Alaska ID ECHO: PrEP Series

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

NPAIHB
Indian Leadership for Indian Health

PrEP Considerations for Special Populations
April 11, 2023

This program is supported by a grant from the Northwest Portland Area Indian Health Board and funding is provided from the HHS Secretary's Minority HIV/AIDS Fund.

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COLLABORATORS

Jessica Bloome, MD, MPH
Deputy Director, CBA Project

Azul DelGrasso, MA
Senior Workforce Development Specialist

Taylor Holsinger, MPH
HIV Prevention Coordinator

Sarah Brewster, MPH, MSW
HIV Surveillance Coordinator

Leah Besh, PA
Director of HIV Clinical Services

Jennifer Williams
Program Coordinator

Jennifer Arnold
Special Projects Coordinator
MW AETC

Agenda

1. Providing PrEP care to adolescents and young adults

Dr. Geoffrey Hart-Cooper

2. PrEP considerations with special populations

Dr. Jessica Bloome

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The adolescent/young adult (AYA) PrEP patient

Geoffrey Hart-Cooper MD

Pediatrician

Founder and Medical Director, Virtual PrEP Program for Adolescents and Young Adults

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Know your unique AYA patient

- **Maturity is on a spectrum**
  - Practically speaking, some young adults have the maturity of adults and vice versa
- **Confidentiality needs are on a spectrum**
  - Medical consent once 18+ (specifics around sexual health changes locally)
  - On parent/guardian insurance until 26 (harder to protect health information if on others' plan)
- We will review 4 helpful clinical strategies for AYA patients

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NE3

Find out about your local confidentiality legal requirements

- State of Alaska, Examination and Treatment of Minors statutes: http://www.akleg.gov/basis/statutes.asp#25.20.025
- **Spark Training**: https://umhs-adolescenthealth.org/improving-care/spark-trainings/confidentiality-laws/
- **More trainings are available here:** https://umhs-adolescenthealth.org/improving-care/spark-trainings

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Slide 8

NE3 Nicole Elinoff, 8/4/2022

AK Law: Parental Consent Exceptions

- A parent or legal guardian must provide consent on behalf of a minor (under age 18) before health care services are provided, with several important exceptions.
    - The exceptions are based on either:
    - The minor's **status** (independence from parents/guardians), or
    - The **type of service requested** (such as certain sexual and reproductive health services).

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https://umhs-adolescenthealth.org/improving-care/spark-trainings/confidentiality-laws/

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AK Law: Minor Consent based on *status*

- A minor may consent to health care services without a parent/guardian's permission if:
    - The minor is emancipated due to court order
    - The minor is living apart from the parent or guardian and is managing his or her own finances

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https://umhs-adolescenthealth.org/improving-care/spark-trainings/confidentiality-laws/

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AK Law: Minor Consent based on *service*

- Minors may receive the following care without parental/guardian consent:

1. Emergency care
2. Prevention, diagnosis, and treatment of pregnancy
3. **Diagnosis and treatment of venereal disease and other sexually transmitted infections (including HIV)**
4. **PrEP (HIV prevention) IF the parent or guardian is immediately unavailable, cannot be reached, or withholds consent**
5. Abortion
6. Any medical service if:
   - The parent or legal guardian cannot be reached
   - The parent or legal guardian, when reached, refuses to provide or withhold consent

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https://umhs-adolescenthealth.org/improving-care/spark-trainings/confidentiality-laws/

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Alaska sex education policies

- Alaska schools are **not** required to teach sex education
- Alaska has no standard regarding abstinence instruction in sex education
- Curriculum is not required to include instruction on sexual orientation or gender identity. However, the *Content and Performance Standards for Alaska Students*(link is external) suggests that students should be able to comprehend major developments related to class, ethnicity, race, and gender
- Curriculum is not required to include instruction on consent
- Sex education curriculum must be available for review by parents or guardians and they are allowed to object to and remove their children from any activity, class, or program. Parents or guardians may also submit a written request to remove their children from instruction on teen dating violence and abuse. This is referred to as an "opt-out" policy(link is external)
- Alaska has no standard regarding medically accurate sex education instruction.

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https://sexeducationcollaborative.org/states

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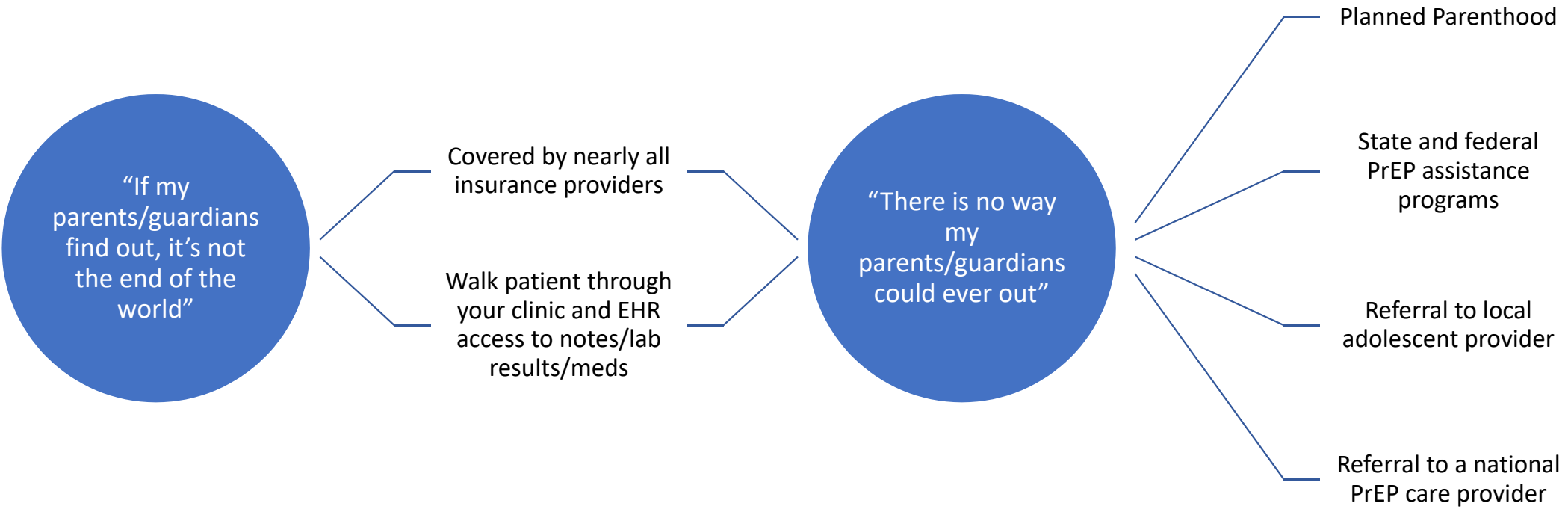
Confidentiality needs are on spectrum



Confidentiality needs vary for access point and each patient

- Scheduling and confirming the appointment
- Billing for the appointment
- Billing for labs
- Billing for medication
- Consenting to testing and/or medication
- Parent access to patient's electronic health record
- Parent access to insurance claims

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Know your unique AYA patient

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Clinical strategy 1: Use age-specific messaging

Early (10-14)

- Self-centered
- Concrete thinking
- Insecure about physical changes of body
- **"PrEP keeps you from getting HIV from your hook ups"**

Middle (15-18)

- *Starting* to understand long-term consequences
- Advice from friends replaces advice from family
- **"Most people your age are on PrEP"**
- **"PrEP keeps you from getting HIV, which you would have the rest of your life"**

Late (18+)

- Better understand risks and consequences
- **"PrEP has a huge benefit in preventing HIV and essentially no risks"**

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Clinical strategy 2: More frequent check-ins

- Start monthly then space out to every three months
  - Consider virtual visits
  - Ask about financial (co-pays) and logistical (transportation) barriers to more frequent visits
- Engage other providers such as medical assistants and nursing staff to check in with patient between visits
- Make it easy for patients to contact you, text/messaging preferred

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Clinical strategy 3: Identify adherence barriers

- How motivated is this patient to start PrEP?
  - Understand where their motivation comes from
- What would make them more motivated?
- What could get in the way?
- How can we avoid those barriers?
- When would you like to check back in?
  - Patient-directed follow up: “I usually see patients every month while we get started, but we can make these visits more or less frequent. What would you prefer?”

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Clinical strategy 4: Leverage virtual care options

- Offer virtual visits
- Adherence apps and alarms
  - Round Health virtual care options
- Electronic health record-based messaging
  - Texting/SMS is great but not HIPAA friendly

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Additional virtual solutions for clinic barriers

Clinic barrier	Virtual solution
Frequent visits	More frequent, briefer visits. Patients can visit with provider during breaks, from anywhere the patient is (no waiting rooms, etc)
Transport to visits	Meet the patient wherever they are -- especially helpful for unpredictable schedules
Time for visits	Virtual visits are shorter and less vulnerable to clinic-based delays
Transport to lab	Mail-in testing is an option
Inaccessible provider between visits	A robust virtual presence is more conducive to check-ins between visits and the ability for patients to connect with their providers

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PrEP Considerations with Special Populations

Jessica Bloome, MD, MPH
Deputy Director, CBA program, SFDPH
Assistant Professor, UCSF Division of HIV, ID, & Global Medicine

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Learning Objectives

- Counsel patients with different HIV exposures and co-morbidities about PrEP regimens
- Describe the impact of STIs on PrEP, and PrEP on STIs
- Review U=U as an HIV prevention strategy
- Interpret HIV testing in the context of PrEP

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Acknowledgement

Cases adapted from Dr. Hyman Scott (SFDPH) and Dr. Oliver Bacon (SFDPH).

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Poll

Do you start PrEP on the same day, or wait for test results before prescribing PrEP?

1. Same day
2. Wait for lab results
3. Something else

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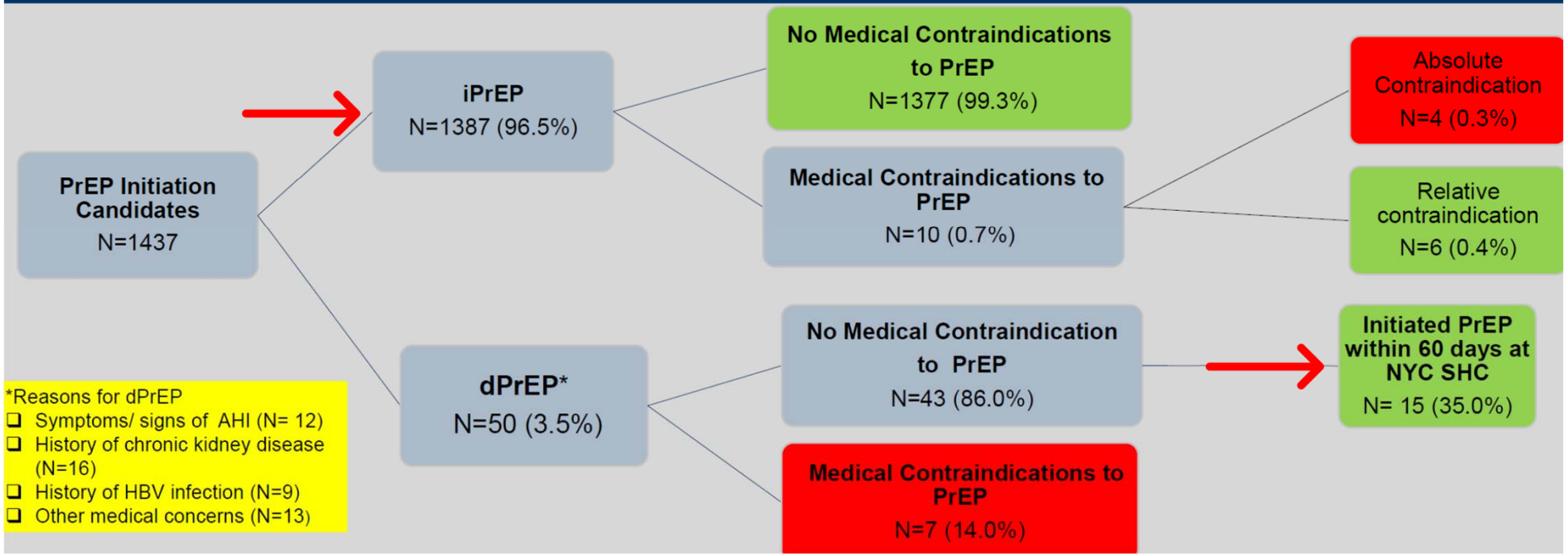
Same Day Starts in NYC

Figure 1: PrEP Initiation Among Candidates at NYC SHC by PrEP model (iPrEP vs. dPrEP) and Medical Contraindications: January 2017- June 2018.



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Mikati, CROI 2019, Abstract 962

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Poll

When you prescribe oral PrEP medication, how do you prescribe it?

1. 1 month of PrEP, require patient to return before giving refills
2. 3 months of PrEP, require patient to return before giving refills
3. 3 months of PrEP, with refills
4. 12 months of PrEP
5. Something else

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Oral PrEP prescribing: finding the right balance

- We want to give enough PrEP medication to ensure coverage of risk, but not so much that PrEP users don't come in for HIV/STI testing every 3 months
- Analysis of data from San Francisco primary care clinics found that prescriptions of ≤ 30 days were associated with higher rate of PrEP discontinuation (OR 1.5, 95% CI: 1.1-2.2)

→ **CDC 2021 guidelines recommend prescribing 90 days of oral PrEP**

- However, only 2/3 of PrEP patients had HIV/STI testing completed at recommended follow up intervals, even when allowing for gaps of 4 months
- Panel management was associated with better adherence to follow-up HIV/STI testing

Spinelli MA, JAIDS 2018

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Case 1

A 21 year old woman asks you to prescribe oral PrEP. She states that she always uses condoms with her sexual partners but would like to stop using them.

What do you recommend?

1. You don't offer PrEP because condoms have worked well for her up to this point, and you don't want to risk STIs
2. You don't offer PrEP because it doesn't work well in women
3. You offer PrEP but tell her it works less well if she has bacterial vaginosis
4. You offer PrEP and counsel that only condoms will prevent STIs, but leave the condom decision up to her

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CDC Guidelines for PrEP among cis women

- It can be challenging to identify HIV risk among cis heterosexual women.
- Risk assessment should also consider sexual networks and male partners' HIV risk.

Sexually-Active Adults and Adolescents[1]
Anal or vaginal sex in past 6 months AND any of the following: • HIV-positive sexual partner (especially if partner has an unknown or detectable viral load) • Bacterial STI in past 6 months[3] • History of inconsistent or no condom use with sexual partner(s)

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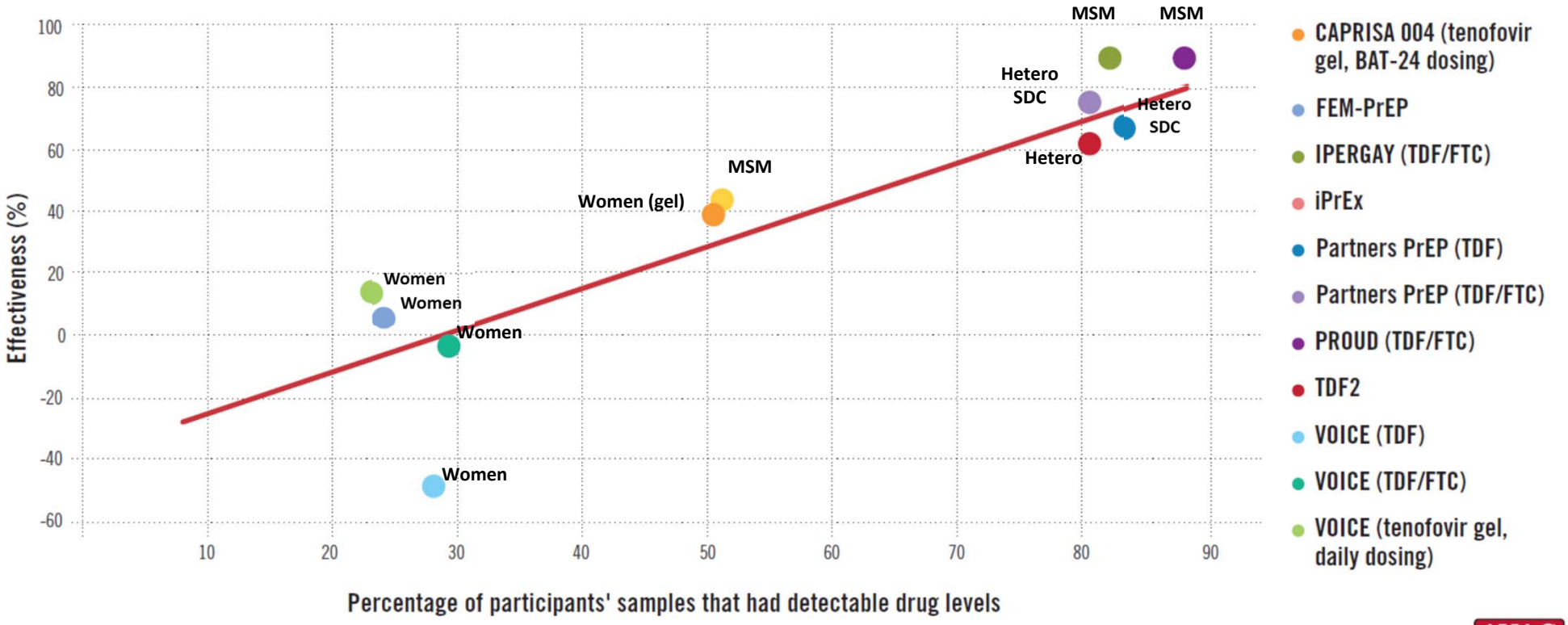
PrEP Works if You Take It — Effectiveness and Adherence in Trials of Oral and Topical Tenofovir-Based Prevention

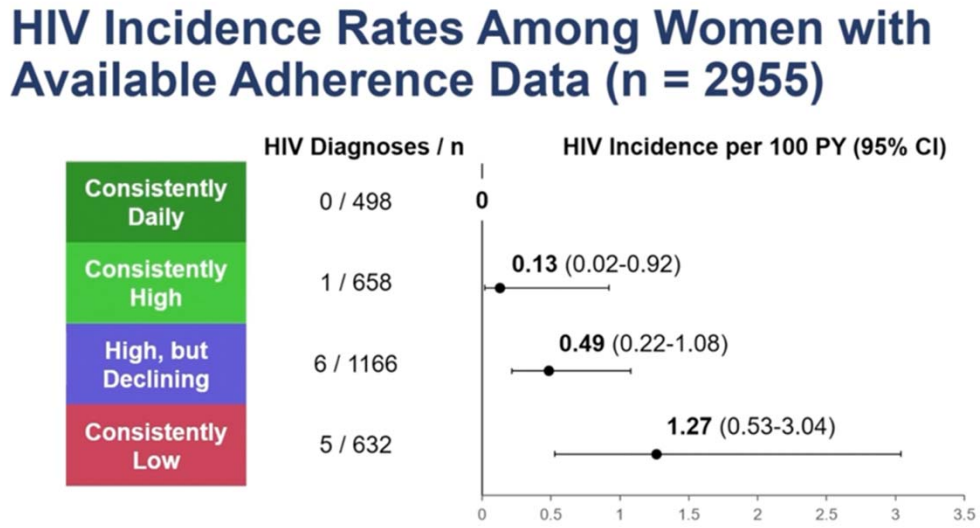


AVAC

February 2016

Does TDF/FTC for PrEP work for cis women?

Yes, if they take it regularly



Marazzo J et al, CROI 2023, Abstract OA-8

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Case 2

A 48 year-old MSM with hypertension comes in requesting oral PrEP. He has multiple partners, frequent sex, and frequent STIs. His creatinine is 1.7, creatinine clearance is 61 ml/min. What would you do?

1. Prescribe daily TDF/FTC
2. Prescribe daily TAF/FTC
3. Prescribe 2-1-1 TDF/FTC
4. Tell him he should use condoms. PrEP won't work well because of multiple STIs.

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Case 2: oral PrEP & CKD

- **Decline in renal function (eGFR<70) on TDF/FTC occurs among less than 1% of PrEP patients. Risk factors:**
  - **Baseline eGFR<90**
  - **>40 years old**

- **Among people who inject drugs**
  - **No effect of recent injection drug use on creatinine**
  - **More likely to have renal effects with increased age**

- **When decline in renal function does occur?**
  - **Creatinine reverts to near baseline after trial off medication**
  - **Re-challenge has been used successfully**

Heron, PLoS One 2023; Drak, AIDS 2021; Marcus, JAIDS 2016; Mugwanya,, JAIDS 2016; Martin, CID 2014

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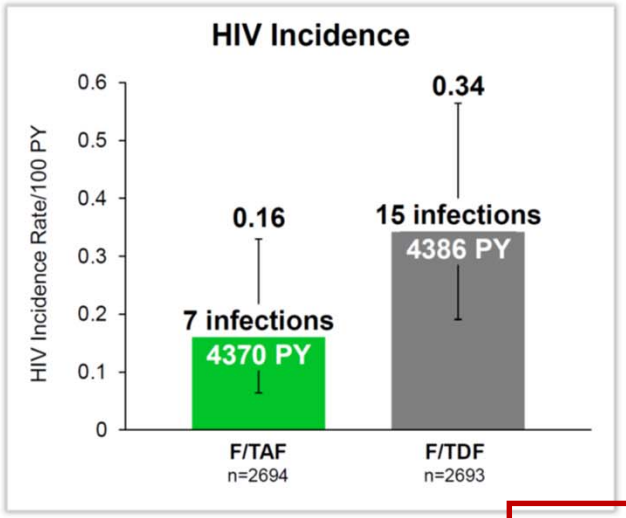
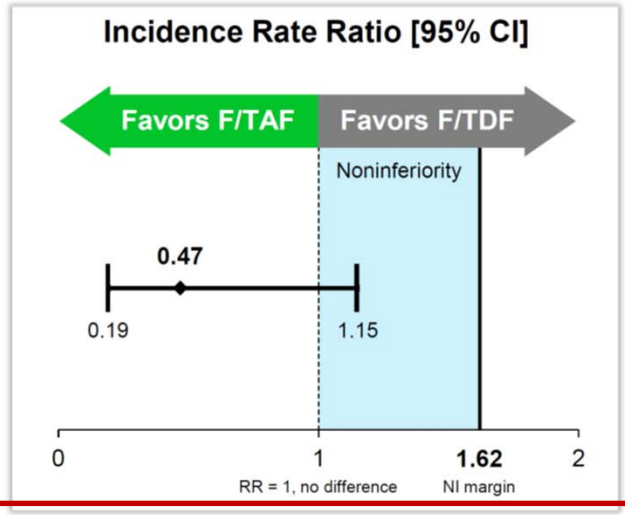
TAF/FTC vs. TDF/FTC for oral PrEP

DISCOVER Primary Endpoint Analysis: HIV Incidence

22 HIV infections in 8756 PY of follow-up





F/TAF is noninferior to F/TDF for HIV prevention

CI, confidence interval; RR, rate ratio.

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Hare, CROI 2019, Abstract 104H

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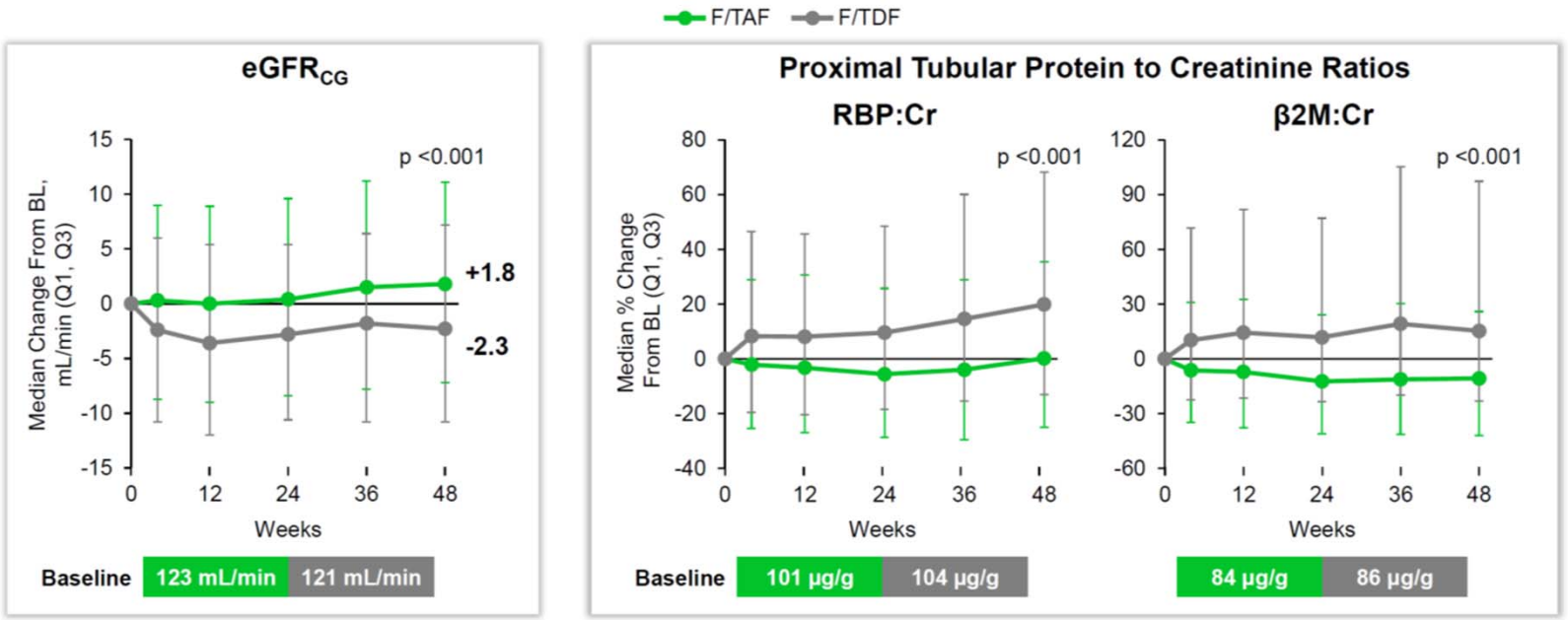
Oral PrEP Renal Safety at Week 48



- Renal discontinuations: F/TAF, n=2; F/TDF, n=6
- Fanconi syndrome: F/TAF, n=0; F/TDF, n=1

β2M, β2-microglobulin; Cr, creatinine; eGFR$_{CG}$, eGFR by Cockcroft Gault; Q, quartile; RBP, retinol-binding protein.
p-values were from the Van Elteren test stratified by baseline F/TDF for PrEP to compare the 2 treatment groups.

Hare, CROI 2019, Abstract 104H

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What about injectable PrEP?

FDA NEWS RELEASE

FDA Approves First Injectable Treatment for HIV Pre-Exposure Prevention

Drug Given Every Two Months Rather Than Daily Pill is Important Tool in Effort to End the HIV Epidemic

For Immediate Release: December 20, 2021

Long-acting injectable cabotegravir (CAB-LA) has recently been demonstrated to be safe and effective in preventing sexual transmission of HIV

→CAB-LA is not renally cleared, and can be used regardless of kidney function

Parasrampuria R, OFID 2017

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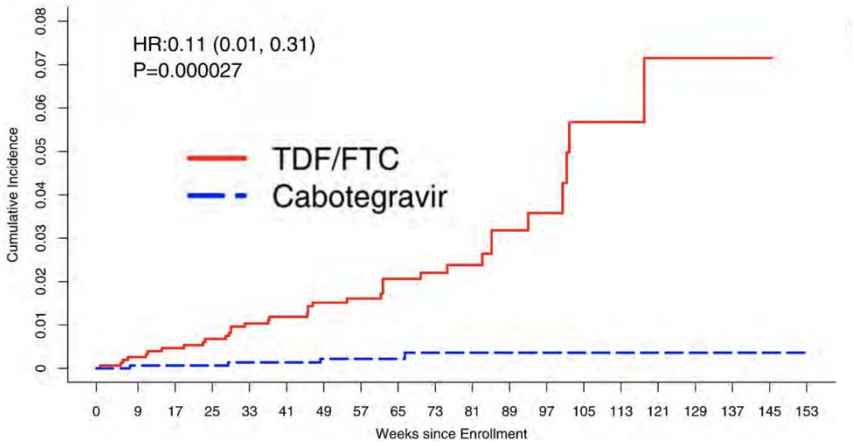
CAB-LA superior to oral TDF/FTC for HIV prevention

89% lower risk of HIV infection

Cumulative HIV incidence – ITT



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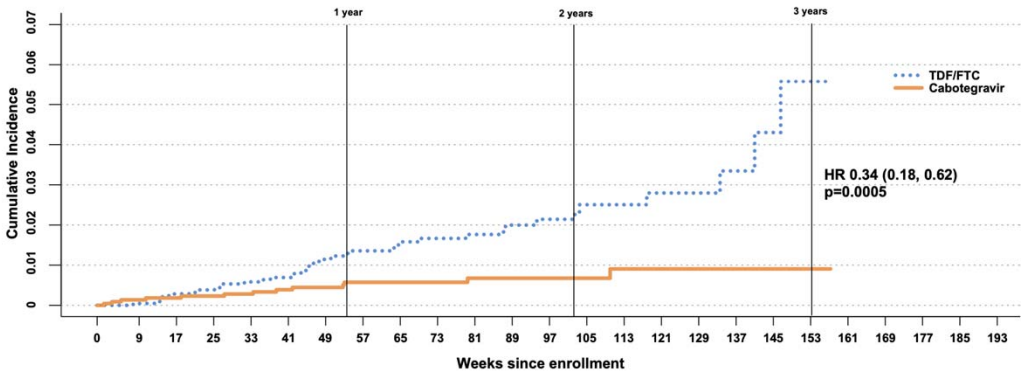
66% reduction in HIV infections

HIV Incidence – ITT



Delany-Moretlwe S et al, HIV4P 2021, LB1479;
Landovitz RJ et al, AIDS 2020, #OAXLB01

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Do STIs modulate the efficacy of PrEP?

- No evidence STIs lower PrEP efficacy in RCTs
- No evidence in open label studies
  - PROUD in UK: 73% with baseline STI & 86% effectiveness of PrEP
  - US MSM PrEP Demo study: 90/100 p-yr STI incidence & 0.43/100 p-yrs HIV incidence

Solomon, CID 2014; Murnane, AIDS 2013; McCormack, Lancet 2015; Liu, JAMA Int Med 2015

Adapted from Celum, THSY0805, AIDS 2016

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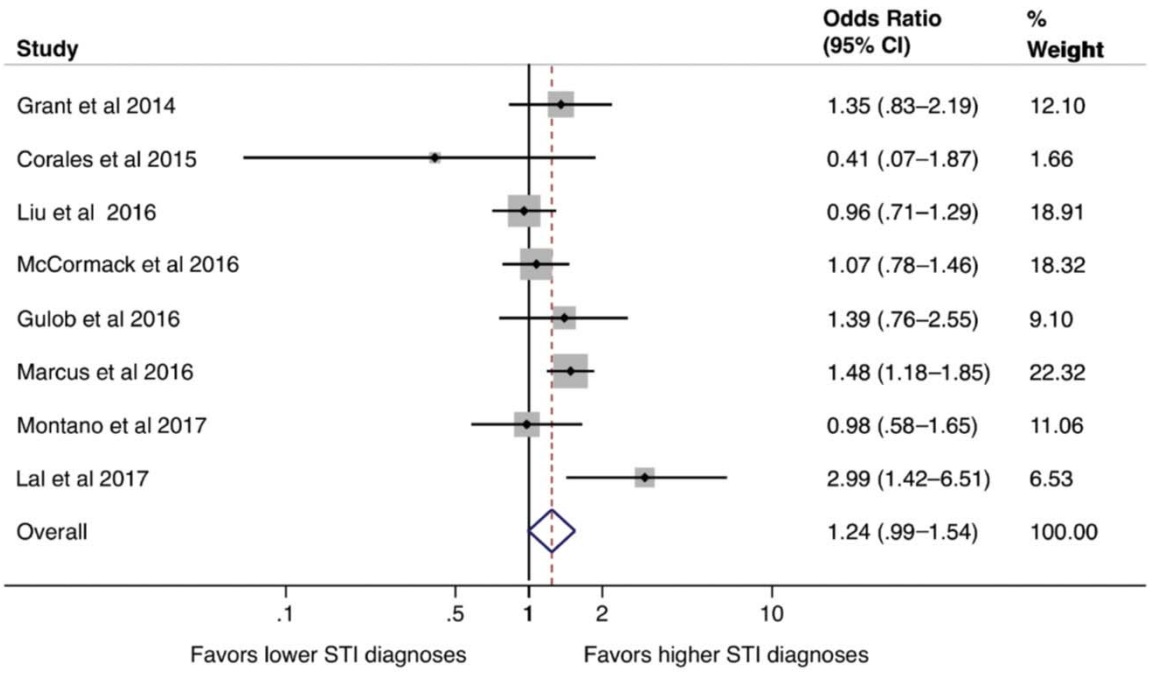
Effect of PrEP on STIs

- Rates of bacterial STIs increasing over time; however, rises pre-date PrEP use
- High rates of STIs in many studies of PrEP users
- Mixed results about whether PrEP increases rate of STIs; and interpretation complicated by association of PrEP use with sexual practices with greater risk for HIV/STI transmission
- **PrEP users should be screened every 3 months for STIs**



Traeger et al, CID 2018

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Case 3

A 29 year old MSM in a serodifferent relationship with an HIV positive partner comes in requesting PrEP. When you ask him, he explains that his partner is fully virally suppressed and has been for over a year, but he would feel more comfortable being on PrEP.

What do you do?

1. Prescribe PrEP
2. Prescribe PrEP for now, with the hope of eliminating PrEP in the future if his partner remains suppressed
3. Tell the patient that he doesn't need PrEP because U=U
4. What's U=U??

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Observational Data: 3 couples studies

	Partner 1	Partner 2	Opposites Attract
Number of couples	888	783	343
Risk	Heterosexual, MSM	MSM	MSM
# Condomless sex acts	58,000	77,000	17,000
# Unlinked infections	11	15	3
# Linked infections	0	0	0

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Rodger et al, JAMA 2016;316:171-181
Bavinton et al, Lancet HIV 2018; 5(8) e438-e447
Rodger et al, IAS 2018; WEAX0104LB

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Policy statements on U=U

On September 27, 2017, the US CDC sent out a “Dear Colleague” letter stating:

“…. people who take ART daily as prescribed and achieve and maintain an undetectable viral load have effectively no risk of sexually transmitting the virus to an HIV-negative partner.”

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Condom effectiveness

Heterosexuals (*Giannou et al, Expert Rev Pharmacoecon Outcomes Res 2016*)

- Meta-analysis of 25 studies, >10,000 couples
- **Overall effectiveness: 71-77%**

MSM (*Smith et al, JAIDS 2015;68:337-344*)

- Data from 2 large cohorts
- **70% effective**

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Under-utilization of PrEP in Partners of HIV positive MSM

10% of MSM HIV patients with HIV-negative partners reported having a partner taking PrEP

Among all reported HIV-negative partners…

6%
taking PrEP

67%
not taking PrEP
and patient was virally suppressed

27%
not taking PrEP
and patient not virally suppressed

Beer et al, CROI 2018, #1052

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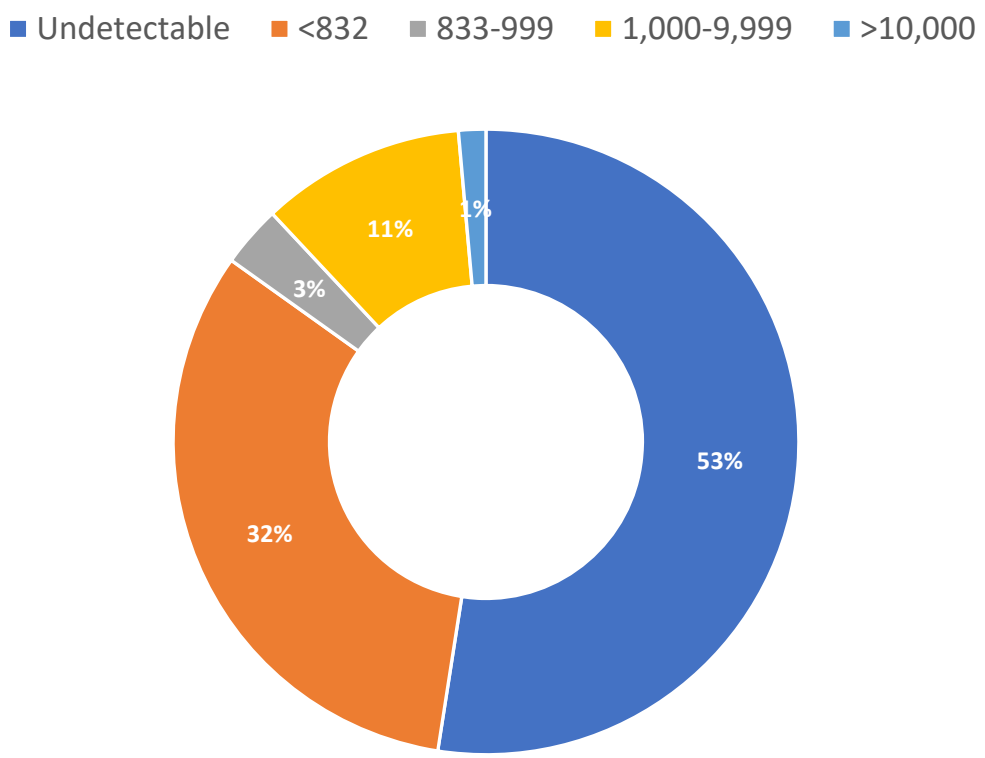
Self-reported vs. actual VL among men stating VL undetectable



Teran, CROI 2018, #997

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Case 4

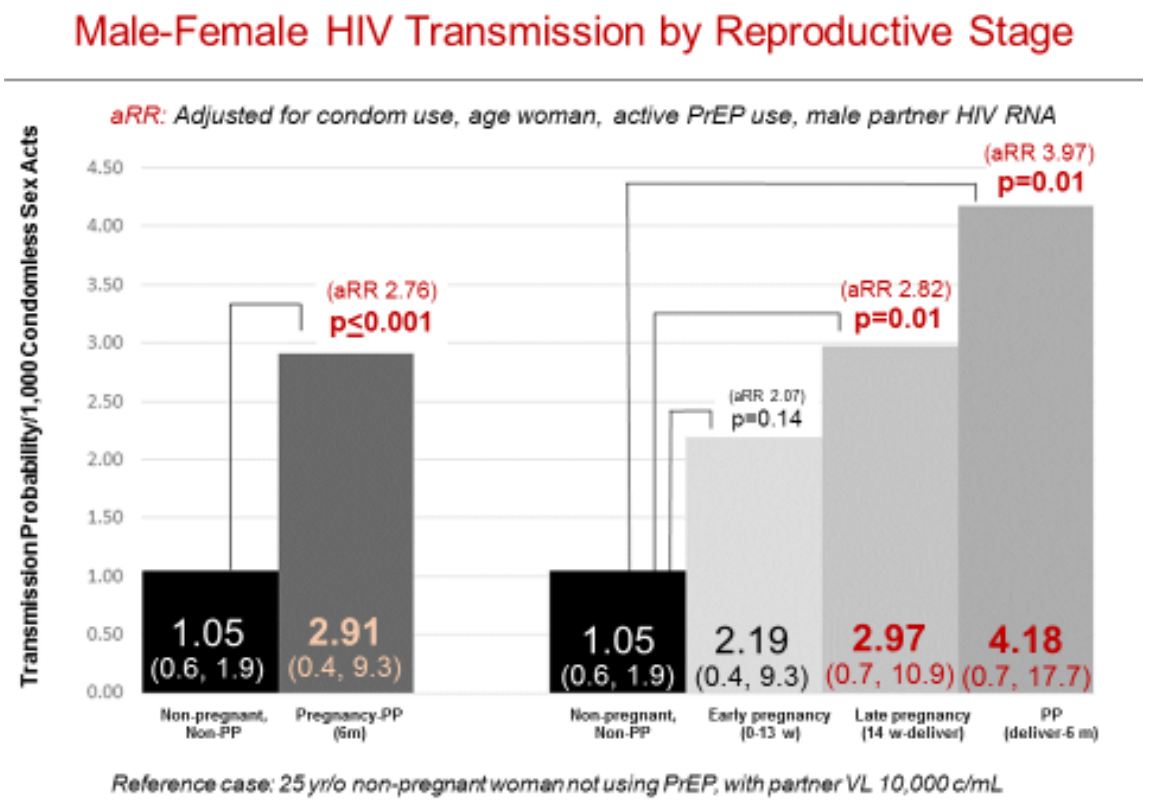
A 28 year old HIV negative woman is in a serodifferent relationship with an HIV positive man. He is newly diagnosed, and not yet stably virally suppressed. The couple wants to have a baby.

What do you recommend?

1. Wait for the male partner to become fully virally suppressed for at least 6 months before attempting pregnancy
2. Use PrEP – it's safe peri-conception and in pregnancy
3. Don't use PrEP – its safety is unknown. Use sperm washing instead
4. Something else

HIV risk increases during pregnancy

- 2,751 HIV-uninfected females in African HIV serodifferent couples followed for over 48 months in 2 HIV prevention studies between 2004-2012
- Frequent HIV and pregnancy testing
- Genetic linking of HIV infections



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Thomson KA et al, JID 2018

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PrEP safety in pregnancy: oral PrEP

- Systematic review of safety outcomes from 14 completed and ongoing studies of oral TDF/FTC in pregnant and post-partum women and infants
  - No differences found in miscarriage, pre-term birth, congenital anomalies, or infant growth through 1 year
  - One study found slightly lower z-scores for infant length and head at 1 month, but no difference at 1 year.

Davey DL, J Int AIDS Soc 2020

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PrEP safety in pregnancy: injectable PrEP

Cumulative confirmed pregnancies from clinical trial of injectable vs oral PrEP

	Total n=132	CAB n=63	TDF/FTC n=69
Ongoing	57	23	34
Known pregnancy outcomes*			
Live births	61	31	30
Pregnancy loss			
>=37 weeks	0	0	0
20-36 weeks	3	1	2
<20 weeks**	13	9	4
Congenital anomalies	0	0	0

**includes multiple births*
***includes ectopic pregnancy, elective and spontaneous abortion*

Delany-Moretlwe S et al. AIDS 2022, abstract #OALBX0108.

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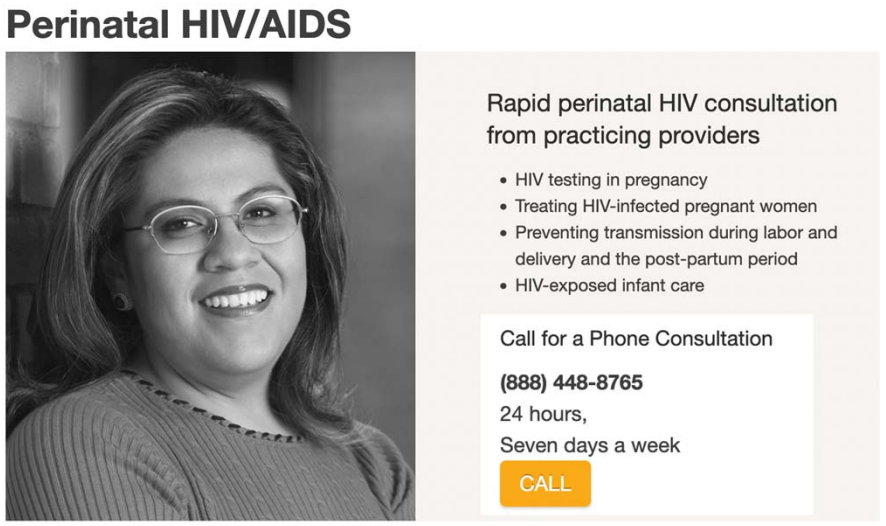
PrEP safety in pregnancy: summary

- **Oral TDF/FTC is safe in pregnancy and breastfeeding**
  - PrEP clinical trials and observational data
  - Experience from almost 20 years of TDF/FTC use in HIV treatment
- Injectable cabotegravir has not been associated with adverse pregnancy outcomes, but data is limited



Offer pregnant patients enrollment in the Antiretroviral Pregnancy Registry: www.apregistry.com

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Case 5

Your 31 year old patient on PrEP comes in for his routine quarterly lab tests. His 4th generation antibody test comes back positive, but the confirmatory test and viral load come back negative.

What do you do?

1. Repeat the tests but continue PrEP, as you assume the 4th gen test is a false positive
2. Repeat the tests and stop PrEP, but start ART for acute HIV infection
3. Repeat the tests and stop PrEP until you can determine what the infection status is
4. Something else

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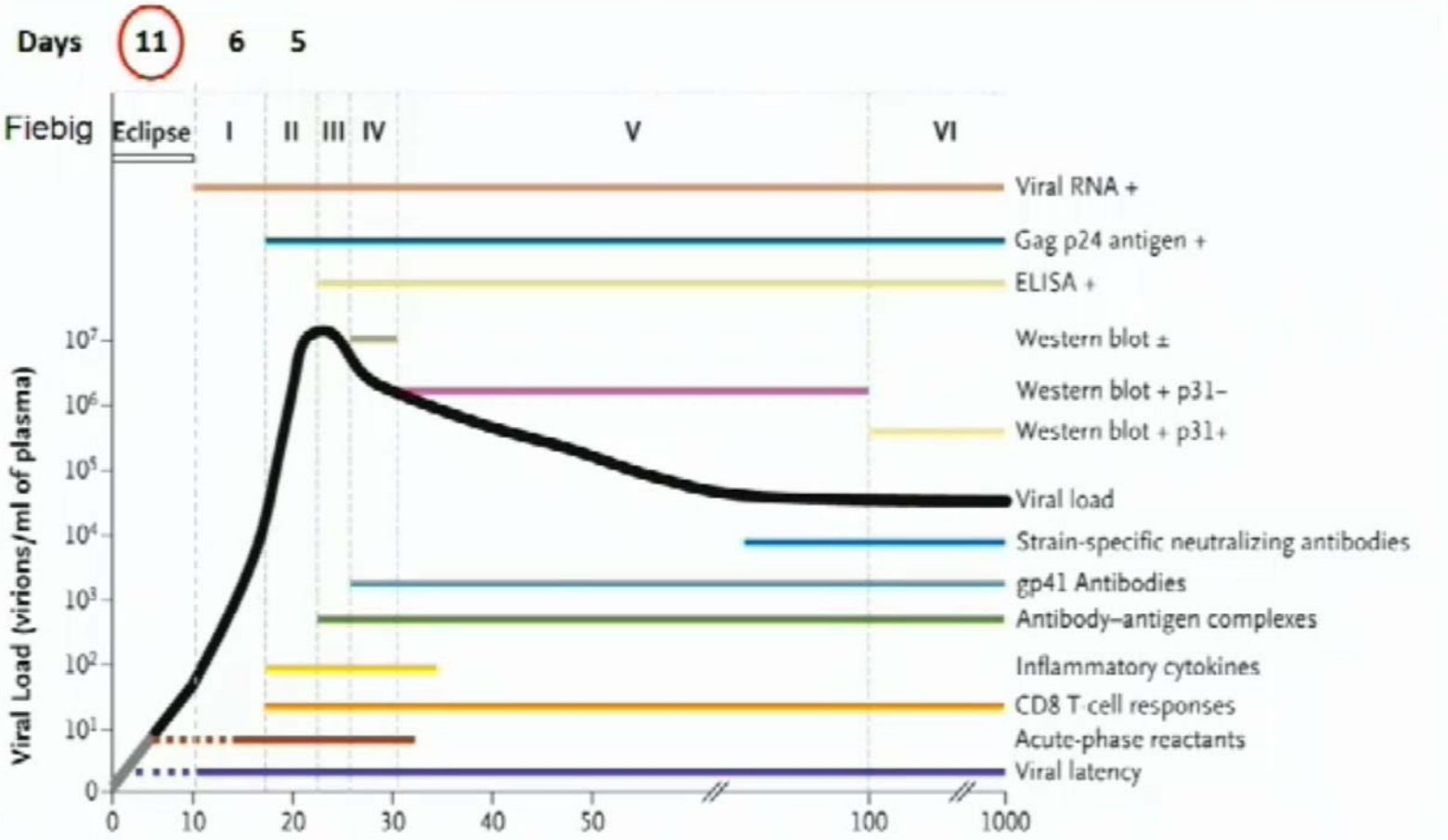
Sequential Appearance of Viral Markers and Antibodies during Acute HIV Infection



Delaney KP. et al CID 2017, Cohen M. et al NEJM 2011

How to manage ambiguous HIV test results

Quarterly PrEP Screening

Ambiguous or Discrepant HIV Tests

1. Confirm the presence or absence of infection
   - Repeat serologic or RNA tests (DNA tests not validated)
   - Use a test from another manufacturer
2. Manage antiretroviral drugs

Continue PrEP if adherent	Stop PrEP reassess HIV Status	Start ART if not adherent to PrEP
Maintains Protection **Risk of Resistance**	Facilitate Diagnosis **Risk of Infection**	Drug Related AEs **Confirm Diagnosis**

Smith et al OFID 2018; Stekler JD et al OFID 2018; Saag M et al JAMA 2018

How to manage ambiguous HIV test results

Quarterly PrEP Screening

More experience needed to manage ambiguous test results

For possible false-positive results:

Repeat HIV testing, discuss with clinicians and virologists. Seek expert opinion and potentially additional research testing (ultrasensitive HIV VL testing).

National PrEPline: 855-448-7737 (6am- 5pm PST)

Smith et al OFID 2018; Stekler JD et al OFID 2018; Saag M et al JAMA 2018

Poll

What is most exciting to you in the future of PrEP?

1. Roll out of long-acting injectable medication (cabotegravir)
2. Subcutaneous implants
3. Topical inserts/gels (vaginal, rectal)
4. Multi-purpose prevention technology (contraceptive + PrEP)

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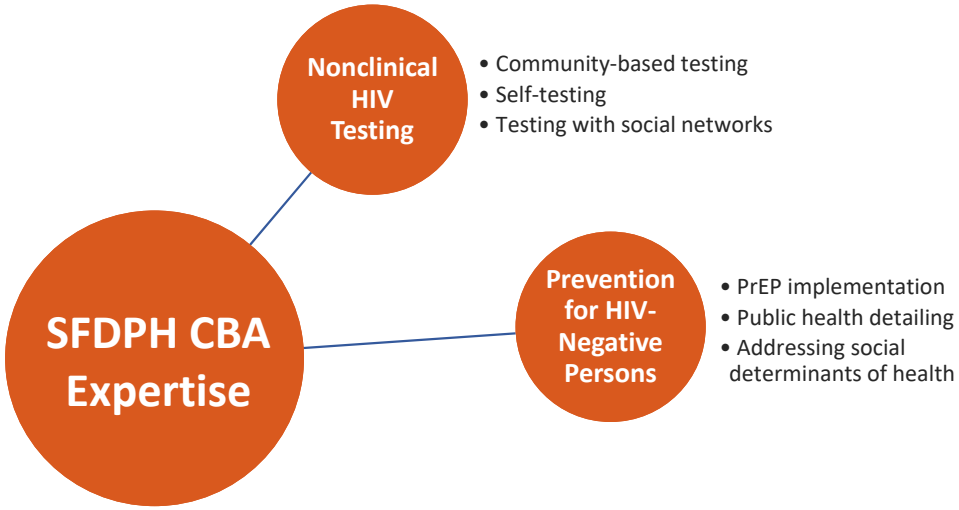
SFDPH CBA Program



Capacity Building Initiatives
SFDPH, Center for Learning & Innovation

Visit: **www.getSFcba.org**
Email: **get.SFcba@sfdph.org**

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Questions?

Additional Resources

- ANTHC AETC Program
  - AETC@anthc.org
  - 907-729-2907
- AK ID ECHO: HCV, HIV, PrEP and common STIs
  - Second Tuesday of each month from noon- 1 p.m. AKST
  - akidecho@anthc.org
- Department of Health HIV/STD Program
  - prepak@alaska.gov
  - PrEP and PEP: https://health.alaska.gov/dph/epi/hivstd/Pages/PrEP.aspx
  - PrEP for Patients: https://health.alaska.gov/dph/Epi/hivstd/Pages/PrEP-Patients.aspx
- National PrEP line
  - 888-448-4911

PRESCRIBING THE END OF HIV

Empowering Providers to Prescribe PrEP for HIV Prevention

A Virtual AK ID ECHO Learning Opportunity

TOPICS

April 4, 2023: 12pm-1pm
Integrating PrEP into Your Clinical Practice

April 11, 2023: 12pm-1pm
PrEP Considerations for Special Populations (adolescents, pregnancy, patients with comorbidities and/or renal issues, etc.)

April 18, 2023: 12pm-1pm
Incorporating Sex Positivity and Cultural Responsibility into Your Clinical Practice & a PrEP User Experience Panel

April 25, 2023: 12pm-1pm
Putting PrEP into Practice: A Panel of Alaska Provider Experiences

REGISTER

www.anthc.org/ak-id-echo

CE/CME provided. Enduring credits available for 2 years.

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

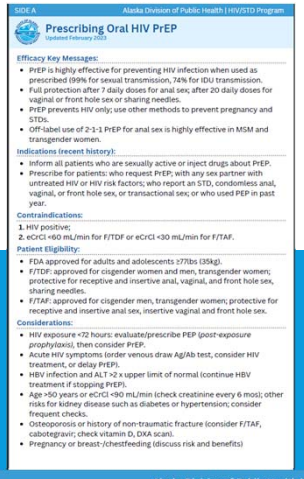
Denver

POPULATION HEALTH DIVISION

In support of improving patient care, Alaska Native Medical Center (ANMC) is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.

PrEP MATERIALS

- Updated Materials:
  - Basics for Oral PrEP
  - Prescribing Oral PrEP
  - PrEP Medications Fact Sheet
  - Oral PrEP Pocket Card
  - Injectable PrEP Pocket Card
  - Diversity and Health Equity Terminology


SIDE A — Alaska Division of Public Health | HIV/STD Program

Prescribing Oral HIV PrEP

Updated February 2023

Efficacy Key Messages:

- PrEP is highly effective for preventing HIV infection when used as prescribed (99% for sexual transmission, 74% for IDU transmission.
- Full protection after 7 daily doses for anal sex; after 20 daily doses for vaginal or front hole sex or sharing needles.
- PrEP prevents HIV only; use other methods to prevent pregnancy and STDs.
- Off-label use of 2-1-1 PrEP for anal sex is highly effective in MSM and transgender women.

Indications (recent history):

- Inform all patients who are sexually active or inject drugs about PrEP.
- Prescribe for patients: who request PrEP; with any sex partner with untreated HIV or HIV risk factors; who report an STD, condomless anal, vaginal, or front hole sex, or transactional sex; or who used PEP in past year.

Contraindications:

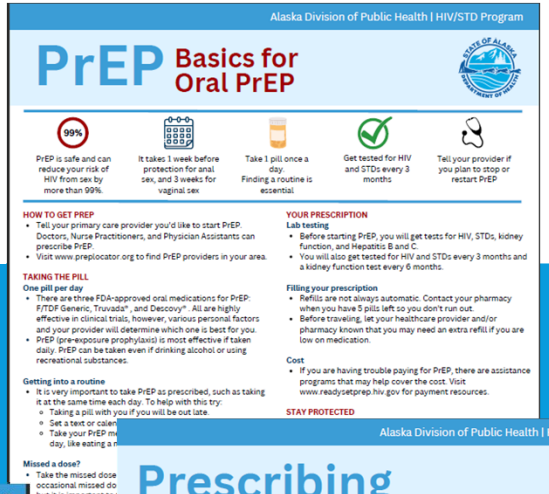
1. HIV positive;
2. eCrCl <60 mL/min for F/TDF or eCrCl <30 mL/min for F/TAF.

Patient Eligibility:

- FDA approved for adults and adolescents ≥77lbs (35kg).
- F/TDF: approved for cisgender women and men, transgender women; protective for receptive and insertive anal, vaginal, and front hole sex, sharing needles.
- F/TAF: approved for cisgender men, transgender women; protective for receptive and insertive anal sex, insertive vaginal and front hole sex.

Considerations:

- HIV exposure <72 hours: evaluate/prescribe PEP (*post-exposure prophylaxis*), then consider PrEP.
- Acute HIV symptoms (order venous draw Ag/Ab test, consider HIV treatment, or delay PrEP).
- HBV infection and ALT >2 x upper limit of normal (continue HBV treatment if stopping PrEP).
- Age >50 years or eCrCl <90 mL/min (check creatinine every 6 mos); other risks for kidney disease such as diabetes or hypertension; consider frequent checks.
- Osteoporosis or history of non-traumatic fracture (consider F/TAF, cabotegravir; check vitamin D, DXA scan).
- Pregnancy or breast-/chestfeeding (discuss risk and benefits)


Alaska Division of Public Health | HIV/STD Program

PrEP Basics for Oral PrEP

99% — PrEP is safe and can reduce your risk of HIV from sex by more than 99%.

It takes 1 week before protection for anal sex, and 3 weeks for vaginal sex

Take 1 pill once a day. Finding a routine is essential

Get tested for HIV and STDs every 3 months

Tell your provider if you plan to stop or restart PrEP

HOW TO GET PREP

- Tell your primary care provider you'd like to start PrEP. Doctors, Nurse Practitioners, and Physician Assistants can prescribe PrEP.
- Visit www.preplocator.org to find PrEP providers in your area.

TAKING THE PILL

One pill per day

- There are three FDA-approved oral medications for PrEP: F/TDF Generic, Truvada®, and Descovy®. All are highly effective in clinical trials, however, various personal factors and your provider will determine which one is best for you.
- PrEP (pre-exposure prophylaxis) is most effective if taken daily. PrEP can be taken even if drinking alcohol or using recreational substances.

Getting into a routine

- It is very important to take PrEP as prescribed, such as taking it at the same time each day. To help with this try:
  - Taking a pill with you if you will be out late.
  - Set a text or cale
  - Take your PrEP m
  - day, like eating a

Missed a dose?

- Take the missed dose
- occasional missed do
- but it is important to
- example: If you usual
- that you forgot, it's o
- usual schedule the ne
- make up for a missed

ossible side effects

Some people experie
starting PrEP. These s
first month.
Some PrEP medicatio
function and bone mi
cholesterol and weig
stopped. While taking
monitor your health f

YOUR PRESCRIPTION

Lab testing

- Before starting PrEP, you will get tests for HIV, STDs, kidney function, and Hepatitis B and C.
- You will also get tested for HIV and STDs every 3 months and a kidney function test every 6 months.

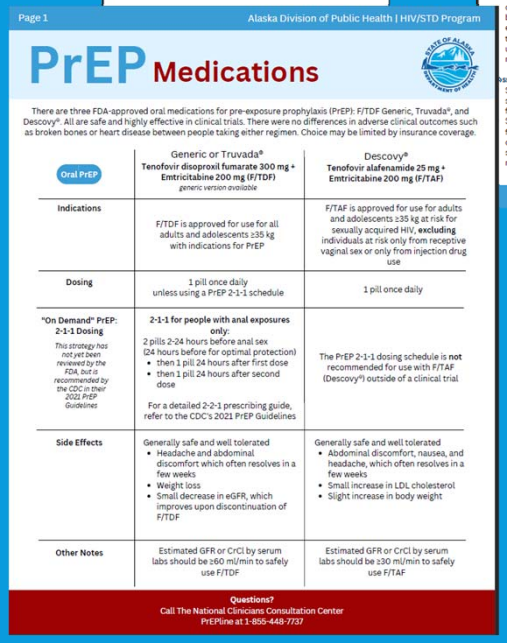
Filling your prescription

- Refills are not always automatic. Contact your pharmacy when you have 5 pills left so you don't run out.
- Before traveling, let your healthcare provider and/or pharmacy known that you may need an extra refill if you are low on medication.

Cost

- If you are having trouble paying for PrEP, there are assistance programs that may help cover the cost. Visit www.readysetprep.hiv.gov for payment resources.

STAY PROTECTED

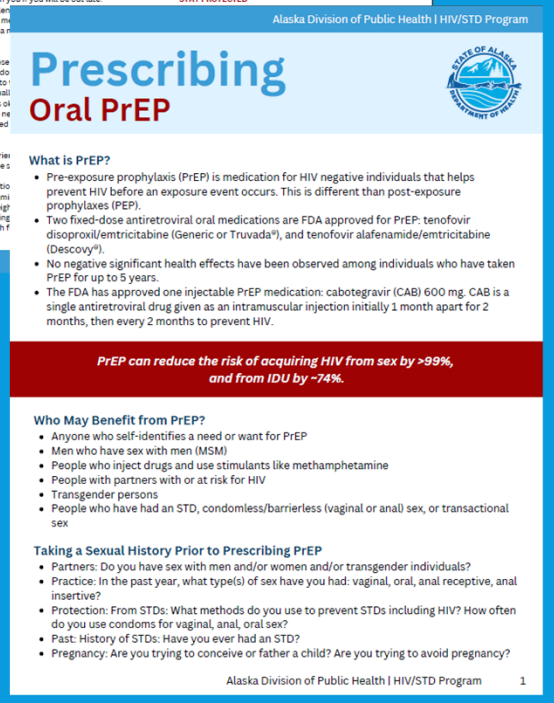

Page 1 — Alaska Division of Public Health | HIV/STD Program

PrEP Medications

There are three FDA-approved oral medications for pre-exposure prophylaxis (PrEP): F/TDF Generic, Truvada®, and Descovy®. All are safe and highly effective in clinical trials. There were no differences in adverse clinical outcomes such as broken bones or heart disease between people taking either regimen. Choice may be limited by insurance coverage.

Oral PrEP	Generic or Truvada® **Tenofovir disoproxil fumarate 300 mg + Emtricitabine 200 mg (F/TDF)** *generic version available*	Descovy® **Tenofovir alafenamide 25 mg + Emtricitabine 200 mg (F/TAF)**
Indications	F/TDF is approved for use for all adults and adolescents ≥35 kg with indications for PrEP	F/TAF is approved for use for adults and adolescents ≥35 kg at risk for sexually acquired HIV, **excluding** individuals at risk only from receptive vaginal sex or only from injection drug use
Dosing	1 pill once daily unless using a PrEP 2-1-1 schedule	1 pill once daily
"On Demand" PrEP: 2-1-1 Dosing *This strategy has not yet been reviewed by the FDA, but is recommended by the CDC in their 2021 PrEP Guidelines*	**2-1-1 for people with anal exposures only:** 2 pills 2-24 hours before anal sex (24 hours before for optimal protection) • then 1 pill 24 hours after first dose • then 1 pill 24 hours after second dose For a detailed 2-2-1 prescribing guide, refer to the CDC's 2021 PrEP Guidelines	The PrEP 2-1-1 dosing schedule is **not** recommended for use with F/TAF (Descovy®) outside of a clinical trial
Side Effects	Generally safe and well tolerated • Headache and abdominal discomfort which often resolves in a few weeks • Weight loss • Small decrease in eGFR, which improves upon discontinuation of F/TDF	Generally safe and well tolerated • Abdominal discomfort, nausea, and headache, which often resolves in a few weeks • Small increase in LDL cholesterol • Slight increase in body weight
Other Notes	Estimated GFR or CrCl by serum labs should be ≥60 ml/min to safely use F/TDF	Estimated GFR or CrCl by serum labs should be ≥30 ml/min to safely use F/TAF

Questions?
Call The National Clinicians Consultation Center
PrEPline at 1-855-448-7737


Alaska Division of Public Health | HIV/STD Program

Prescribing Oral PrEP

What is PrEP?

- Pre-exposure prophylaxis (PrEP) is medication for HIV negative individuals that helps prevent HIV before an exposure event occurs. This is different than post-exposure prophylaxes (PEP).
- Two fixed-dose antiretroviral oral medications are FDA approved for PrEP: tenofovir disoproxil/emtricitabine (Generic or Truvada®), and tenofovir alafenamide/emtricitabine (Descovy®).
- No negative significant health effects have been observed among individuals who have taken PrEP for up to 5 years.
- The FDA has approved one injectable PrEP medication: cabotegravir (CAB) 600 mg. CAB is a single antiretroviral drug given as an intramuscular injection initially 1 month apart for 2 months, then every 2 months to prevent HIV.

PrEP can reduce the risk of acquiring HIV from sex by >99%, and from IDU by ~74%.

Who May Benefit from PrEP?

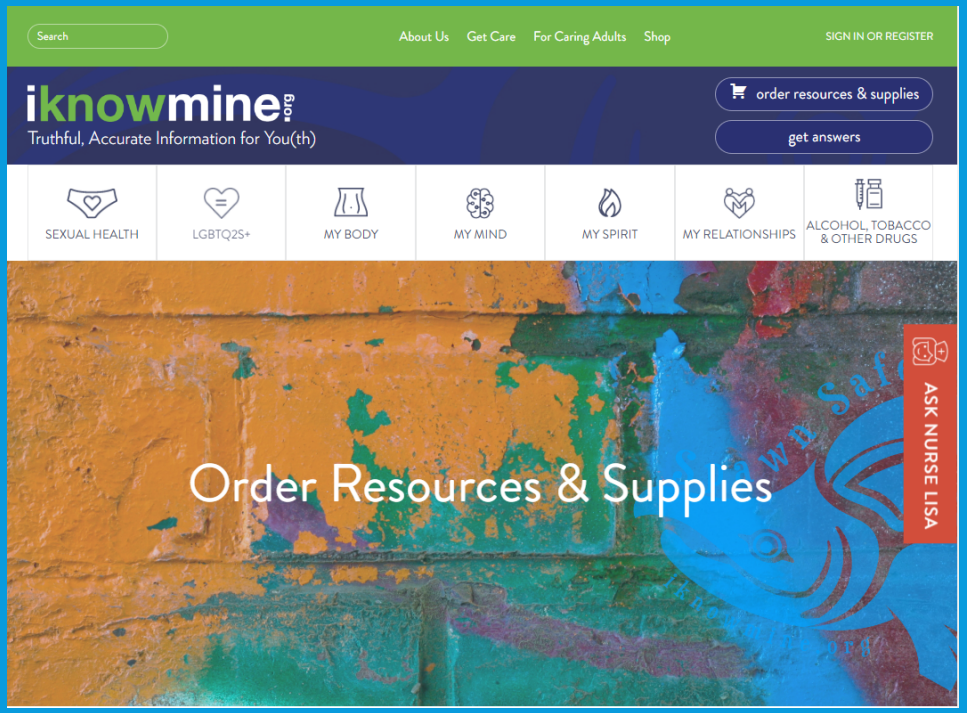
- Anyone who self-identifies a need or want for PrEP
- Men who have sex with men (MSM)
- People who inject drugs and use stimulants like methamphetamine
- People with partners with or at risk for HIV
- Transgender persons
- People who have had an STD, condomless/barrierless (vaginal or anal) sex, or transactional sex

Taking a Sexual History Prior to Prescribing PrEP

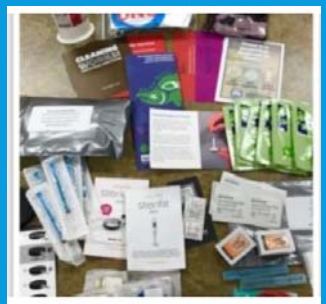
- Partners: Do you have sex with men and/or women and/or transgender individuals?
- Practice: In the past year, what type(s) of sex have you had: vaginal, oral, anal receptive, anal insertive?
- Protection: From STDs: What methods do you use to prevent STDs including HIV? How often do you use condoms for vaginal, anal, oral sex?
- Past: History of STDs: Have you ever had an STD?
- Pregnancy: Are you trying to conceive or father a child? Are you trying to avoid pregnancy?

Alaska Division of Public Health | HIV/STD Program 1

Free prevention resources available in Alaska
iknowmine.org/shop




HIV SELF-TEST KIT


HARM REDUCTION KIT


PERSONAL CONDOM PACK

CONDOMS FOR ORGANIZATIONS

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM
iknowmine.org

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

NPAIHB
Indian Leadership for Indian Health

Thank you!

AK ID ECHO is supported by a grant from the Northwest Portland Area Indian Health Board and funding is provided from the HHS Secretary's Minority HIV/AIDS Fund.