects
  - 17 have been lost to follow up

78% retention rate

- Ave 5-6 new clients a month
Lessons Learned (so far)

- Need a prescriber during business hours
  - Added a NP in October 2015
- Added case management in January 2016
  - To reduce “lost to follow up” rates
- Need access through their own providers
  - Conducted a “provider training” in June 2016
- The date of prescription is not always the date of first use
  - Need to assess in follow up visits
(more) Lessons Learned

Community awareness of PrEP remains low.
(even more) Lessons Learned

PrEP is more than Truvada

- STI testing every three months, as needed
- Vaccine uptake is higher among PrEP clients (HPV, Hepatitis, and even flu)
- Clients are engaged in insurance/Medicaid sign up

Referrals

- Engaging STD Clinic nurses has lead to most of our referrals for PrEP
# CUPHD Prevention Program

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<tr>
<th></th>
<th>HIV NEGATIVE</th>
<th>HIV POSITIVE</th>
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<tr>
<td><strong>Bio Medical Interventions</strong></td>
<td>PrEP</td>
<td>ART</td>
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<tr>
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<td>STI Testing &amp; Treatment</td>
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<td><strong>Public Health Strategies</strong></td>
<td>HIV Testing</td>
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<td>Condom Access / Syringe Exchange</td>
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<td><strong>Social Marketing</strong></td>
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<td>CU at Zero Campaign</td>
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