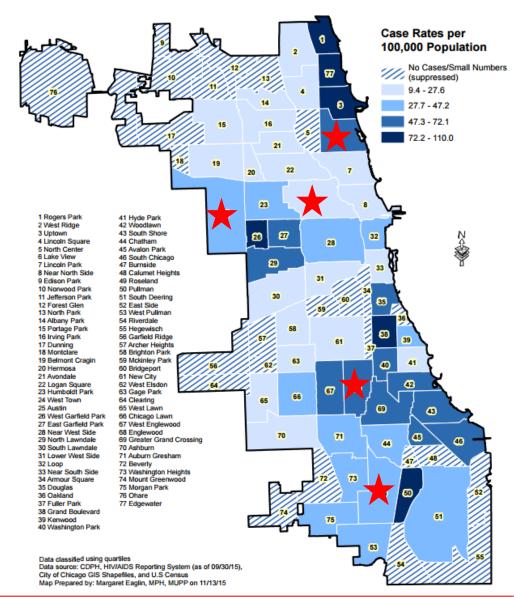


PrEP Active Referrals at the Chicago Dept. of Public Health: past, present, and future

Ramona Bhatia, MD MS Supervising Physician HIV/STI 9/29/16

Burden of HIV in Chicago, 2014

- 22,875 people living with HIV
- 973 new diagnoses (36/100,000)
 - 0.9% estimated annual percent (EAP) decrease since 2010
- HIV incidence rate is 3 times higher than US rate
- 412 incident AIDS cases
 - 9% EAP decrease since 2010



HIV Disparities in Chicago, 2014

- Of new infections, 77% are in men who have sex with men (MSM)
 - 3% EAP increase since 2010
- 50% of infections in men are in those under age 30
 6% EAP increase amongst 20-29 year-olds since 2010
- Non-Hispanic Blacks (NHB) represent 53% of all new cases and 48% of cases amongst MSM
 - 2% EAP decrease in NHB since 2010

Chicago Department of Public Health. HIV/STI Surveillance Report, 2015. Chicago, IL: City of Chicago; December 2015.

PrEP in Chicago's MSM, 2014

Among HIV-negative, sexually-active adult MSM in Chicago:

- 71% have heard of PrEP
- **58%** would be willing to use PrEP
- -10% have used PrEP

But...

- 56% have unprotected anal intercourse

STI Clinics are Ideal Settings for PrEP

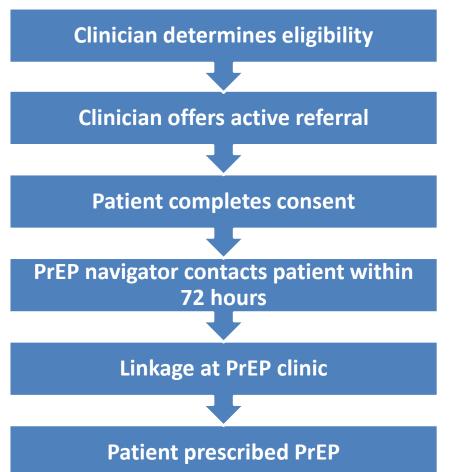
- They service patients at high risk for HIV
- They perform HIV testing
- They are "safety net" providers

Models of PrEP Implementation in STI Clinics

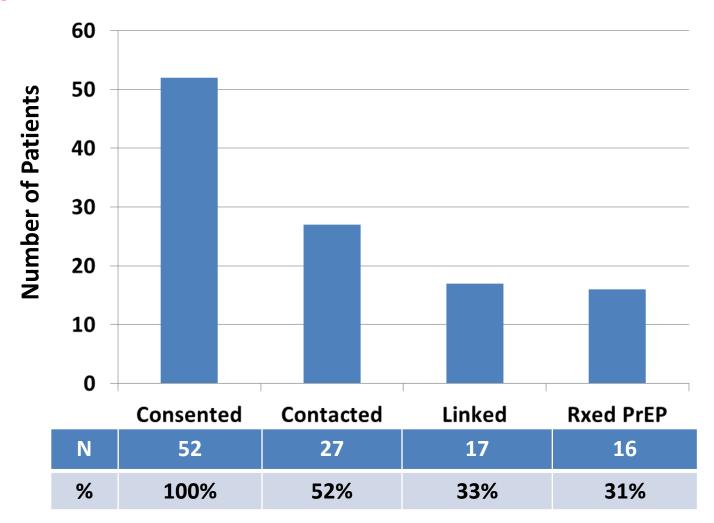
- <u>Model 1</u>: Referral to a PrEP service provider in the community
- <u>Model 2</u>: Navigator-assisted linkage to a PrEP services provider in the community
- Model 3: PrEP services provided in the STI clinic

PrEP Active Referral Pilot Program, Sept. 2014-Mar. 2015

- HIV-negative MSM with rectal bacterial STIs, early syphilis, or HIV-positive partners were eligible
- Clinicians actively referred from the Lakeview STI
 Clinic to the Howard Brown Health Center PrEP clinic



PrEP Active Referral Pilot Program, Sept. 2014-Mar. 2015



The Expanded Model

Problem	Intervention and Activity	When
Lack of Awareness	Updates on PrEP and referral protocol	Ongoing
Excluding Risk Groups	Broaden eligibility criteria	June '15
Limiting to North Side	Increase participation to all STI Clinics	June '15
	Increase partners on the south side	June '15 (UC)
Few Partners	Increase partners on the west side	July '15 (Sinai) Jan '16 (CORE)
Omitting Fast-track Patients	Integrated PrEP nurses at STI Clinics	

The Expanded Model

- All HIV-negative CDPH STI Clinic patients meeting one or more of the following criteria are eligible:
 - Cis-woman or MSM with rectal bacterial STI or syphilis
 - Trans-woman
 - Injection drug user (IDU)
 - Commercial sex worker (CSW)
 - Partner of HIV-positive individual
 - Practices unprotected receptive anal intercourse (URAI)
 - Interested in PrEP
- Partner site determined by patient preference (geography, clinic hours, etc.)

Evaluation

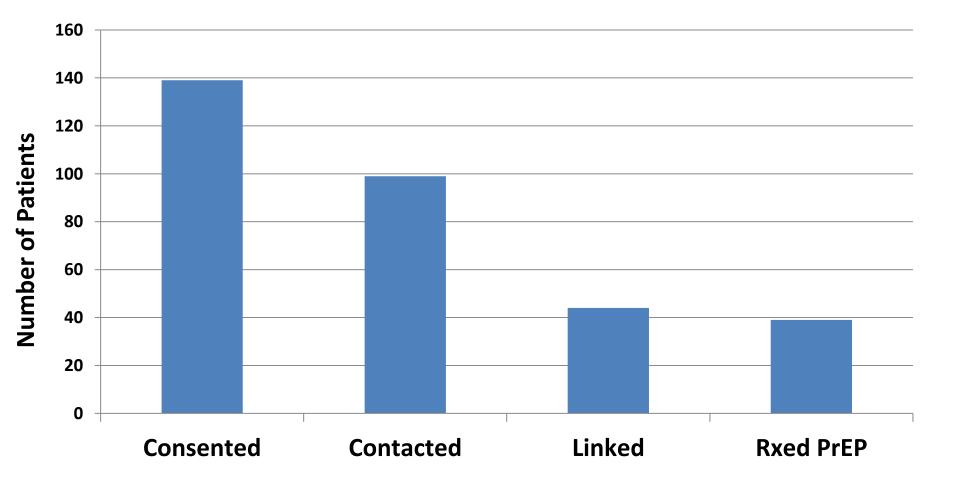
- We conducted a retrospective review of all CDPH STI Clinic active referrals from Jun. 1, 2015-May 31, 2016
- For patients referred more than once, only the first referral was included
- Contact, linkage, and prescription data were provided by partner sites

Cohort Description (N=139)

Variable		
Mean age (SD), y	26.6 (8)	
	n (%)	
Male	137 (99)	
MSM	128 (92)	
Hispanic	45 (32)	
Non-Hispanic	87 (63)	
White	25 (18)	
Black	53 (38)	
Asian	9 (6)	
Other/unknown	7 (5)	

Referral Criteria*	n (%)
>1 criteria met	21 (15)
Bacterial STI	88 (63)
Rectal chlamydia	20 (14)
Rectal gonorrhea	23 (17)
Syphilis	37 (27)
Partner	23 (17)
URAI	25 (18)
Interested	31 (22)
IDU	2 (1)
CSW	1 (1)

Expanded Model, Jun. 2015-May 2016



Ν	139	99	44	39
%	100%	71%	32%	28%

Challenges and Lessons Learned

- There were significant drop-offs between consent and contact and linkage
- The expanded model increased the total number of patients referred but not the percent prescribed PrEP
- Seamless PrEP linkage is critical

Future Directions

- PrEP nurses facilitating appointment scheduling with partner sites
- Utilizing PrEP screeners for fast-track patients
- Implementation of on-site PrEP
 - On-site insurance navigation
 - Developing "bridge" partners
 - Funding
- Expansion of internal and external PrEP capacity
 - Needs-based provider training
 - Developing PrEP nurses into community educators and PrEP champions

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