Incorporating the Biomedical Interventions of PEP and PrEP & Traditional HIV Prevention

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Acknowledgements

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Julie Myers MD, MPH
Overview

• Context
• Traditional HIV prevention in NYC
• Biomedical prevention: Primer
• PrEP/PEP: The NYC Plan
• Lessons learned
Context
Lifetime Risk of HIV Diagnosis, by State
Traditional HIV prevention in NYC
“Traditional” Prevention in NYC

- HIV testing and linkage to care
- Partner services
- Condom and syringe distribution
- Community engagement
- Social marketing/mediation
- Various other risk-reduction activities
  - Including Community-Level interventions (CLIs)
Biomedical Interventions: Primer
PrEP Primer

• **Pre-exposure Prophylaxis (PrEP):** Daily use of anti-HIV medication by people who are HIV-negative

• So far, only **Truvada** has been FDA approved for PrEP.

• Truvada contains:
  • **Tenofovir** (teh-NOF-o-veer) or TDF
  • **Emtricitabine** (em-tri-SIT-a-bean) or FTC
• **Post-exposure prophylaxis (PEP)** refers to taking anti-HIV medications *within 72 hours* of a high-risk exposure to prevent HIV.
How does PEP work?

PEP stops HIV from multiplying.

• The anti-HIV medications in PEP stop HIV from making more of itself inside a person’s body.

• If HIV enters a cell in a person’s body but can’t make more of itself, then the person’s body kills the virus and they stay healthy and HIV-negative.
PrEP versus PEP

**PrEP**: You don’t know when your exposure might occur, so you keep an effective level of anti-HIV medication in your body at all times.

**PEP**: You know you were exposed without protection, so you try and boost your body’s defenses as much and as quickly as possible.
# Preferred PEP Regimens

## Table 5. Preferred and alternative antiretroviral medication 28-day regimens for nPEP<sup>a,b</sup>

<table>
<thead>
<tr>
<th>Age group</th>
<th>Preferred/alternative</th>
<th>Medication</th>
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<tbody>
<tr>
<td>Preferred</td>
<td>A 3-drug regimen consisting of tenofovir DF 300 mg and fixed dose combination emtricitabine 200 mg (Truvada&lt;sup&gt;c&lt;/sup&gt;) once daily with raltegravir 400 mg twice daily or dolutegravir 50 mg once daily</td>
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Adults and adolescents aged ≥ 13 years, including pregnant women, with normal renal function (creatinine clearance ≥ 60 mL/min)

https://stacks.cdc.gov/view/cdc/38856
Preferred PEP Regimens

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<td>Isentress (raltegravir)</td>
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What is involved in taking PEP?

- Medical visit within 72 hours of exposure
  - HIV testing
  - Screening for STIs and Hepatitis
  - (Pregnancy testing and emergency contraception)
- Daily pill-taking for 28 days
- Follow-up visit at 30 and 90 days
Challenges with PEP Delivery

- Access to services:
  - Fear or distrust of medical system
  - Provide navigation services with trained providers; Created Centers of Excellence
  - Navigation to care/unsure where to go (especially if uninsured or underinsured)
  - Provide navigation services with trained providers, promote PEP to consumers, Health Map, PEP Hotline, 311 referrals

- Access to medication
  - Prior authorizations
  - Availability at pharmacies
  - Provide navigation services with trained providers, contract with pharmacies

- Provider knowledge deficits
  - Promote PEP to providers through detailing, training, created Centers of Excellence
  - Urgent connection to care required
    - Promote PEP to consumers: social marketing, Health Map, PEP Hotline
  - Emotional/stressful situation (trauma, anxiety)
    - Provide navigation services with trained providers; Created Centers of Excellence

- Adherence
  - Provide navigation services with trained providers; Created Centers of Excellence

- Need for follow-up
  - Provide navigation services with trained providers
Biomedical prevention in NYC
PrEP/PEP: The NYC Plan

- Promoting PrEP/PEP to potential users
- Promoting PrEP/PEP to potential providers
- Supporting PrEP/PEP in diverse service models
- Monitoring awareness and uptake
Increasing PrEP & PEP Awareness

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 and search "HIV PrEP and PEP."

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 and search "HIV PrEP and PEP."

We Share Everything but HIV

PrEP is preventive medication that can help you stay negative, even if your partner is positive.

Condoms provide additional protection.

For more information on PEP, talk to your doctor, call 311 or visit nyc.gov and search "HIV PrEP and PEP."
Increasing PrEP & PEP Awareness
NYC DOHMH

PrEP & PEP Site Locator

- Checklist of site criteria developed
- Sites provide contact information and agree to be listed (website/311)
- PEP and PrEP at >80 sites; covers all 5 boroughs
- www.nyc.gov/health - search

Vetted List of Providers
Public Health Detailing
PrEP/PEP-Related Trainings

• For Front-Line Staff
  • Introductory course (*HIV 201*)
  • More advanced course (*Best Practices in PrEP/PEP Education and Counseling*)
  • Benefits Navigation

• For Providers
  • Clinical training through partnerships

• For Clinic Administrators/Medical Directors
PlaySure Network

NYC-Supported Testing Site

PlaySure Network

NYC-Supported CBO

Sexual Health Clinic PrEP Program
People started on PrEP in SH clinics will be referred into the PlaySure Network or to other NYC PrEP providers.

NYC-Supported PEP/PrEP Clinic

NYC PEP Hotline
NYC Sexual Health Clinics

BIOMEDICAL EVALUATION AND INTERVENTION:
Instant Starts of ARV Treatment and Prevention

SOCIAL WORK ASSESSMENT:
Social Determinants, Insurance

NAVIGATION TO LONGITUDINAL CARE:
For both HIV Negative and Positive Clients
Novel Model for PEP Delivery

**New York City PEP Hotline**
- 24-Hours a day
- Clinician staffed
- Free starter packs e-prescribed to a 24h pharmacy
- Link to PEP Center next business day

**PEP CENTERS OF EXCELLENCE**
- Urgent Care Model
- Immediate starts regardless of insurance status
- PrEP Linkage
NEW YORK CITY’S HIV STATUS NEUTRAL PREVENTION & TREATMENT CYCLE

People at risk of HIV exposure taking daily PrEP and people with HIV with sustained viral load suppression do not acquire or transmit HIV.
Lessons Learned
Merging Biomedical with Traditional Prevention: Lessons Learned

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Merging Biomedical with Traditional Prevention: Lessons Learned

- **Within the agency**
  - Who is the agency’s PEP Champion?
  - Which staff should receive training?
  - How can PEP and PrEP be integrated into existing programming?

- **Within the community**
  - Where is the demand?
  - How can agencies promote awareness of PEP?
  - What other organizations are working toward similar goals?

- **Partnering with clinical providers**
  - Who are the PEP providers in the area? Get to know them!
  - Who do they consider eligible for PEP?
  - What are their hours?
  - Who can serve as the main contact?
    - Warm hand-offs
    - Follow-up
  - This is a great opportunity to support engagement in PrEP!

- **Resources**
Thank you!

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