

SOUTH CAROLINA HIV PrEP INITIATIVE



HIV PRE-EXPOSURE PROPHYLAXIS (PrEP)
EDUCATION TRAINING CONSULTATIVE SUPPORT CO-MANAGEMENT

Implementing PrEP STI

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Disclosures

- None

Objectives

1. Review of STI rates in SC
2. Fast track: STI to PrEP
3. The Approach to Sexual Health

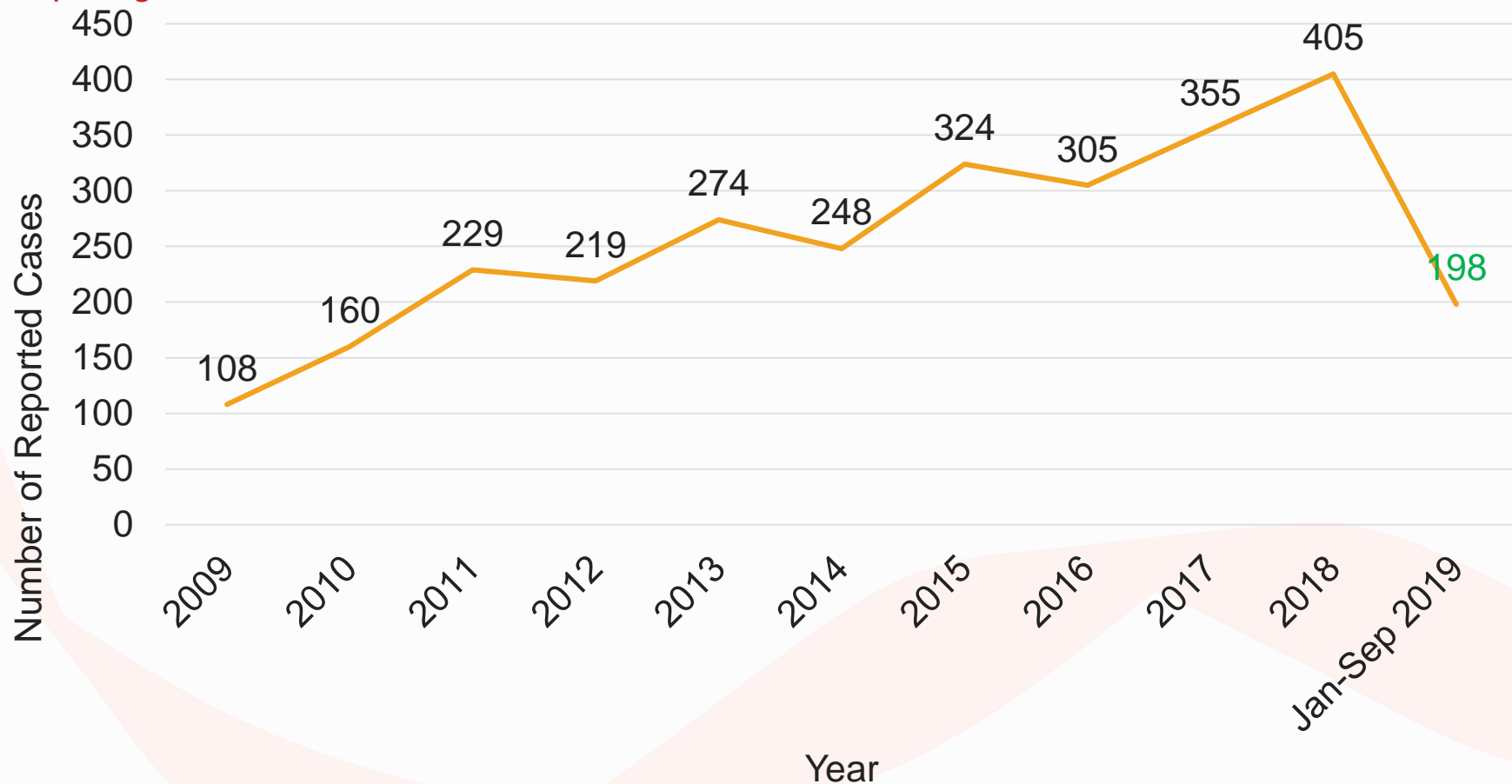


South Carolina STDs Thru 2018

Presented by Bernard Gilliard

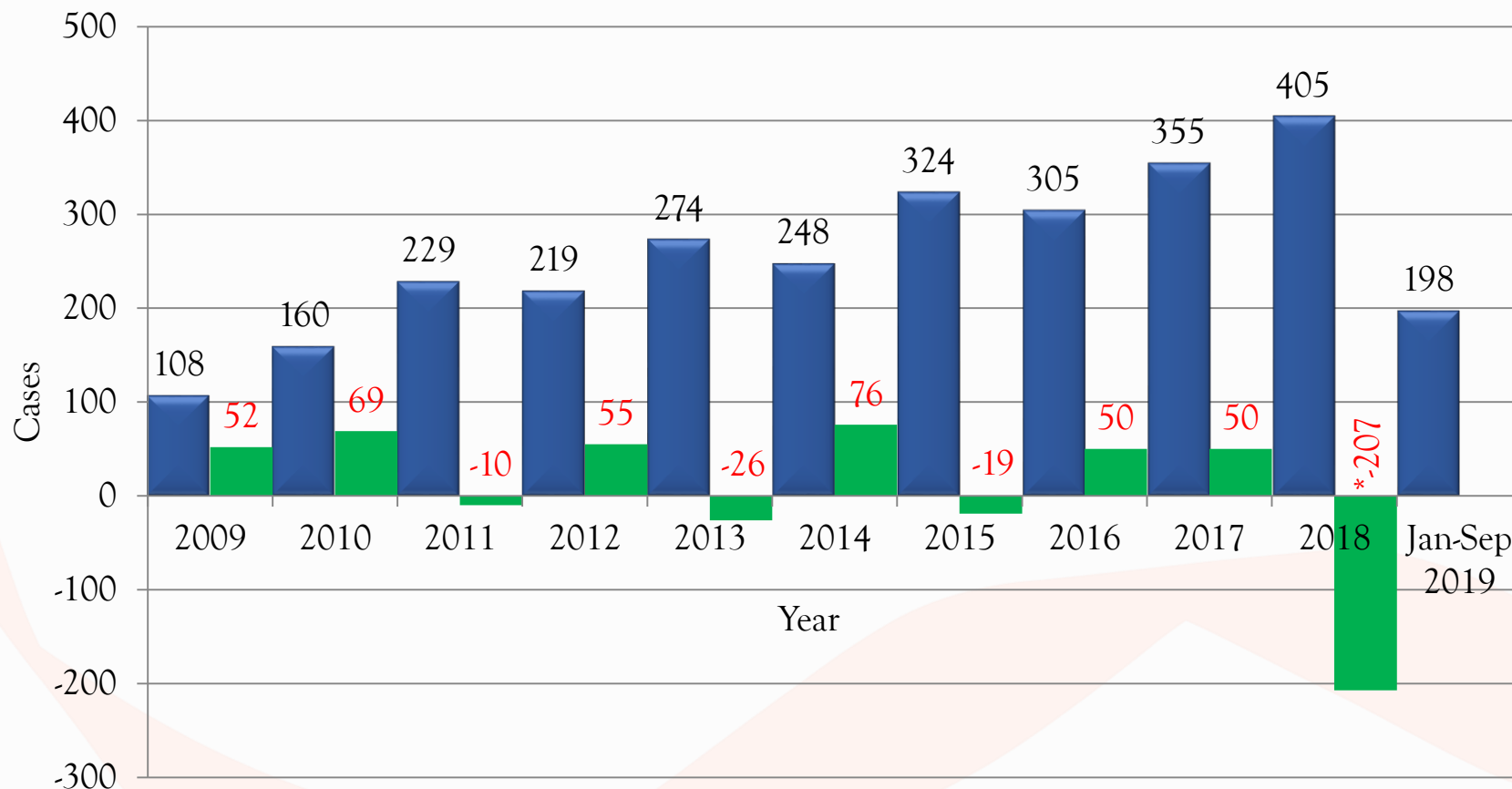
S. Carolina P&S Syphilis: Cases 2009-2018; * Jan-Sep 2019 as incomplete "Year-to-Date" Reporting

Reporting



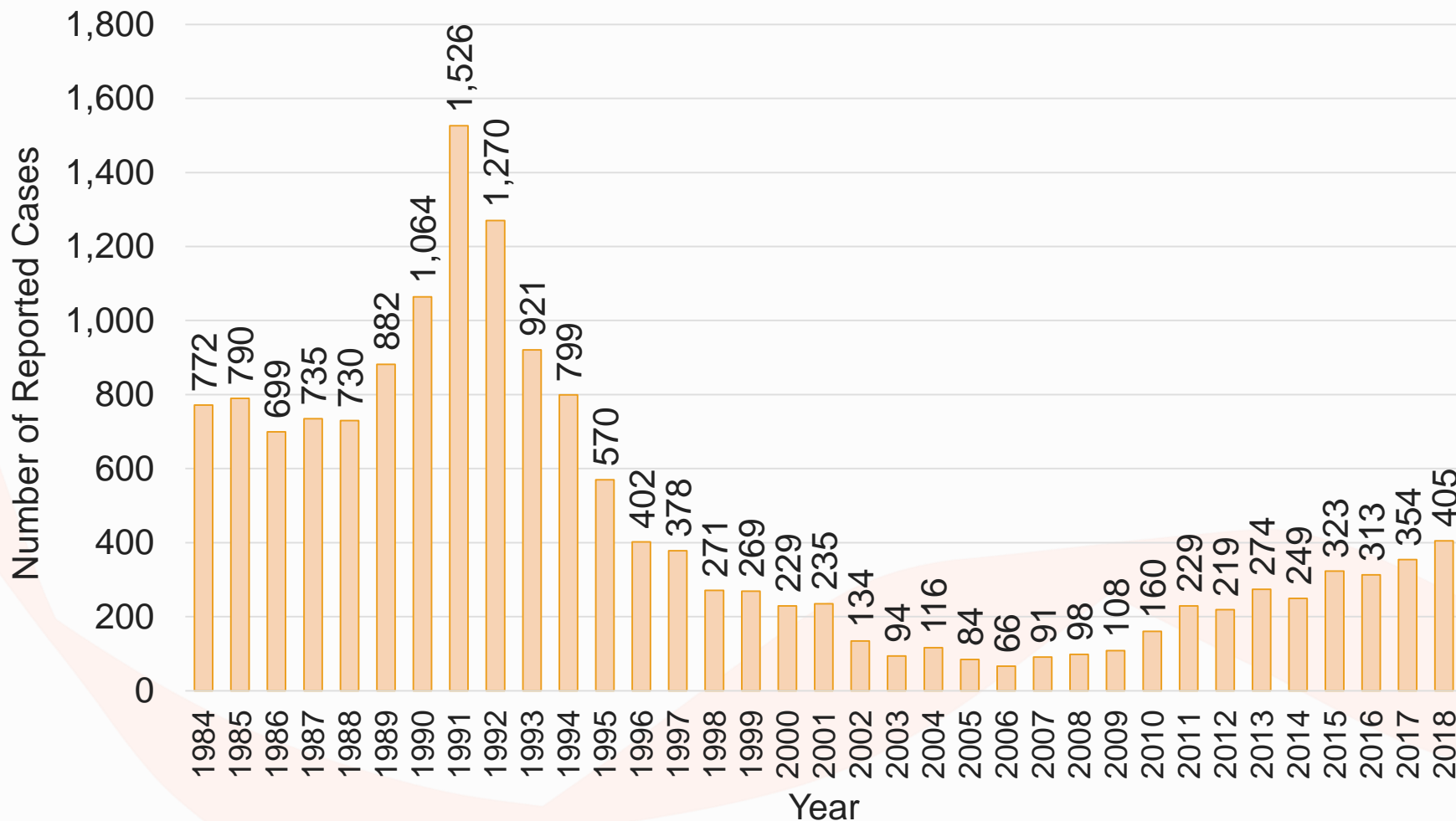
2009-18 Change: Increased 270 cases or 275.0%

S. Carolina P&S Syphilis: Cases 2009-2018 with Year-to-Year Change; *Jan-Sep 2019 displayed as incomplete Year-to-Date Reporting

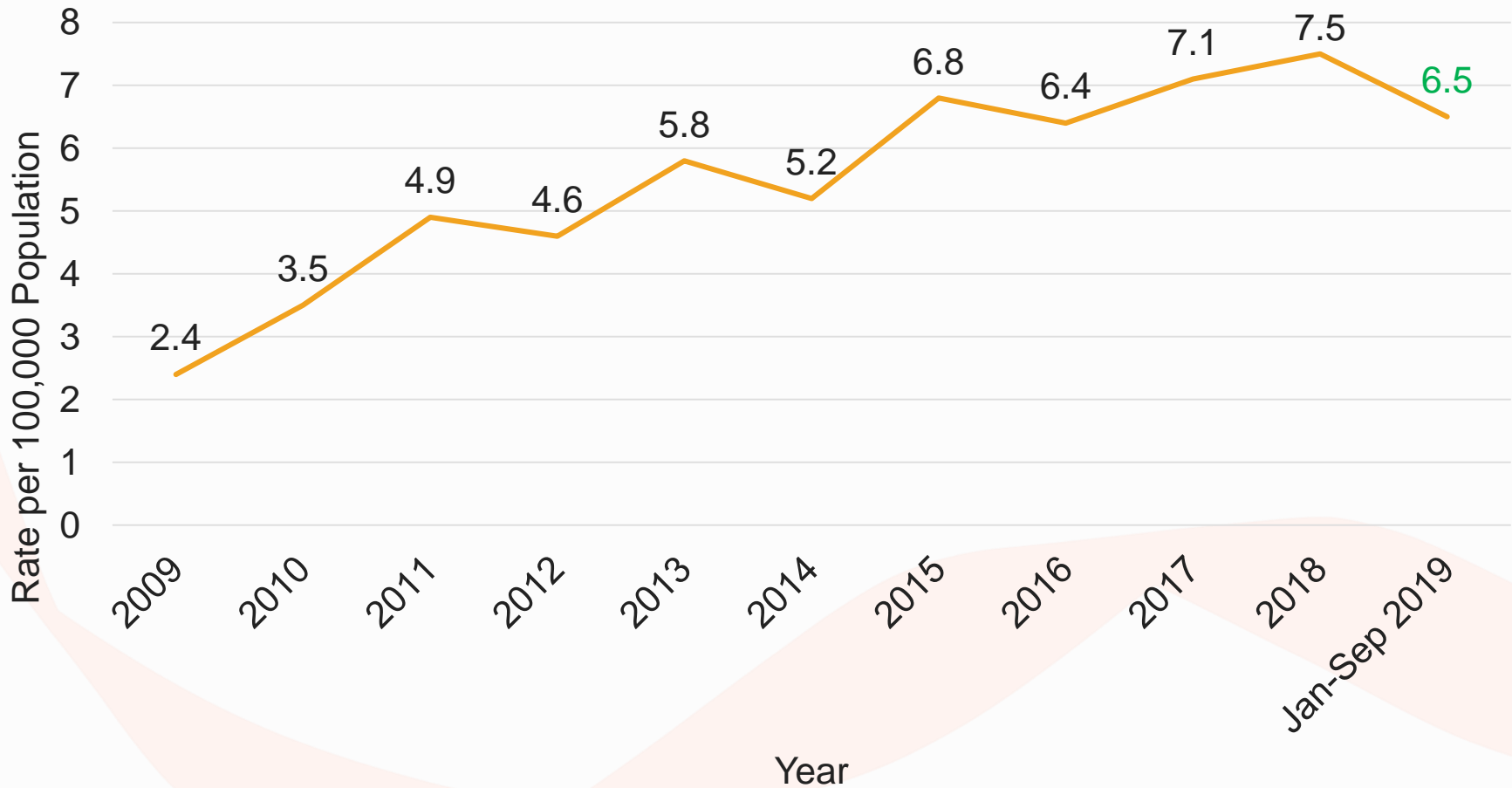


Note: Numbers in red font indicate the yearly difference between year and year to the right.

S. Carolina P&S Syphilis: State Case Numbers 1984-2018

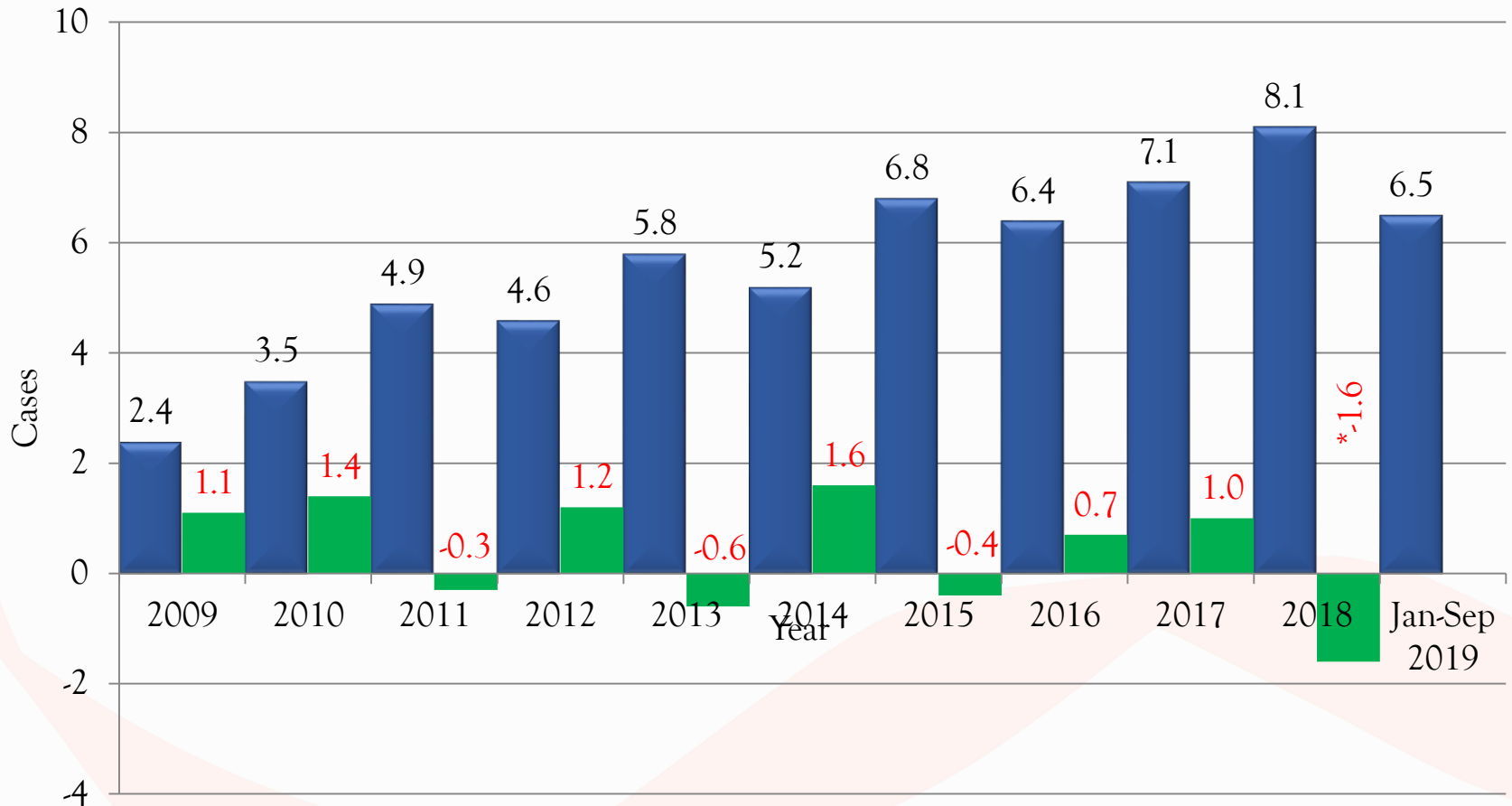


S. Carolina P&S Syphilis: Rates 2009-2018; * Jan-Sep 2019 as incomplete "Year-to-Date" Reporting



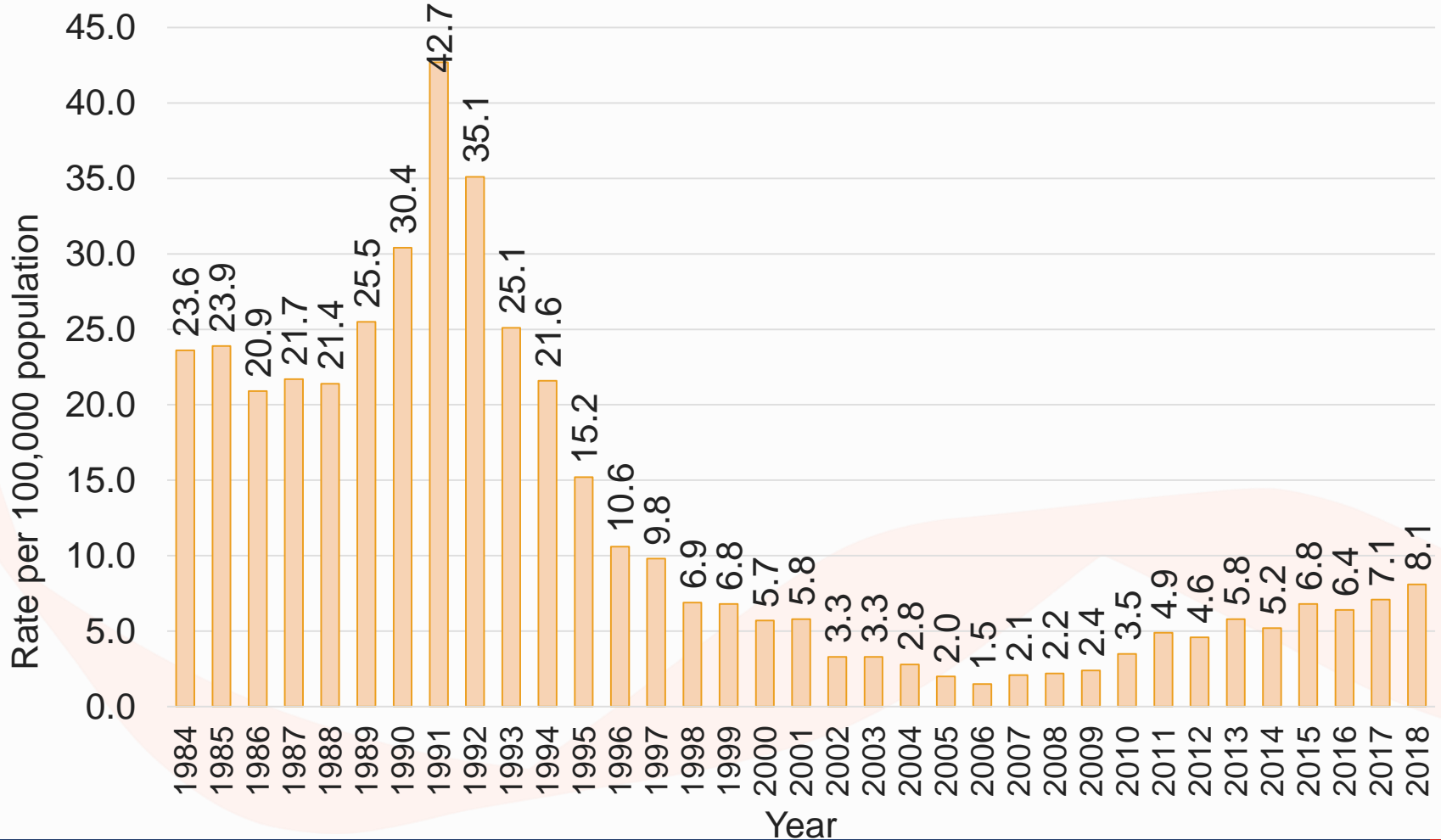
2009-18 Percent Rate Change: Increased 2.1 times or 212.5%

S. Carolina P&S Syphilis: Rates 2009-2018 with Year-to-Year Change; *Jan-Sep 2019 displayed as incomplete Year-to-Date Reporting



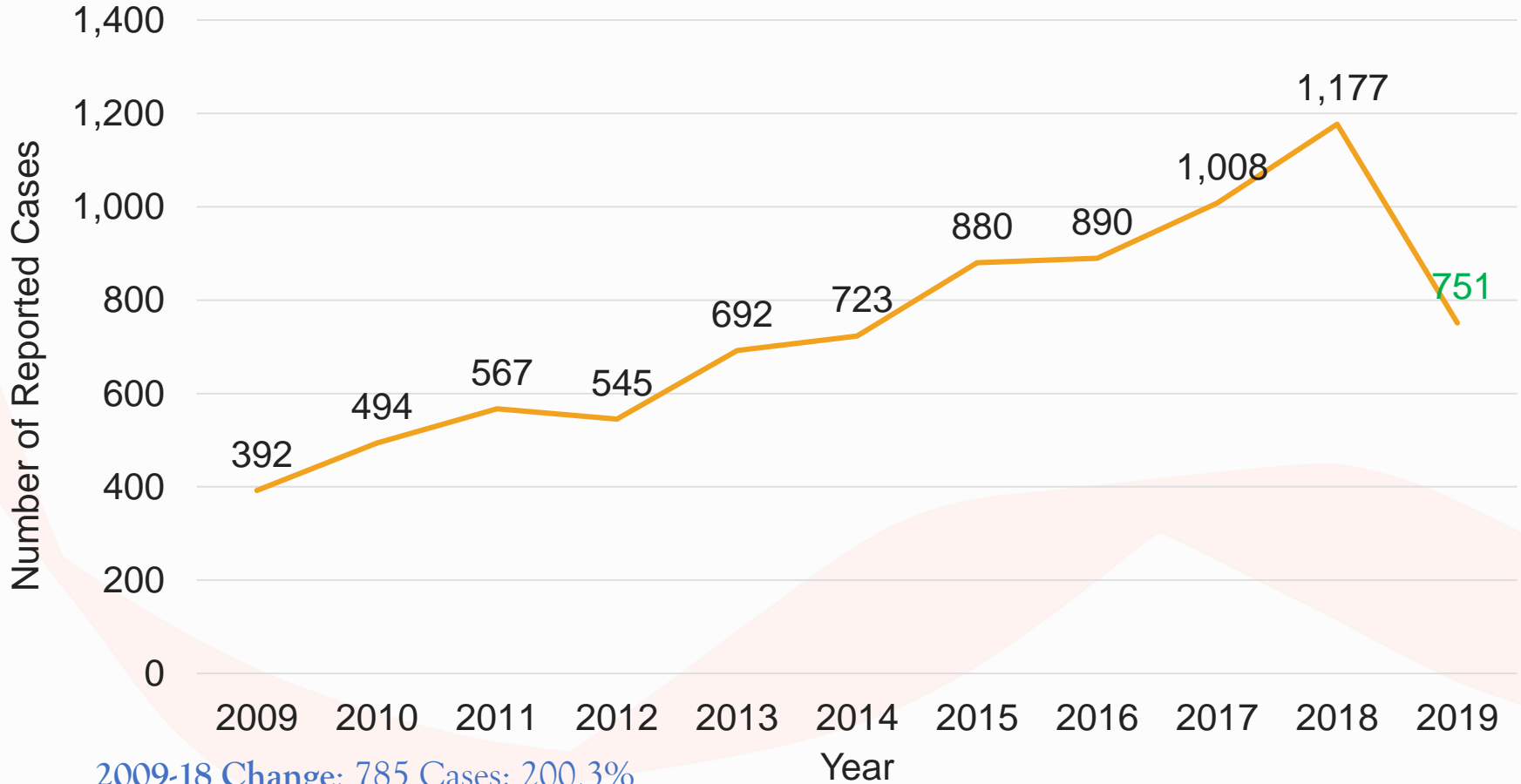
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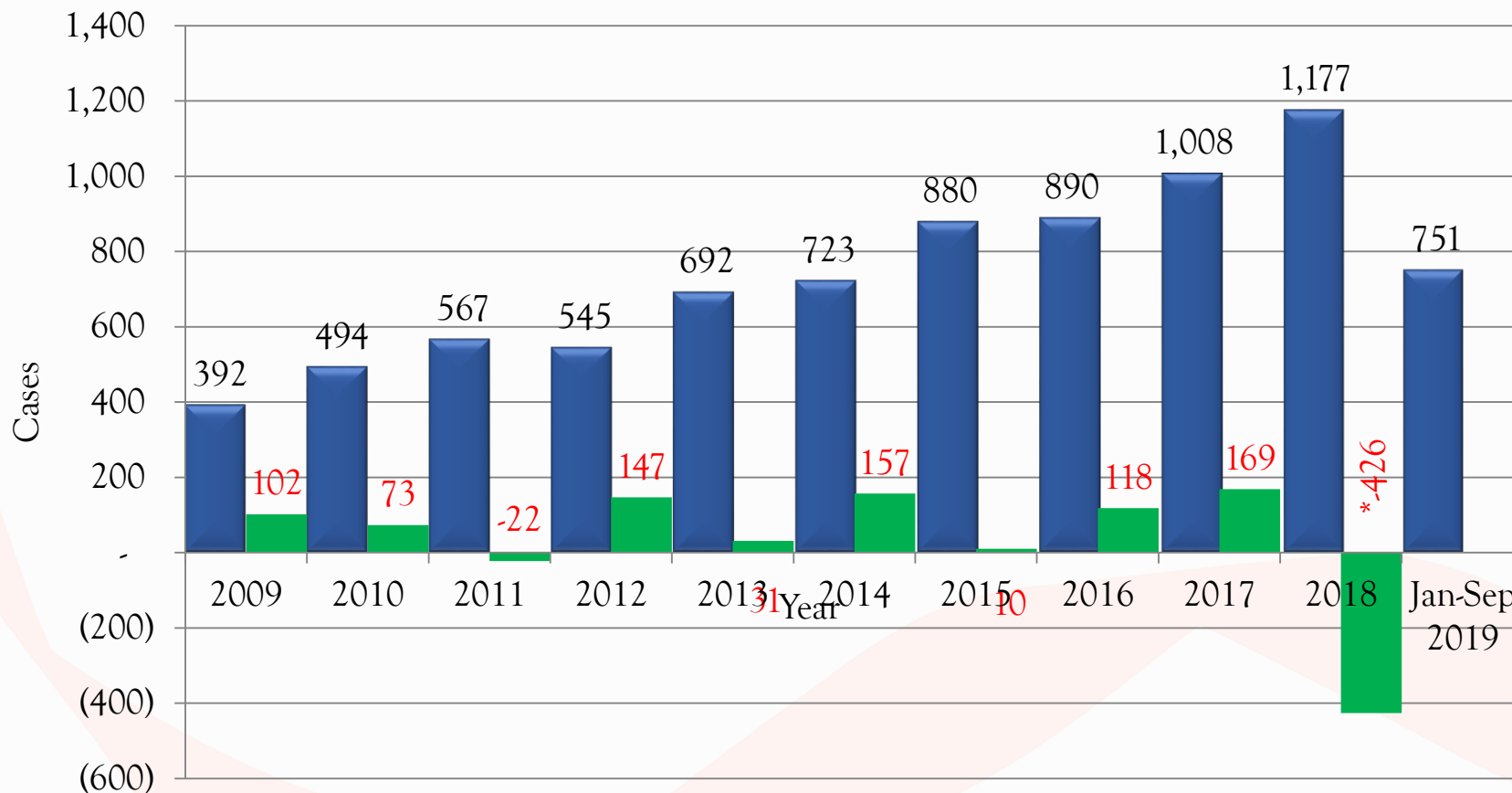


S. Carolina Early Syphilis: Cases 2009-2018; * Jan-Sep 2019 as incomplete “Year-to-Date”

Reporting

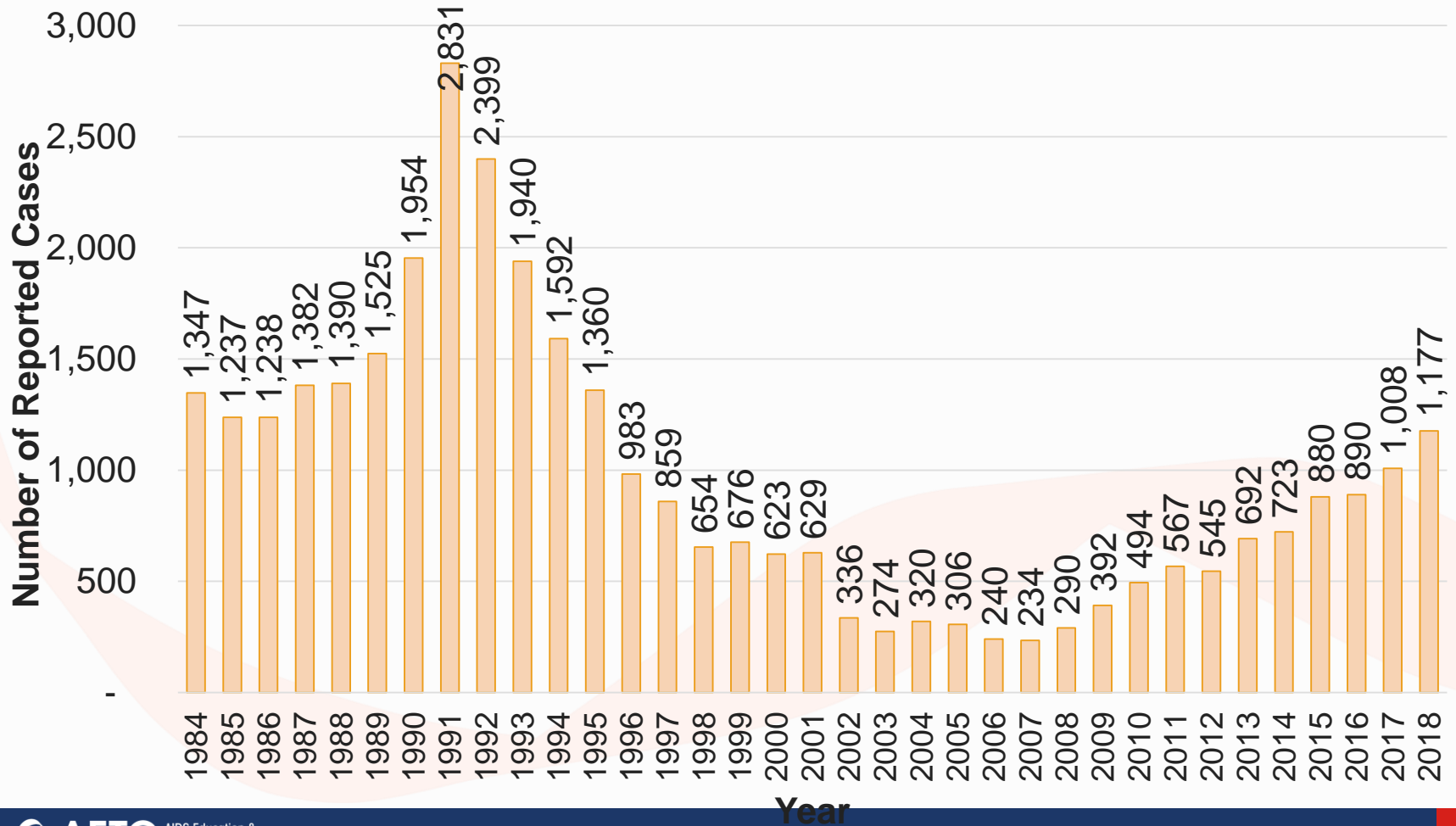


S. Carolina Early Syphilis: Cases 2009-2018 with Year-to-Year Change; *Jan-Sep 2019 displayed as incomplete Year-to-Date Reporting

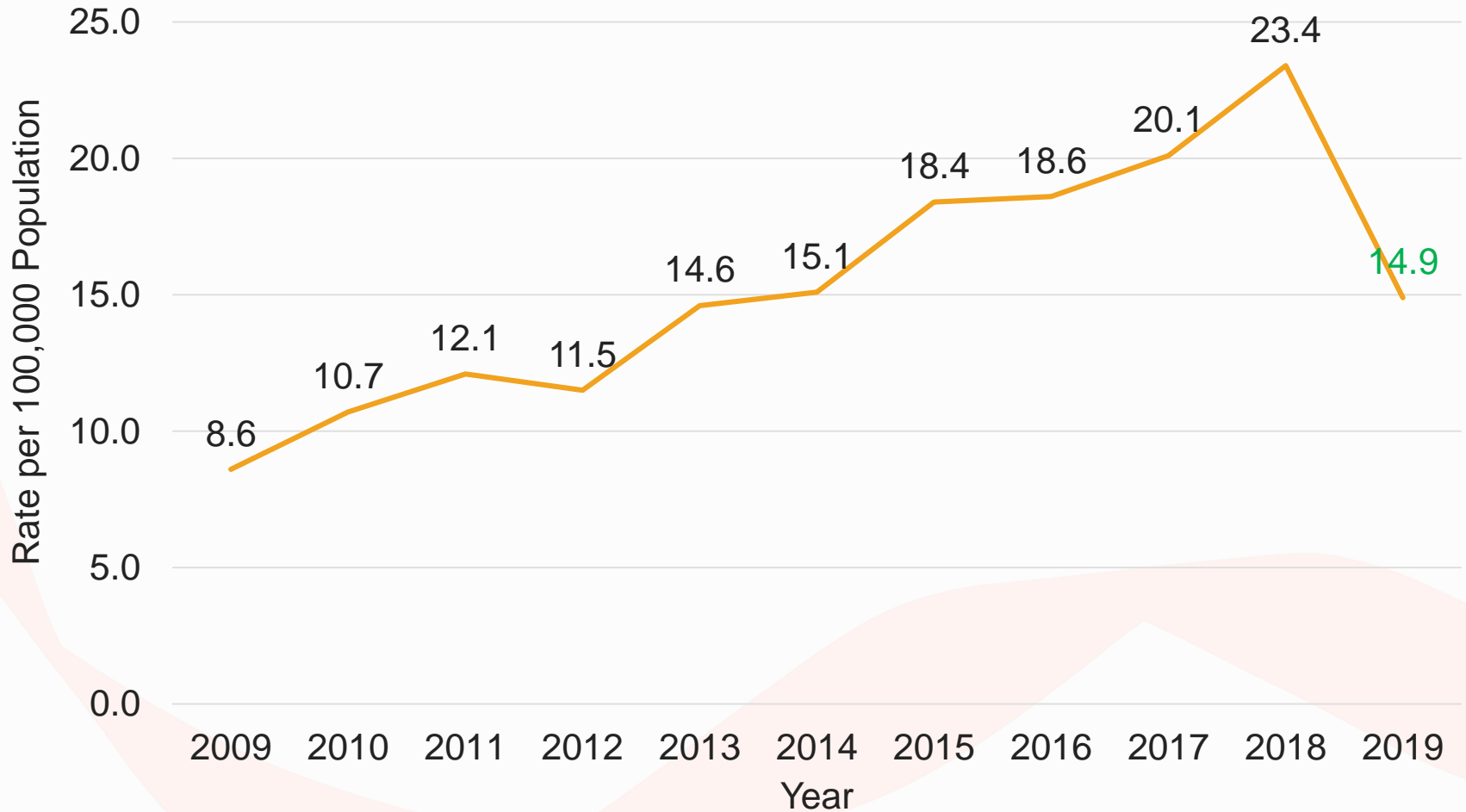


Note: Numbers in red font indicate the yearly difference between year and year to the right.

S. Carolina Early Syphilis: State Case Numbers 1984-2018

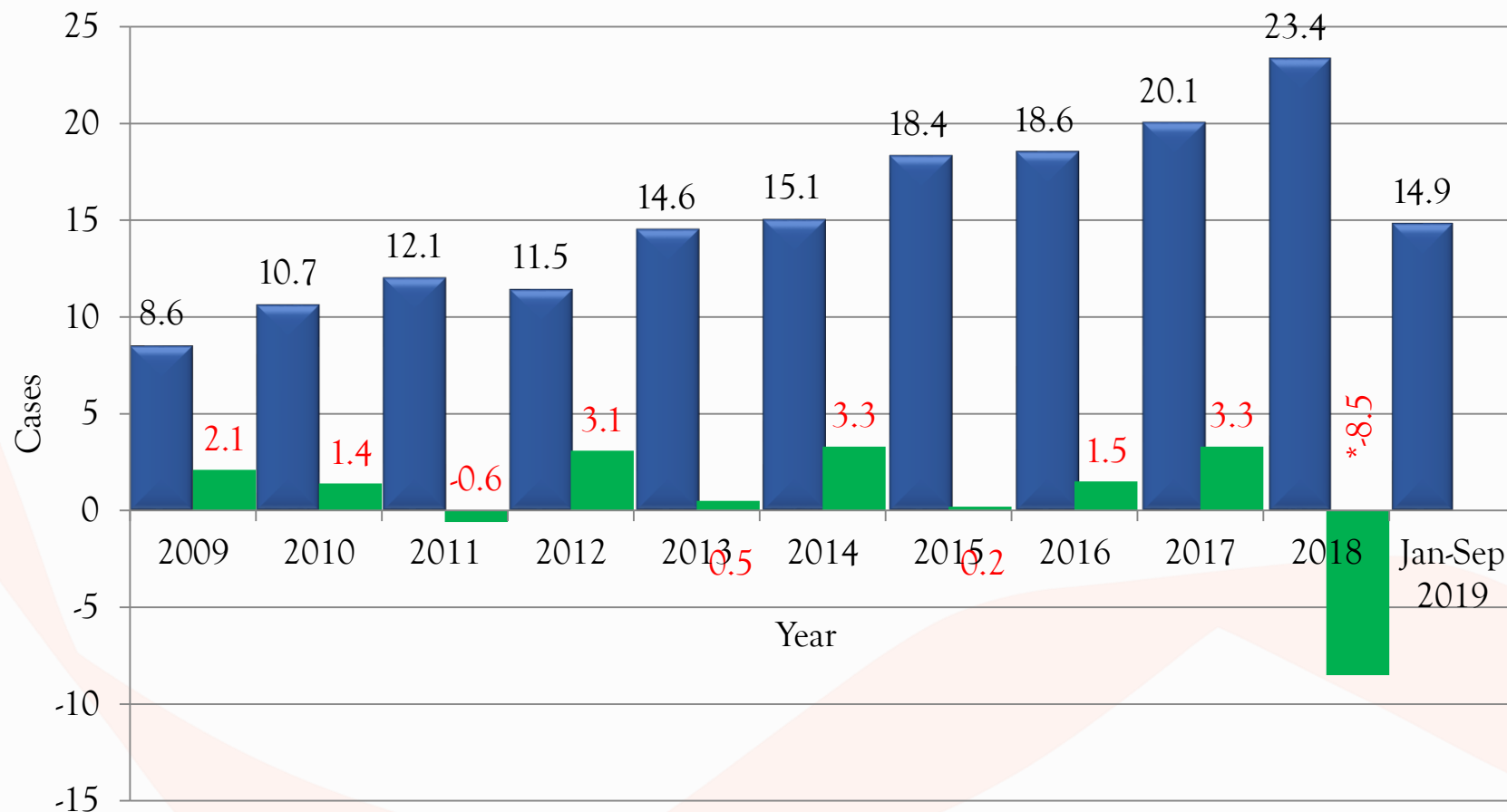


S. Carolina Early Syphilis: Rates 2009-2018; *Jan-Sep 2019 as incomplete "Year-to-Date" Reporting



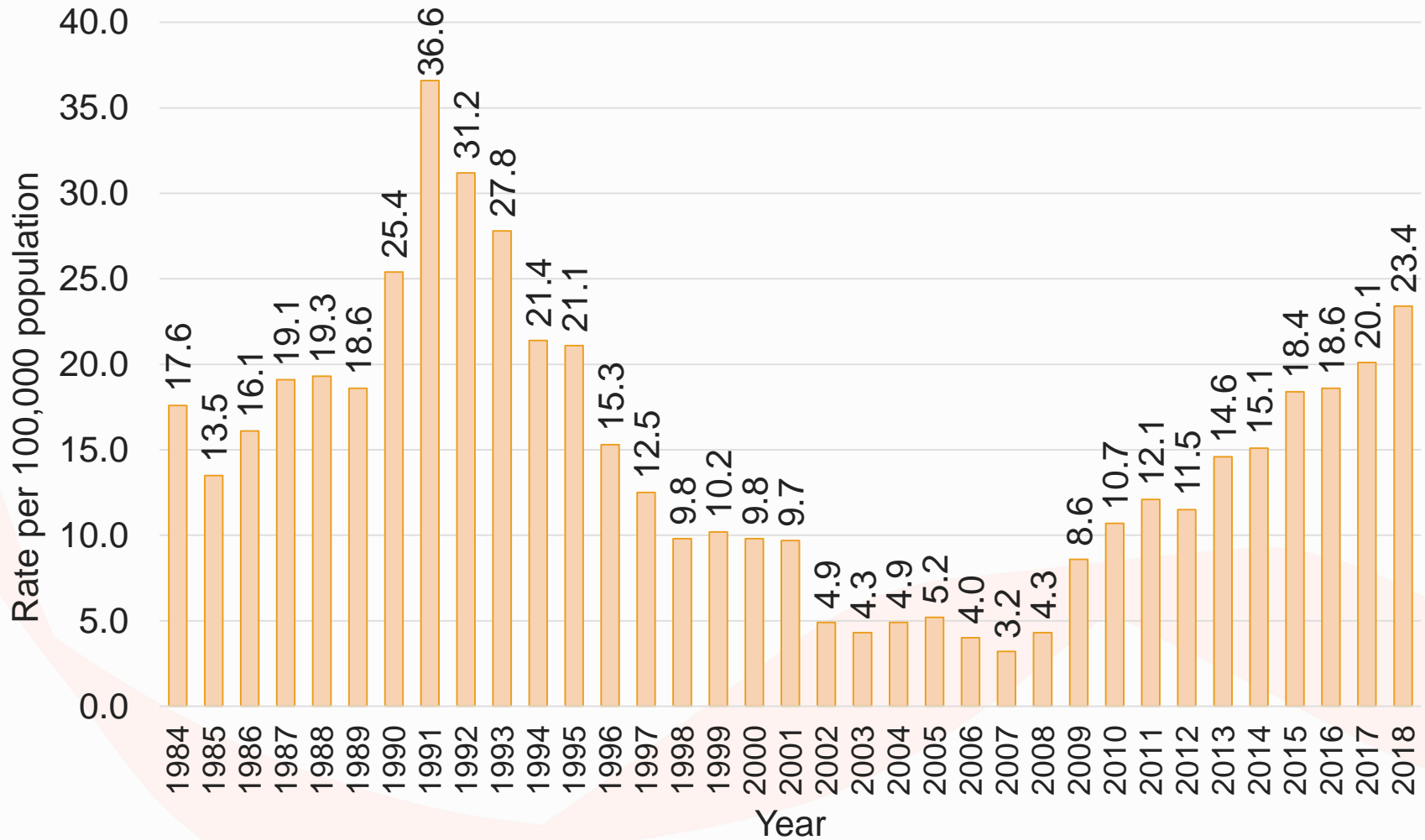
Percent Rate Change: 1.7X or 172.1%

S. Carolina Early Syphilis: Rates 2009-2018 with Year-to-Year Change; *Jan-Sep 2019 displayed as incomplete Year-to-Date Reporting

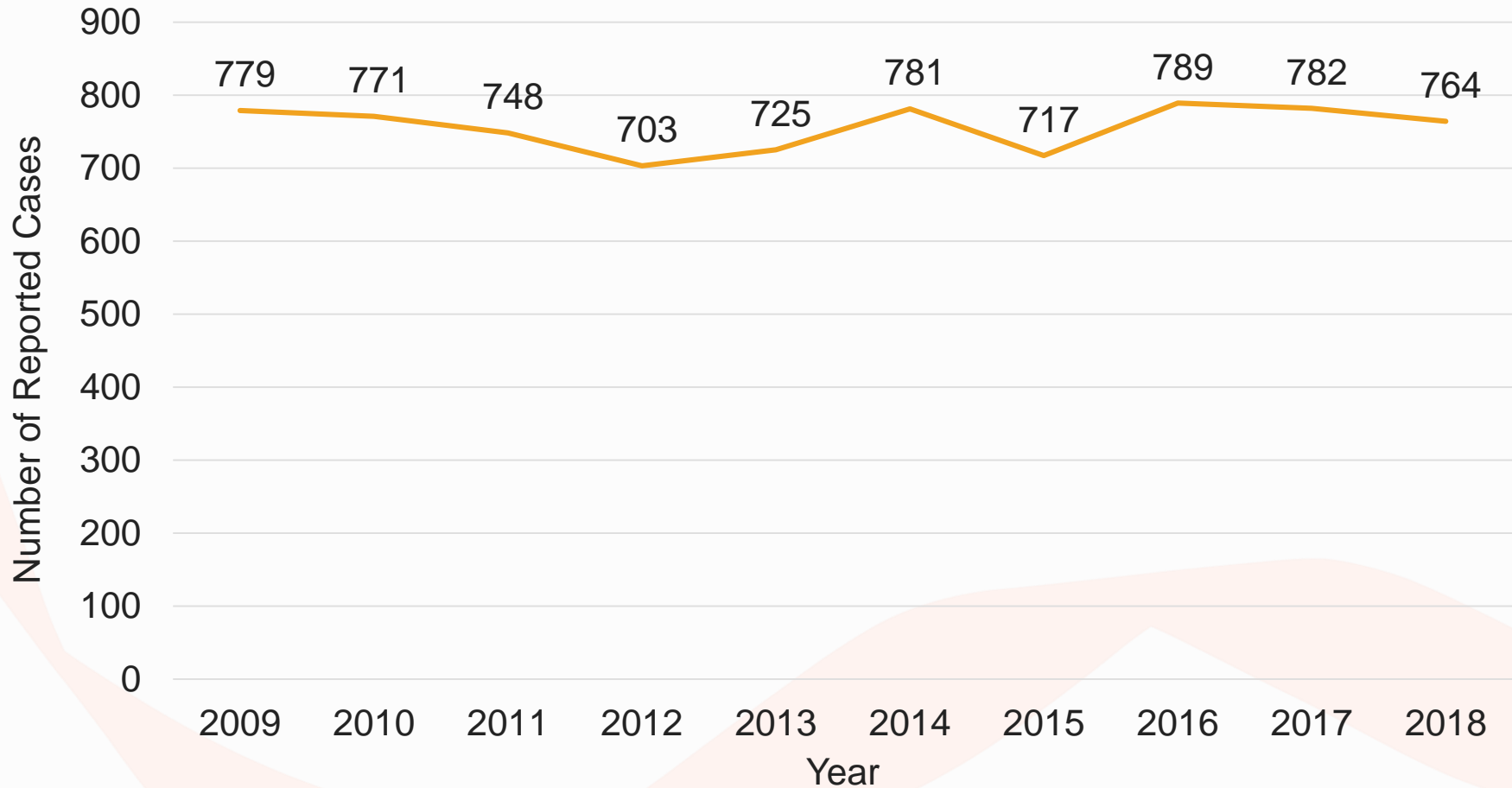


Note: Numbers in red font indicate the yearly difference between year and year to the right.

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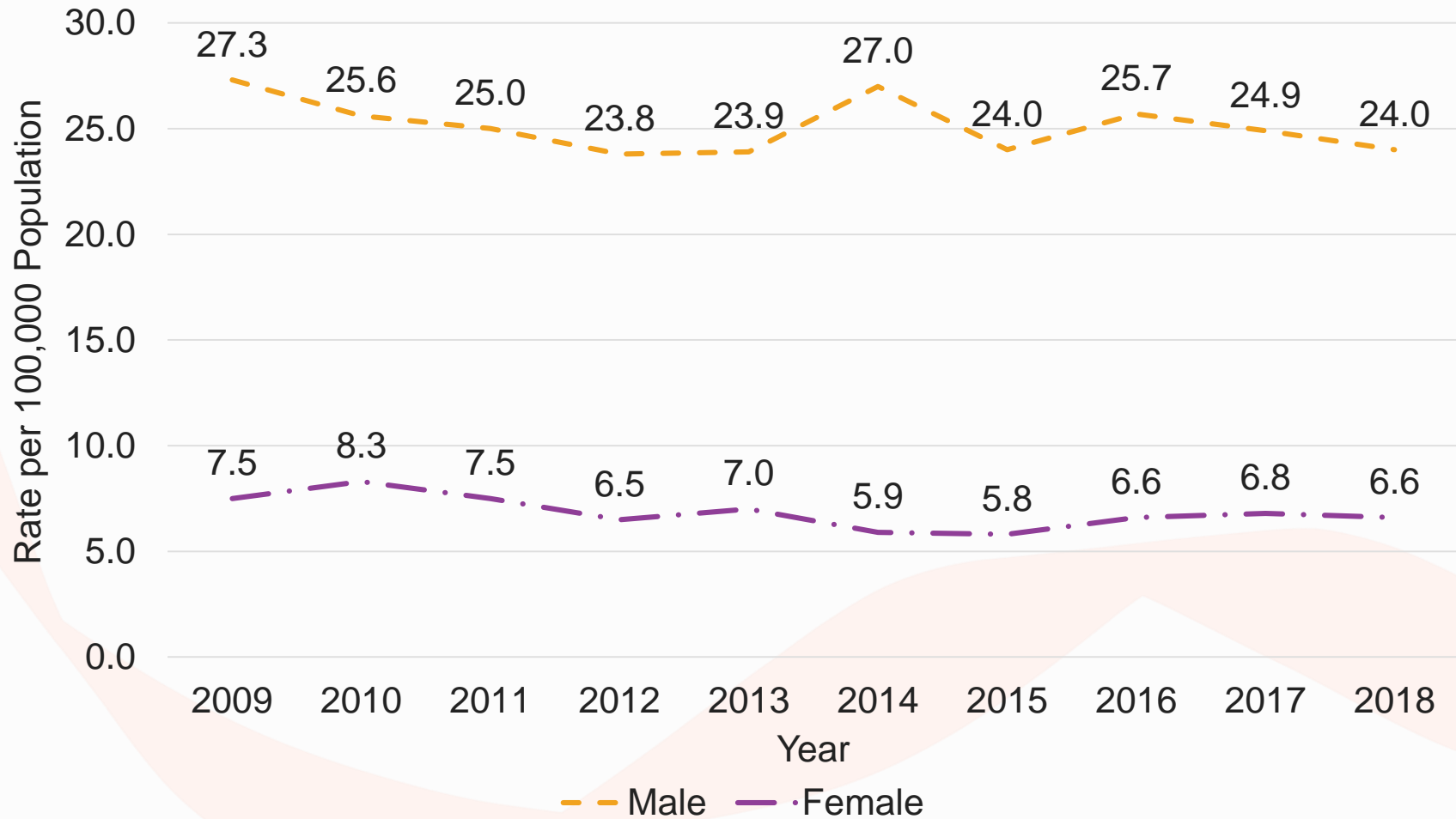


S. Carolina HIV: State Case Numbers 2009-2018

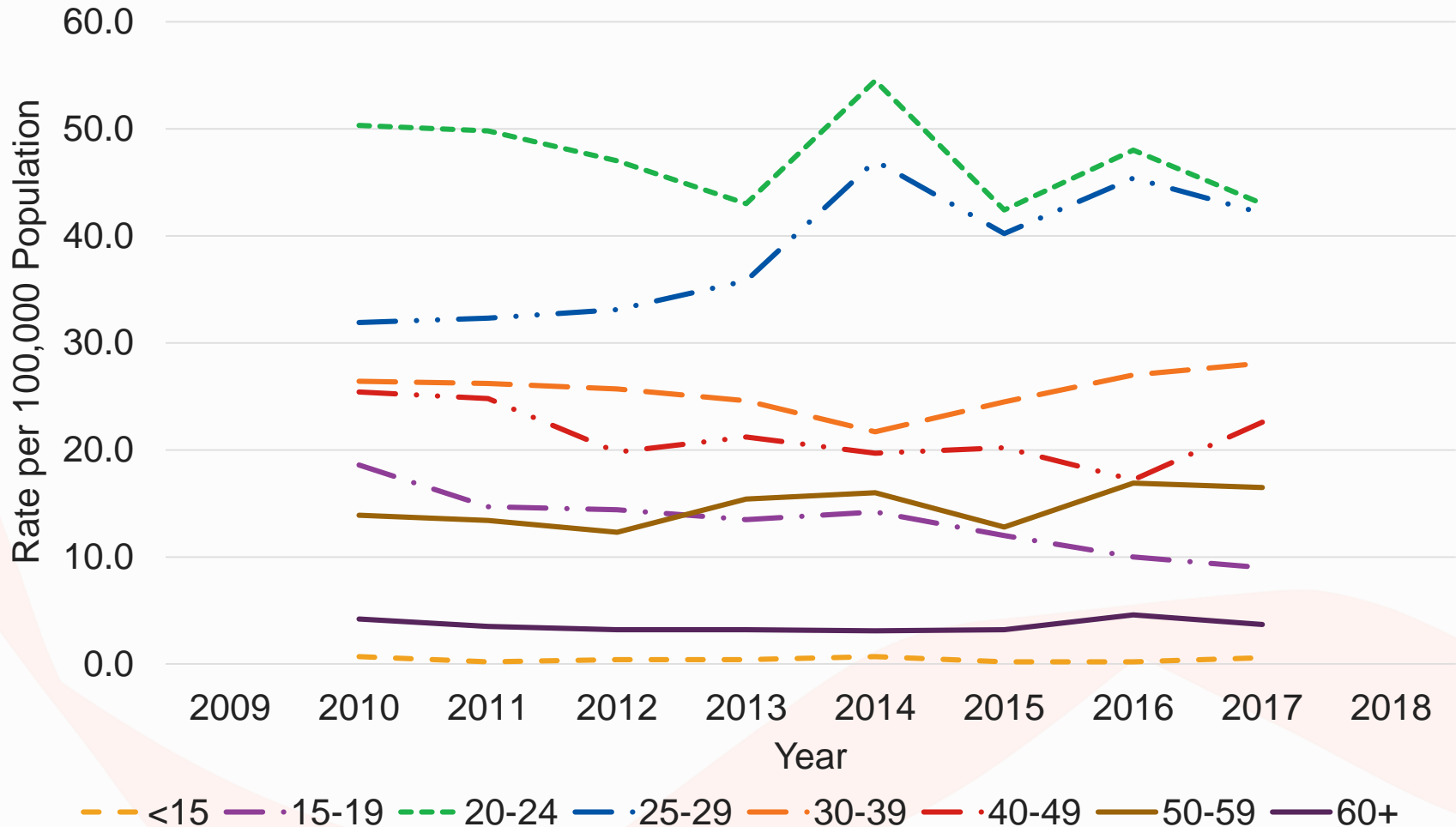


2009-18 Change: Decreased by 30 cases or 3.8%

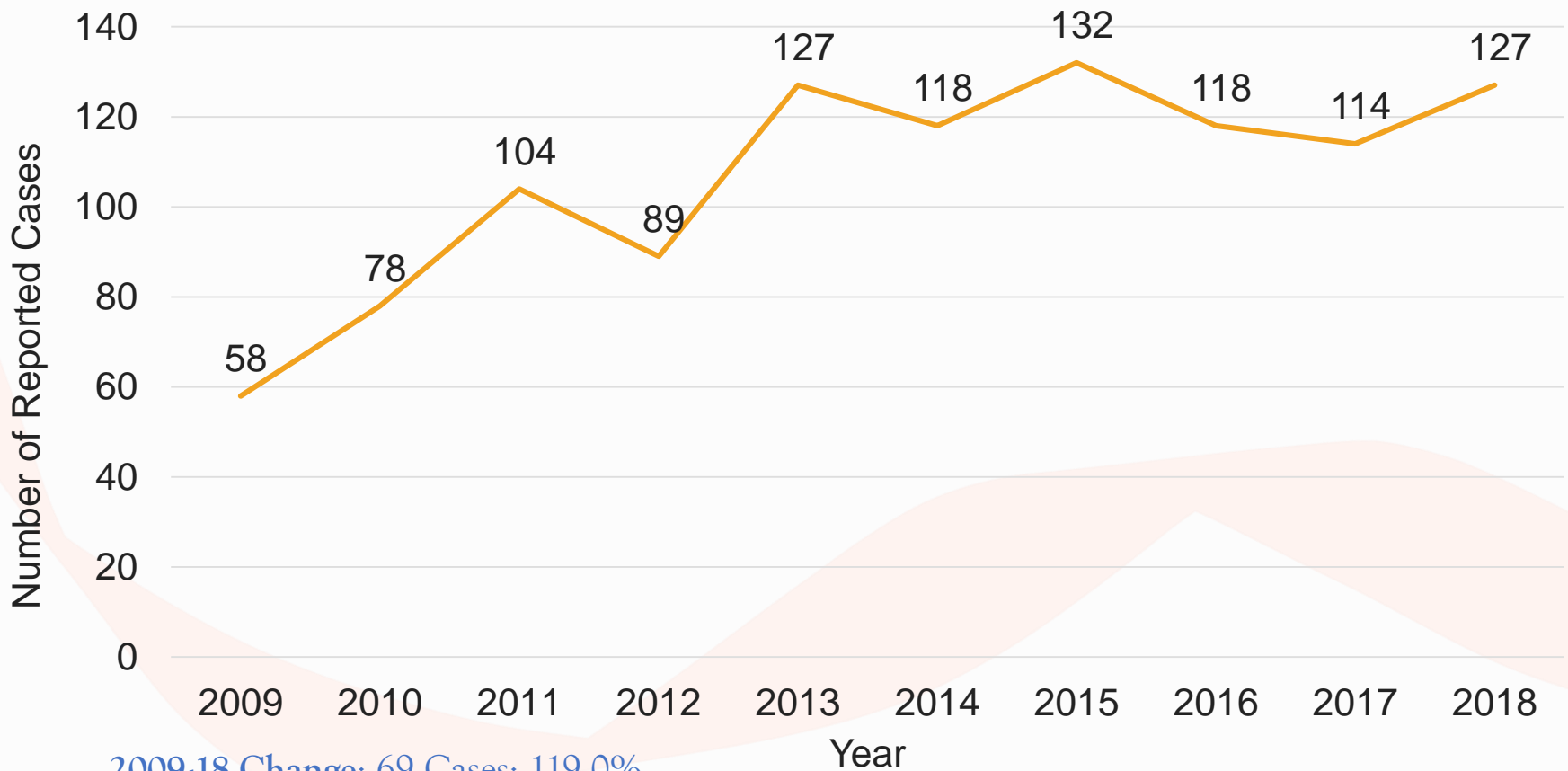
S. Carolina HIV: State Rate Numbers by Gender 2009-2018



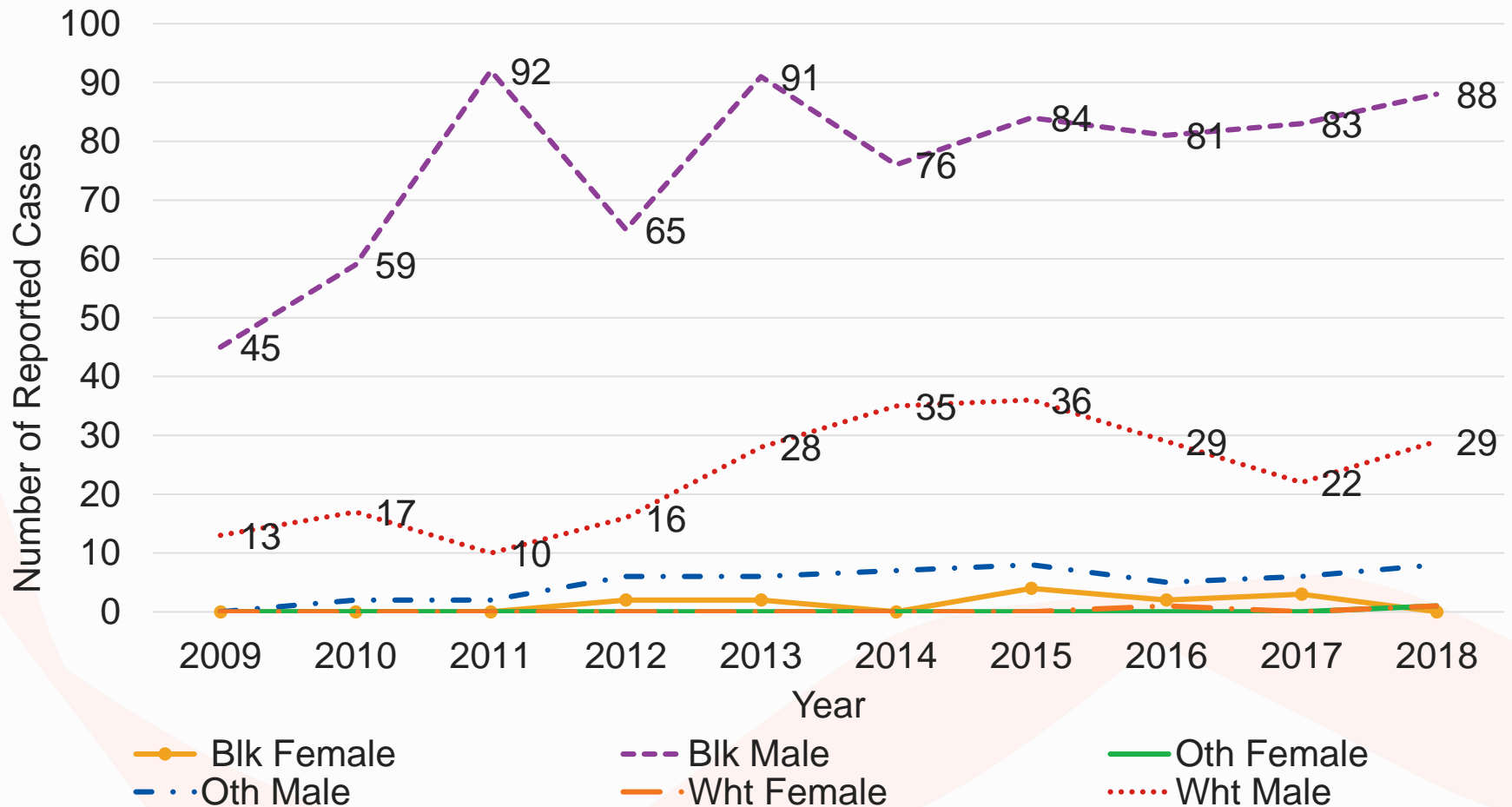
S. Carolina HIV: Rates by Gender 2009-2018



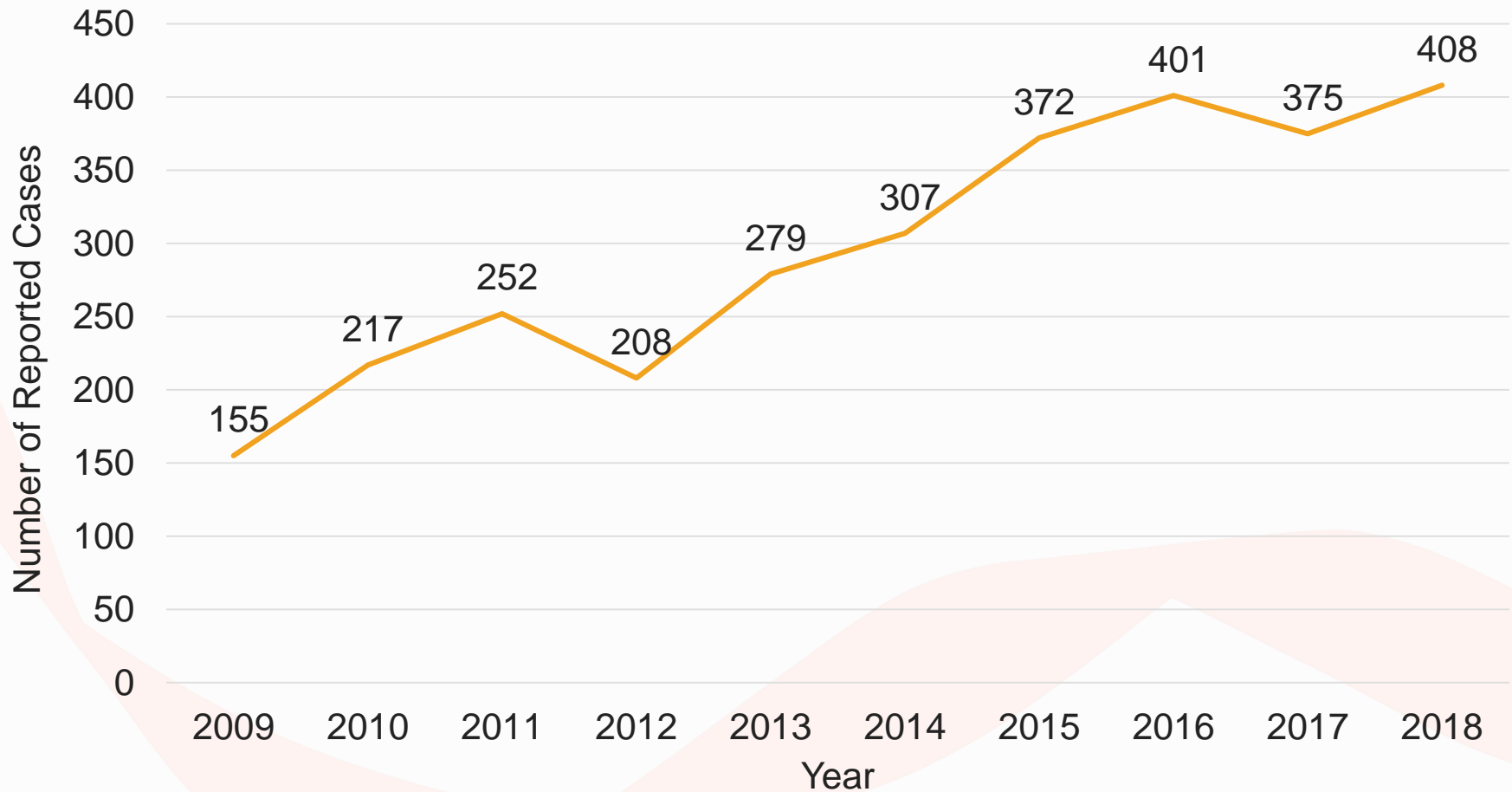
S. Carolina P&S Syphilis w/HIV Co-infection: State Case Numbers 2009-2018



S. Carolina P&S Syphilis w/HIV Co-infection: Case 2009-2018

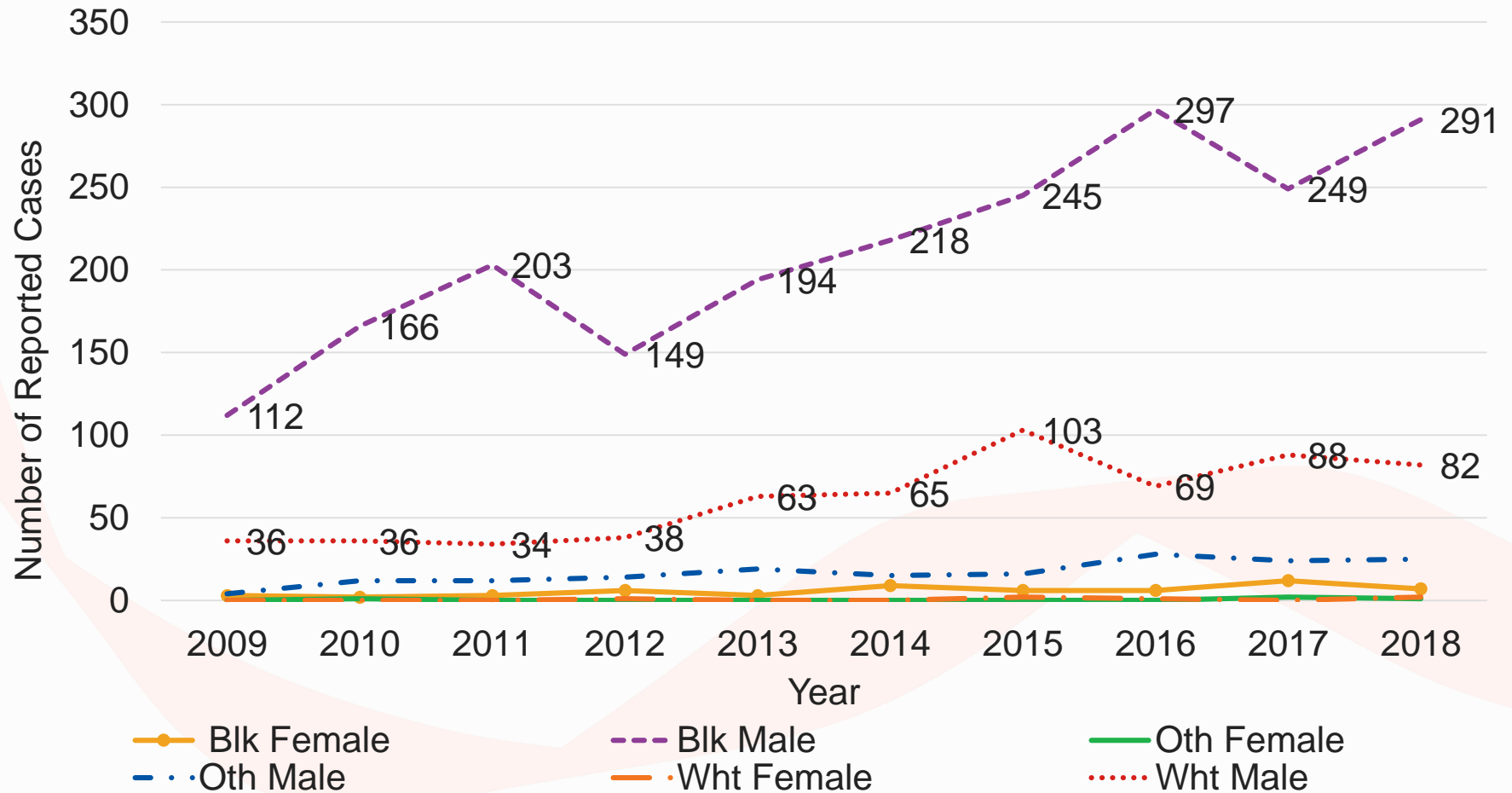


S. Carolina Early Syphilis w/HIV Co-infection: Case 2009-2018

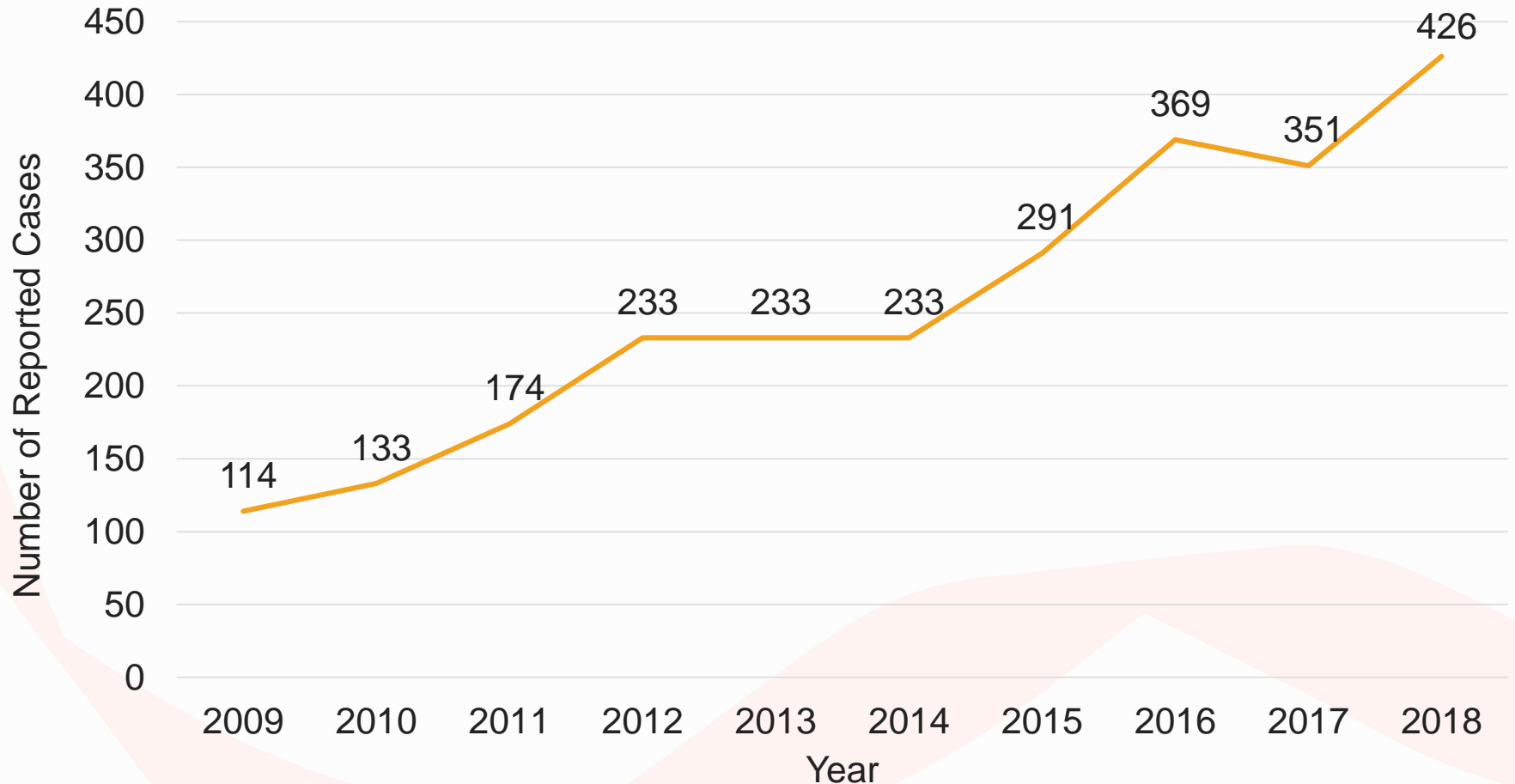


2009-18 Change: 253 Cases; 163.2%

S. Carolina Early Syphilis w/HIV Co-infection: Case 2009-2018

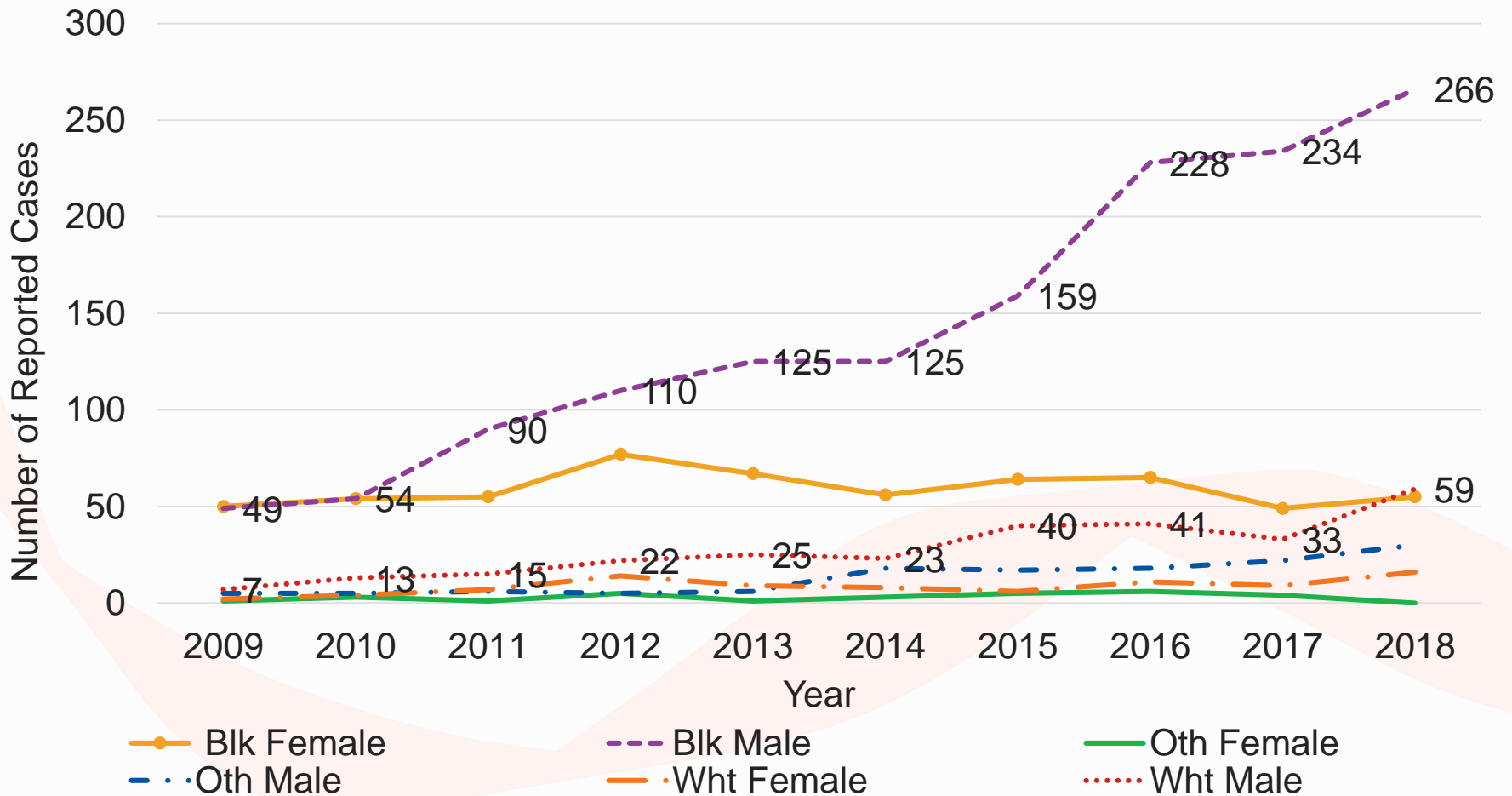


S. Carolina Chlamydia w/HIV Co-infection: Cases 2009-2018

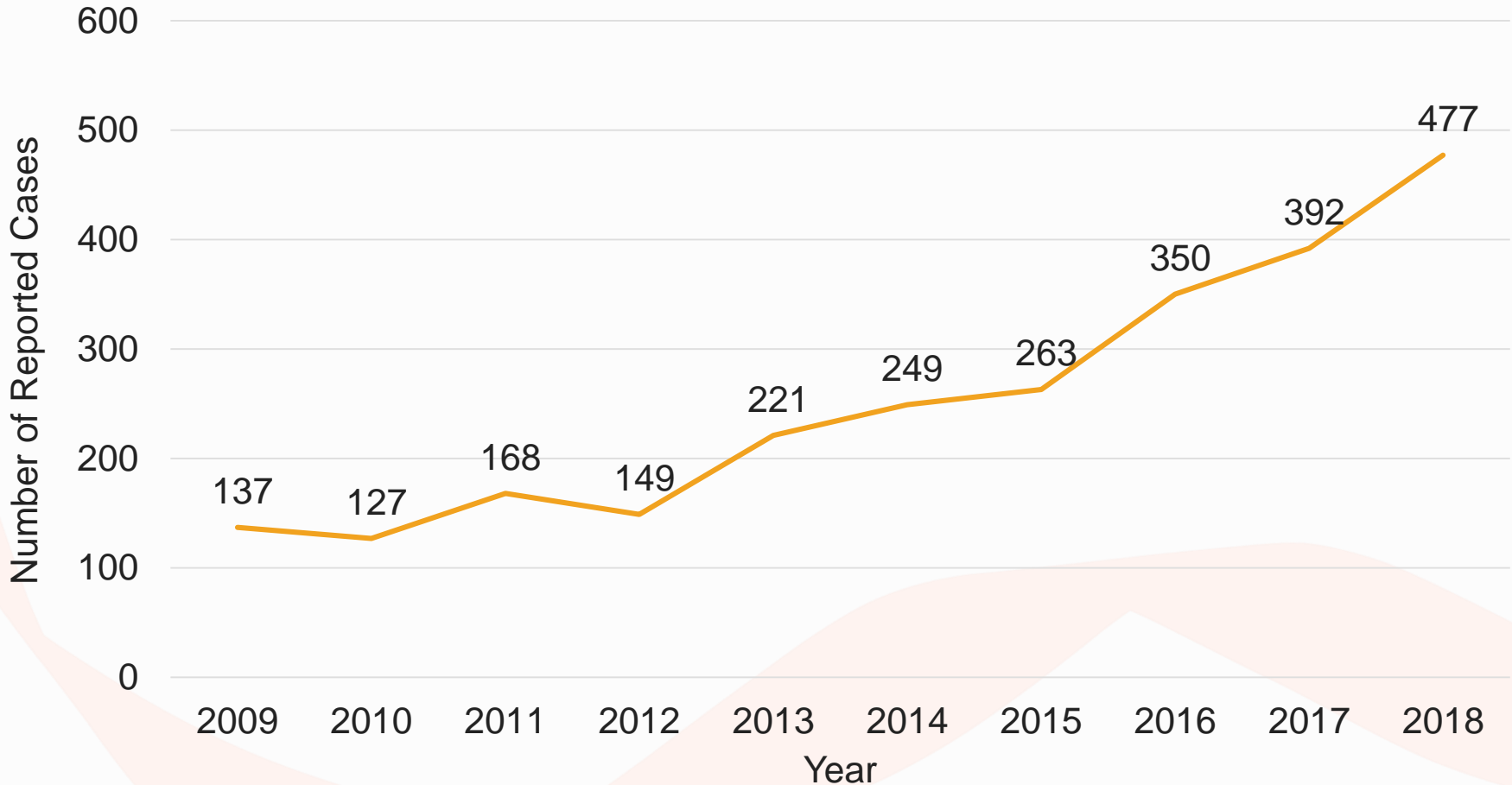


2009-18 Change: 312 Cases; 273.7%

S. Carolina Chlamydia w/HIV Co-infection: Cases 2009-2018

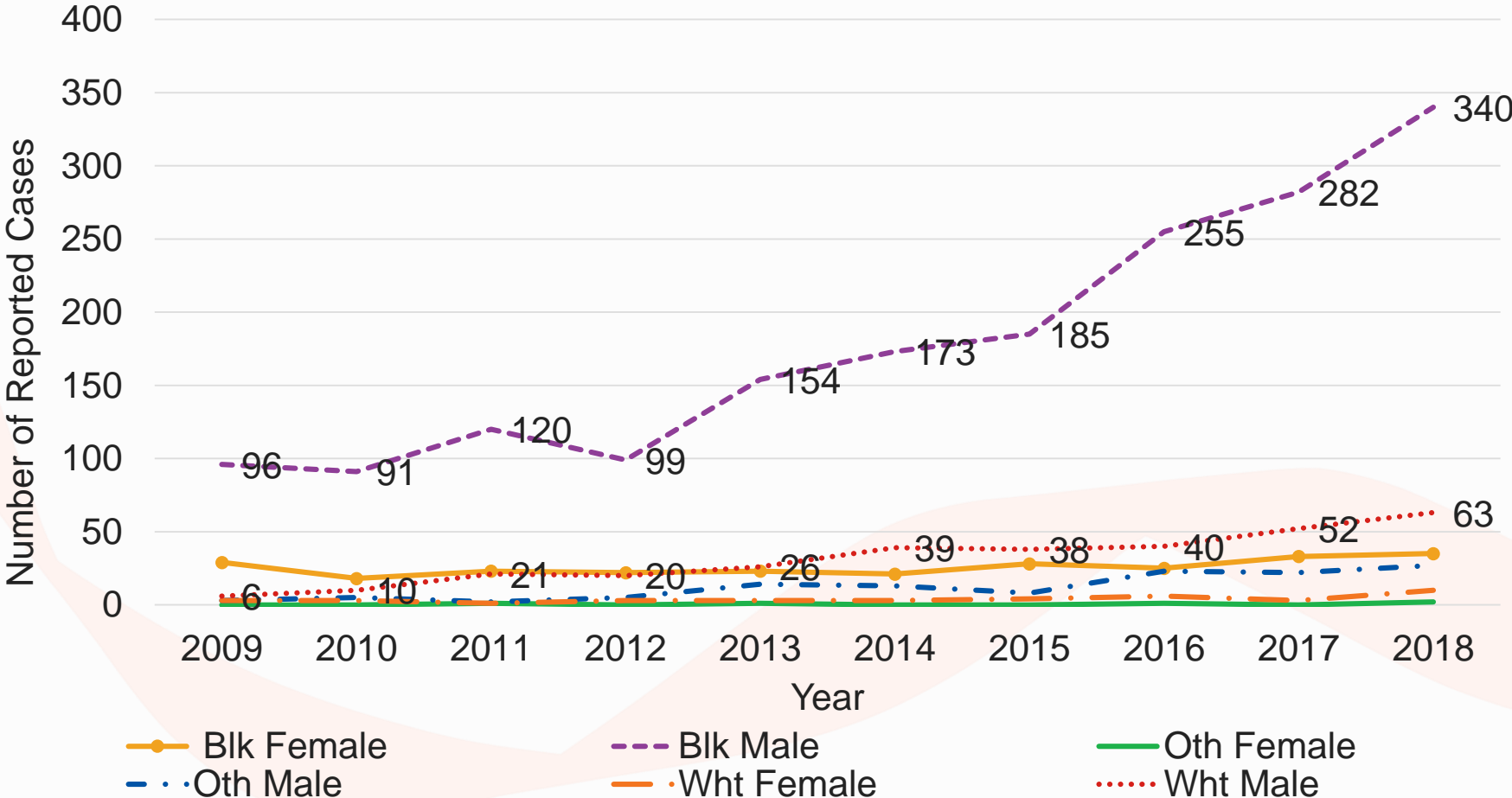


S. Carolina Gonorrhea w/HIV Co-infection: Cases 2009-2018



2009-18 Change: 340 Cases; 248.2%

S. Carolina Gonorrhea w/HIV Co-infection: Cases 2009-2018



PrEP: Available Options

- Daily oral PrEP with the fixed-dose combination of tenofovir disoproxil fumarate (TDF) 300 mg and emtricitabine (FTC) 200 mg has been shown to be **safe and effective** in reducing the risk of HIV acquisition in at risk adults and adolescents >35Kg¹
 - Truvada®
- Daily oral PrEP with fixed-dose combination of tenofovir alafenamide (TAF) 25 mg and emtricitabine (FTC) 200 mg has been approved for **MSM and transgender women** adults and adolescents >35Kg¹
 - Descovy®



1. <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf>

2. Centers for Disease Control and Prevention. *HIV surveillance Report, 2016*; vol 28.

<https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2016-vol-28.pdf>

PrEP Uptake:

The Need

What is **PrEP**, or Pre-Exposure Prophylaxis?

- Pre** = before
- Exposure** = coming into contact with HIV
- Prophylaxis** = treatment to prevent an infection from happening

Approximately **1.2 MILLION PEOPLE** are at high risk for HIV and could benefit from comprehensive HIV prevention strategies, including **PrEP**

PrEP is when people at high risk for HIV take HIV medicine daily to lower their chances of getting infected

AIDSVU.ORG SOURCE: U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION AIDSVU

The Reality

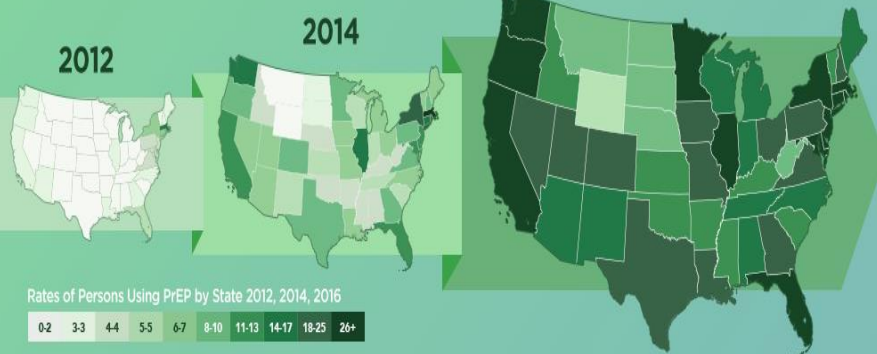
220,000-225,000
Estimated Number of Current PrEP Users **i**

AVAC

Data Updated: August 13, 2018

There were over **77,000 PrEP users** in 2016.

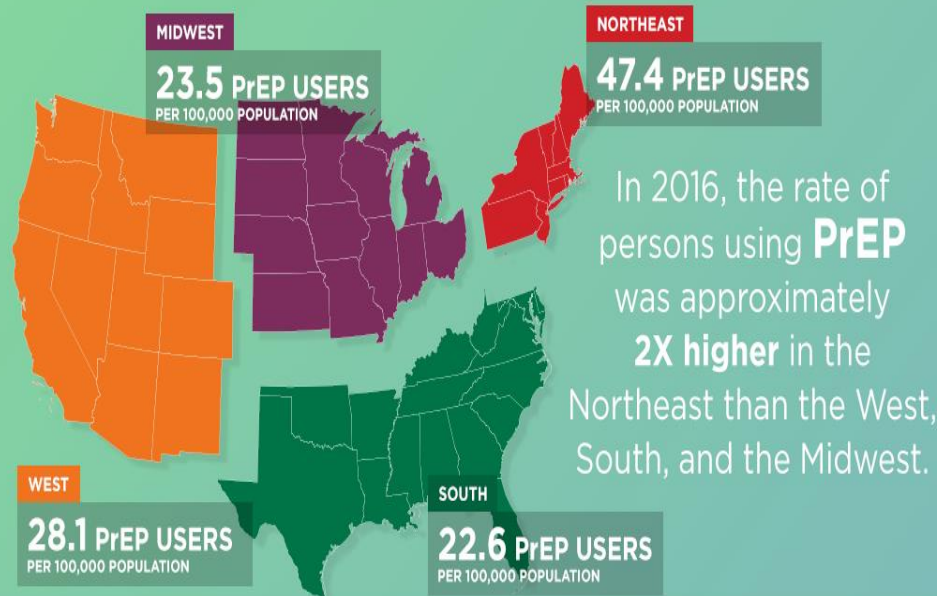
2016



That's a **73% increase** year over year since 2012.

AIDSVU.ORG

AIDSVU



AIDSVU.ORG

AIDSVU

PrEP Uptake: Gender Disparities

The Need

The Reality

19% (7,401) of new HIV diagnoses (2017) were in women

What is **PrEP**, or Pre-Exposure Prophylaxis?


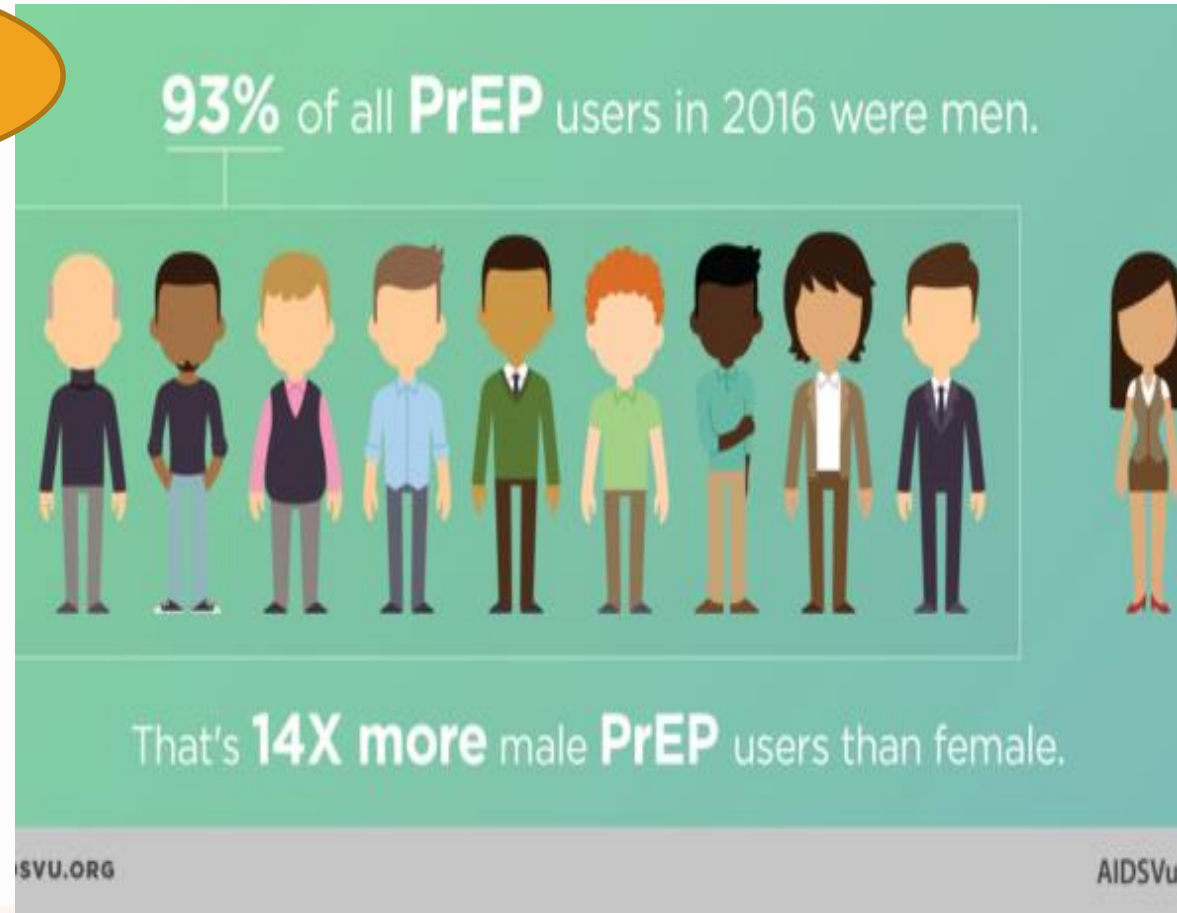

Pre = before

Exposure = coming into contact with HIV


Prophylaxis = treatment to prevent an infection from happening

PrEP is when people at high risk for HIV take HIV medicine daily to lower their chances of getting infected

AIDS.VU.ORG SOURCE: U.S. CENTERS FOR DISEASE CONTROL AND PREVENTION AIDS.VU



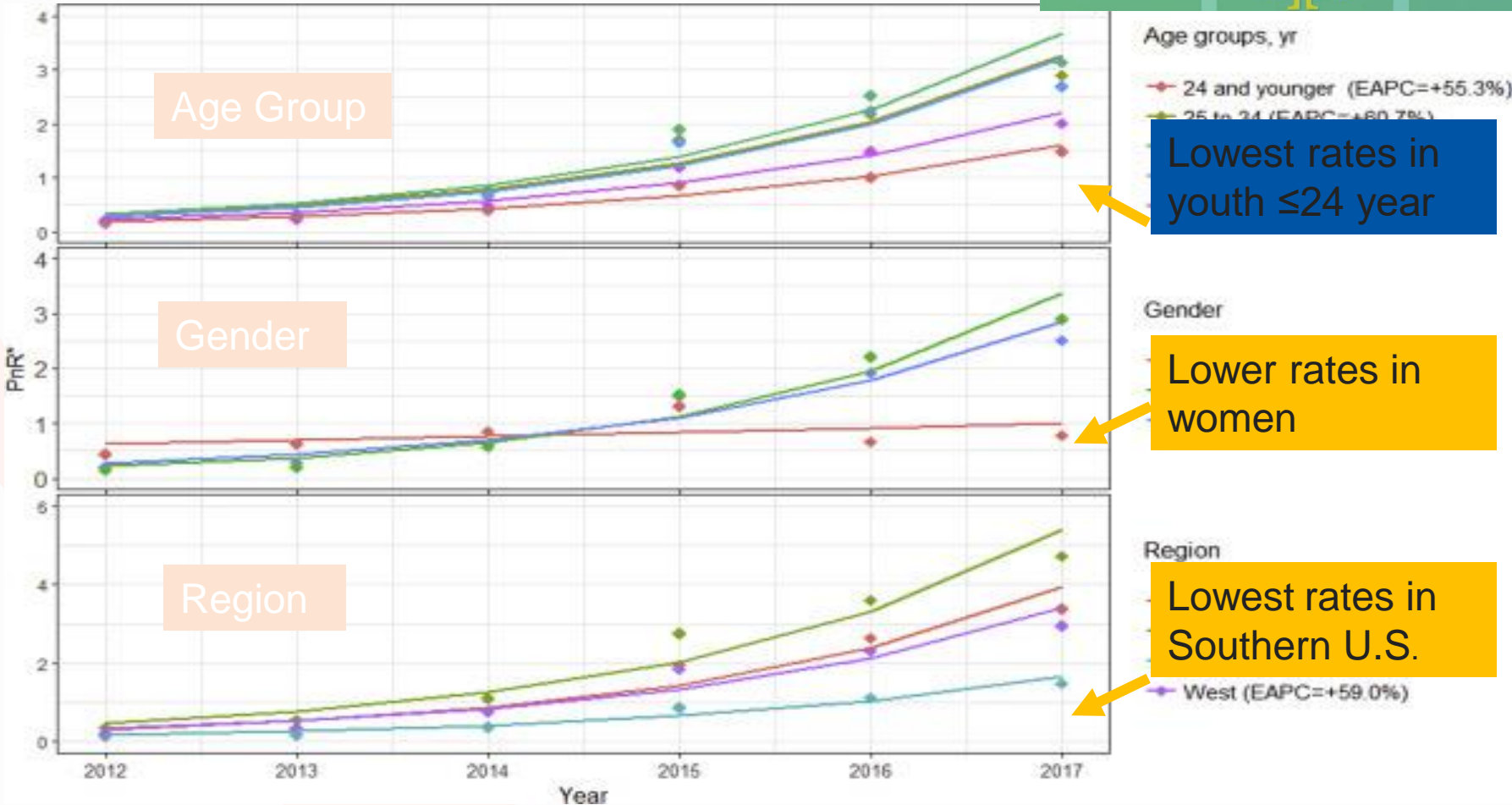
The CDC estimates **468,000 U.S. WOMEN** are eligible for PrEP



Women's health care providers are uniquely positioned to screen, counsel about, and offer PrEP

PrEP use has been inconsistent across different sexes, age groups, and geographic regions.

PrEP Uptake: Race/Age Disparities



Lowest rates in youth ≤24 year

Lower rates in women

Lowest rates in Southern U.S.

Sullivan Et. Al. Ann Epi. <https://doi.org/10.1016/j.annepidem.2018.06.009>

PrEP Disparities

Missed Opportunities to Prescribe PrEP (SC 2013-2016)

- 885 new HIV+ pts had 4029 healthcare visits in the months prior to diagnosis
- 2/3rd had missed opportunities for PrEP engagement
- **Women, Black race and younger** individuals were more likely to have had missed opportunity
- Location
 - 84% of missed opportunities occurred in the ED
 - 10% occurred in outpatient clinics
- 46% had no insurance coverage

Clinical Infectious Diseases · May 2018. DOI: 10.1093/cid/ciy441

PrEP Disparities: Non-Discriminatory Care -Provider Biases

- Sexual history usually deferred: Primary care³, STI care⁴, HIV care⁵⁻⁷
- 40% of Physicians were uncomfortable with lesbian/gay pts (1986)²
 - If aware of trans status, likelihood of discrimination (2011)¹
- Perceived Risk
 - Persons with greater heterosexism, more strongly anticipated increased risk behavior and adherence problems to PrEP → lower prescribing intention⁸

¹ 2011 The National Gay and Lesbian Task Force and the National Center for Transgender Equality.

² Matthews *et al.*, 1986

³ Wimberly YH *et al.* Sexual history-taking among primary care physicians. *J Natl Med Assoc.* 2006

⁴ Kurth AE. A national survey of clinic sexual histories for sexually transmitted infection and HIV screening STD 2005

⁵ Laws MB, Discussion of sexual risk behavior in HIV care is infrequent and appears ineffectual: *AIDS Behav.* 2011

⁶ Metsch LR., Delivery of HIV prevention counseling by physicians at HIV medical care settings in 4 US cities. *Am J Public Health.* 2004

⁷ Duffus WA. Effect of physician specialty on counseling practices /referral patterns among physicians caring for disadvantaged HIV populations. *CID* 2003

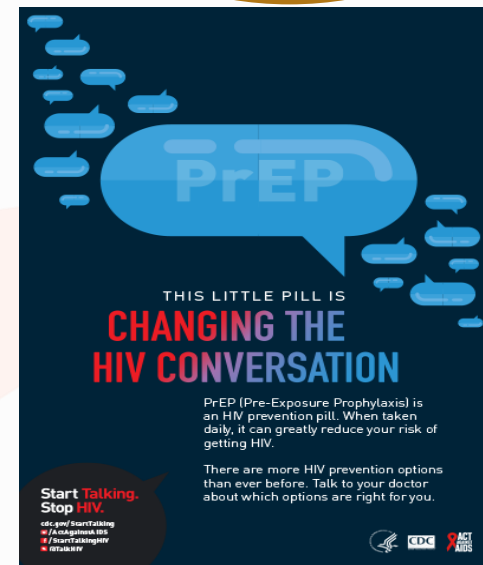
⁸ Sarah K. Calabrese **A Closer Look at Racism and Heterosexism in Medical Students' Clinical Decision-Making Related to HIV (PrEP): Implications for PrEP Education** AIDS 2018

PrEP Uptake: Who are the people set up to close the gap in PrEP

- Primary care
- Gyne
- PharmD
- Case Management /SW
- Substance abuse counsellors
- Dentist
- ED/Urgent care

What can we do?

Culturally
competent care
Talk about sex
ual health
Talk and Provide
PrEP



Opportunities to Engage Patients

- Traditionally, we discuss sexual health only in:
 - Young, unmarried and women seeking contraception
- Medicine in the 21st century
 - Discuss Sexual Health (physical, mental and social well-being in relation to sexuality) with **everyone**

The WHO - sexual health “requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence.”

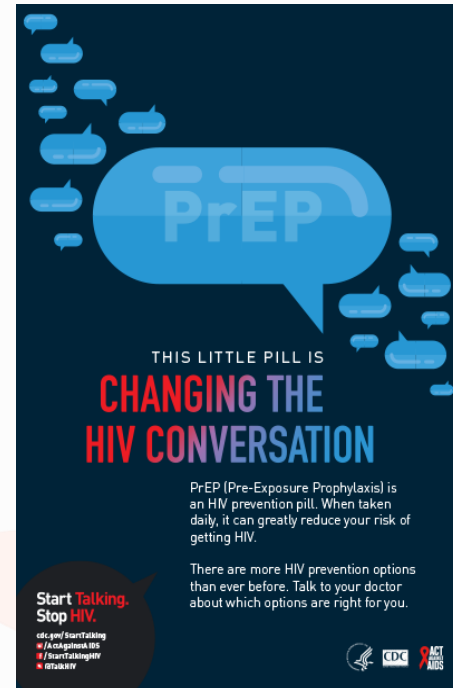
PrEP Uptake: Opportunities to close the to close the gap

Our role ?

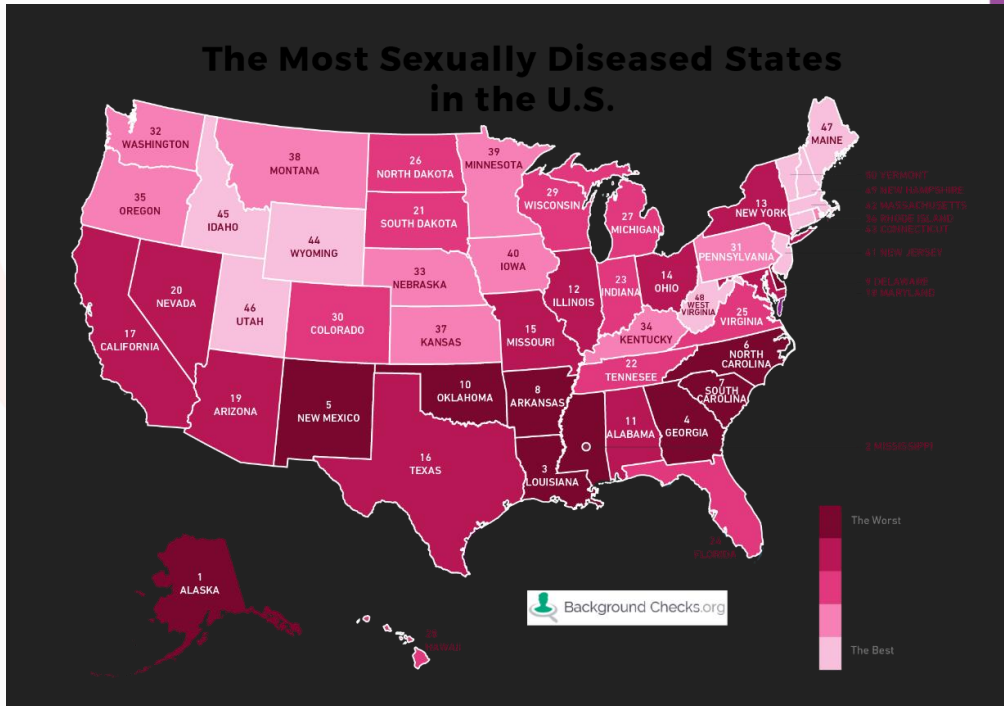
Include Sexual Health

- STI test and Rx
- PrEP

The Why
(Presenter 1)



STI nationally (2017)



The **STATE**
of **STDs**
in the United States



in 2017

THE NATION EXPERIENCES
STEEP AND SUSTAINED STD
INCREASES.



1.7 million
CASES OF CHLAMYDIA
22% increase since 2013



555,608
CASES OF GONORRHEA
67% increase since 2013



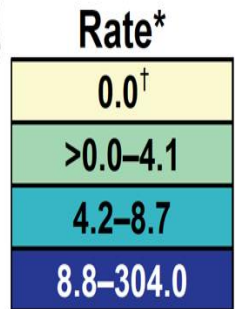
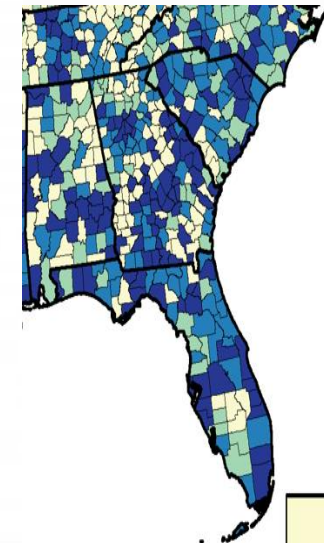
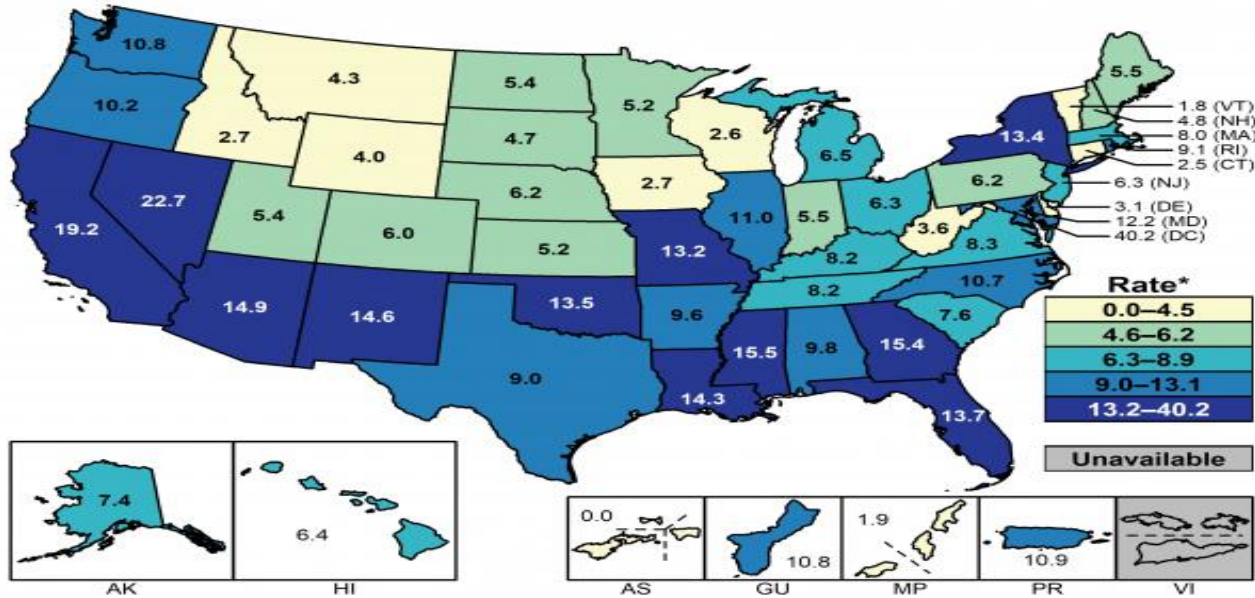
30,644
CASES OF SYPHILIS
76% increase since 2013

LEARN MORE AT: www.cdc.gov/std/



Syphilis nationally- Summary(2018)

Figure 37. Primary and Secondary Syphilis — Rates of Reported Cases by State and Territory, United States, 2018



* Per 100,000.

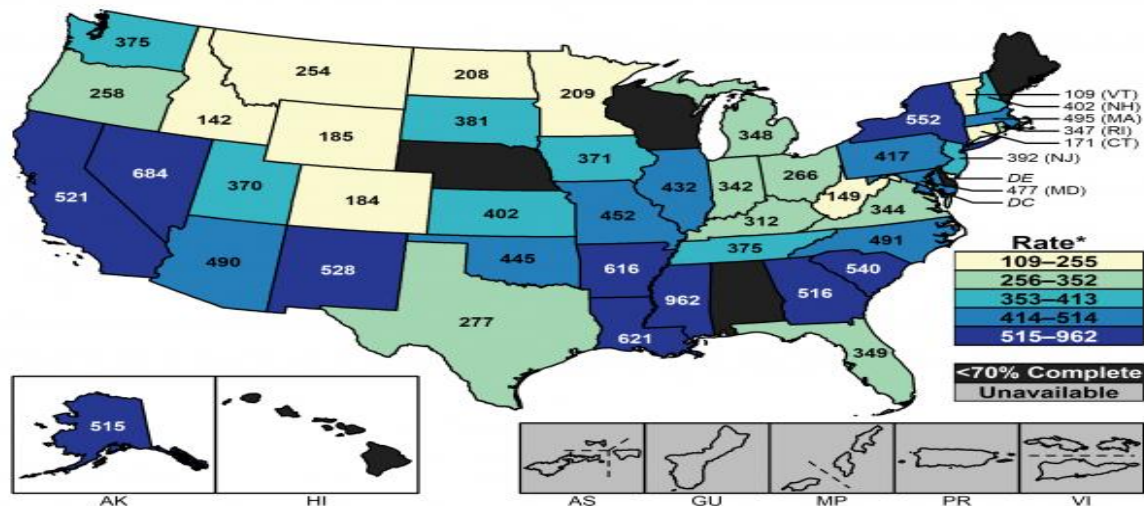
NOTE: Section A1.11 in the Appendix for more information on interpreting reported rates in US territories.

Rank	State	Cases	Rate per 100,000 population
22→25	SC	361	7.3→7.6

Syphilis in MSM Nationally

- MSM accounted for 77.6% of reported cases
- Rates by state: SC=6th

Figure AA. Primary and Secondary Syphilis — Estimated Rates of Reported Cases Among MSM by State, United States, 2018



* Per 100,000.

NOTE: States reporting less than 70% of cases identified as MSM, MSW, or women in 2018 are suppressed. See Section A1.2 in the Appendix for information on estimating MSM population sizes for rate denominators.

ACRONYMS: MSM = Gay, bisexual, and other men who have sex with men; MSW = Men who have sex with women only.

STI Rates in US – Gonorrhea/Chlamydia 2017

Figure 18. Gonorrhea — Rates of Reported Cases by Sex, United States, 2008–2017

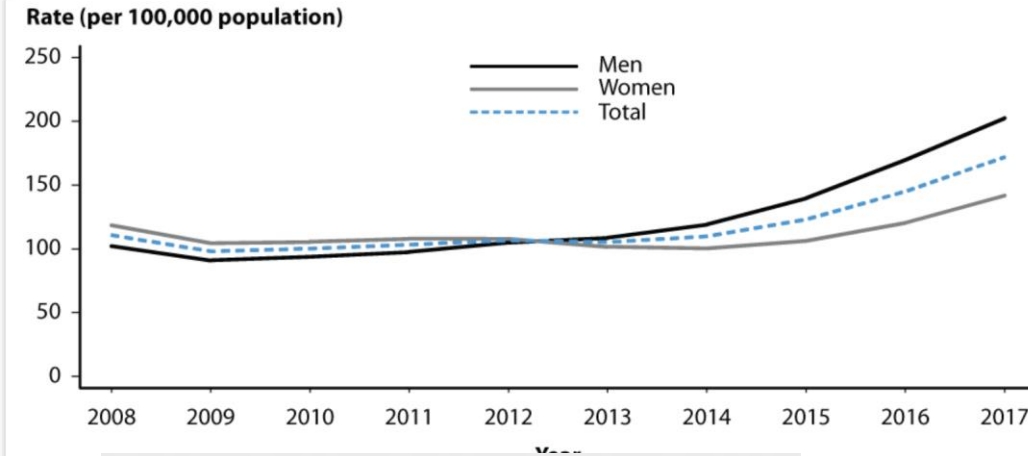
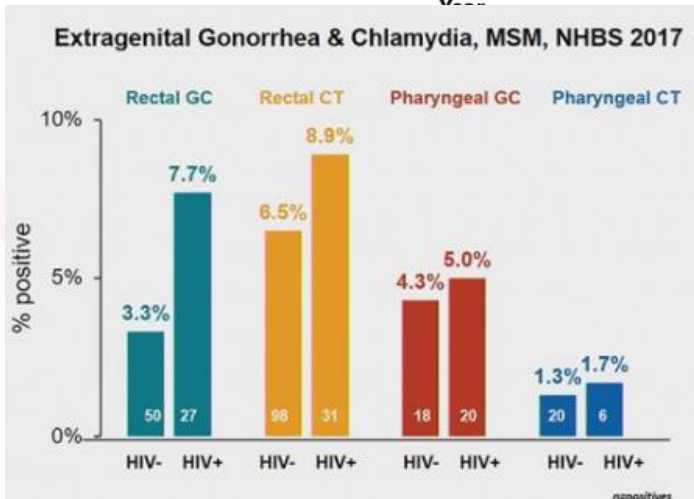
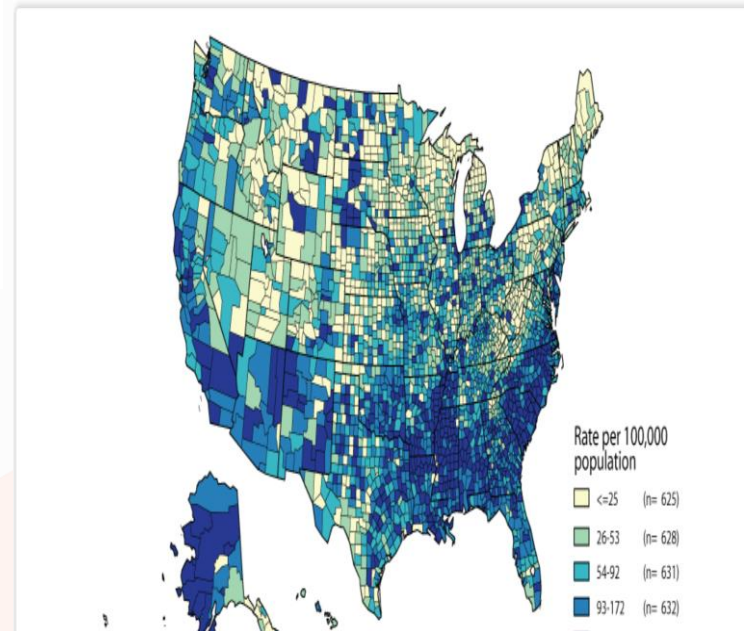


Figure 17. Gonorrhea — Rates of Reported Cases by County, United States, 2017



<https://www.cdc.gov/std/stats17/figures/18.htm>

Opportunities : Intersection of the epidemics

Increased Methamphetamine, Injection Drug, and Heroin Use Among Women and Heterosexual Men with Primary and Secondary Syphilis — United States, 2013–2017

Weekly / February 15, 2019 / 68(6);144–148

Sarah E. Kidd, MD¹; Jeremy A. Grey, PhD¹; Elizabeth A. Torrone, PhD¹; Hillard S. Weinstock, MD¹ ([View author affiliations](#))

-
- The primary and secondary (P&S) syphilis rate increased 72.7% nationally and 155.6% among women
- Reported methamphetamine, injection drug, and heroin use increased substantially among women and heterosexual men with P&S syphilis

Talk Chem
Sex

PrEP: Who Needs It?

HIV negative person
>35kg
Sex in last 6 mths
Non –monogamous
+1

US Public Health Service

PREEXPOSURE PROPHYLAXIS FOR THE PREVENTION OF HIV INFECTION IN THE UNITED STATES – 2017 UPDATE

A CLINICAL PRACTICE GUIDELINE

1. <https://www.cdc.gov/hiv/risk/prep/index.html> (2017 guidelines)
2. Herbst JH, Jacobs ED, Finlayson TJ, et al. Estimating HIV prevalence and risk behaviors of transgender persons in US . AIDS Behav 2008
3. https://www.cdc.gov/mmwr/volumes/68/wr/mm6827a1.htm?s_cid=mm6827a1_

GUIDANCE ON PRE-EXPOSURE ORAL PROPHYLAXIS (PrEP)
FOR SERODISCORDANT COUPLES, MEN AND TRANSGENDER
WOMEN WHO HAVE SEX WITH MEN AT HIGH RISK OF HIV:
Recommendations for use in the context of demonstration projects

July 2012



PrEP: Who Needs It?

HIV negative person
 >35kg
 Sex in last 6 mths
 Non –monogamous
 +1

MSM	Heterosexual Men and Women	Injection Users
<ul style="list-style-type: none"> Commercial sex workers HIV+ partner Recent STI Multiple partners Inconsistent/ No condom use 	<ul style="list-style-type: none"> Commercial sex workers HIV+ partner Recent STI Multiple partners Inconsistent/ No condom use High prevalence area 	<ul style="list-style-type: none"> HIV positive injecting partner Sharing needles/injection equipment

Transgender People³

Trans women of color²
 (National HIV/AIDS Strategy 2010, 2015)

GUIDANCE ON PRE-EXPOSURE ORAL PROPHYLAXIS (PrEP) FOR SERODISCORDANT COUPLES, MEN AND TRANSGENDER WOMEN WHO HAVE SEX WITH MEN AT HIGH RISK OF HIV: Recommendations for use in the context of demonstration projects
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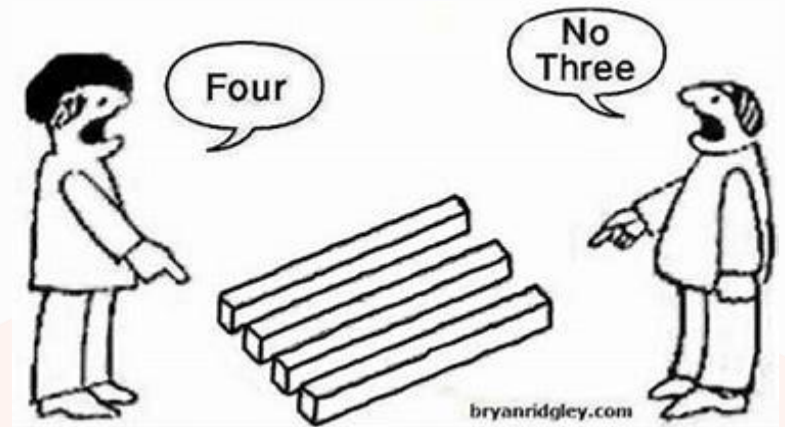
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- https://www.cdc.gov/mmwr/volumes/68/wr/mm6827a1.htm?s_cid=mm6827a1_

How does the PrEP Guidelines Define STI

- Gonorrhea, chlamydia, Syphilis for MSM including those who inject drug
- Gonorrhea, syphilis for heterosexual women and men including those who inject drug



I Agree

I Disagree

Opportunities to Engage Patients: Cis-Women



One in five new HIV diagnoses in the U.S. are among women

- Why are women at risk for HIV
 - **Unaware of their male partner's risks** (IVDU or having sex with men) → No condoms (93% of HIV-negative high-risk women had vaginal sex without a condom; 26% had anal sex without condom²)
 - **At > risk for getting HIV during vaginal/anal sex** than partners
 - HIV **testing rates lower** among women (20% with anal sex, had HIV test³)
 - **STI** (gonorrhea, syphilis) increases likelihood of HIV transmission
 - Women s/p sexual abuse more likely to **engage in sexual risk behaviors** - sex for drugs, multiple partners, or sex without condom

“Southern women are sometimes too polite to ask” -TC

1<https://www.cdc.gov/hiv/group/gender/women/index.html>

2. behavioral survey(<https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-number-19.pdf>)

3. [Evans et al Am J Obstet Gynecol.2018- Low HIV testing rates among US women who report anal sex and other HIV sexual risk, 2011-2015](#)

Opportunities to Engage Patients:

Transgender - Why is this group high risk?

1. Risky behavior: multiple partners, anal/vaginal sex + no condoms or sharing needles to inject hormones/drugs (or pumping party)

Silicone Injections Given at Party Blamed in Transgender Woman's Death

By Vikki Vargas and Asher Klein

Published at 9:16 AM PST on Jan 30, 2015 | Updated at 12:17 PM PST on Jan 30, 2015
2. Social: stigma, discrimination, rejection/exclusion, commercial sex work
3. Providers not sensitive to trans issues → barrier for trans people living with HIV for treatment and care
4. HIV prevention programs may not address needs of trans people
5. Current HIV testing programs may not be enough to reach trans people

<https://www.cdc.gov/hiv/pdf/group/gender/transgender/cdc-hiv-transgender-factsheet.pdf>
<https://www.cdc.gov/hiv/group/gender/transgender/index.html>

Identifying risk, need for STI screen / PrEP

Assess Patients' Risk Behavior

Regardless
of age or
marital status

- In the past 6 mos: (Heterosexual men and women)
 - Have you had sex with men, women, or both?
(if opposite sex or both sexes) How many men/women have you had sex with?
 - How many times did you have vaginal or anal sex when neither you nor your partner wore a condom?
 - How many of your sex partners were HIV-positive?
(if any positive) With these HIV +partners, how many times did you have vaginal or anal sex without a condom?

The five "P"s stand for:

- **Partners**
- **Practices**
- **Protection from STDs**
- **Past history of STDs**
- **Prevention of pregnancy**

CDC. PrEP Guidelines. 2017.

Identifying risk, need for STI screen / PrEP

Assess Patients' Risk Behavior

Regardless
of age or
marital
status

In the past 6 months (MSM)

- Have you had sex with men, women, or both?
 - (if men or both sexes) How many men have you had sex with?
- How many times did you have receptive anal sex (you were the bottom) with a man who was not wearing a condom?
- How many of your male sex partners were HIV-positive?
 - (if any positive) With these HIV-positive male partners, how many times did you have insertive anal sex (you were the top) without you wearing a condom?
- Have you used methamphetamines (such as crystal
- or speed)?

The five "P"s stand for:

- **Partners**
- **Practices**
- **Protection from STDs**
- **Past history of STDs**
- **Prevention of pregnancy**

The “Safe” Sexual Health Practice

- Romantic, casual, transactional
- Don't forget intimate partner violence

Activity	Options for Protection(Use a barrier)
Kissing /Masturbation	-
Sharing sex toys, strap-ons, prosthetics	Use condom Boil/bleach between use
Humping/Rubbing	Dental dam
Oral Sex (on dicks, front holes, vaginas, strapless or anuses) - Avoid if open sores in mouth	External condom (if it fits snugly) - flavored Finger cot Dental dam Plastic wrap (?)
Fingering / fisting , manual sex	Use latex gloves (with cotton balls in the fingers if you have long nails)
Front hole, vaginal, or anal sex	External /internal condom



<https://www.whitman-walker.org/wp-content/uploads/2014/11/Trans-Safer-Sex-Guide-FINAL-1.pdf>

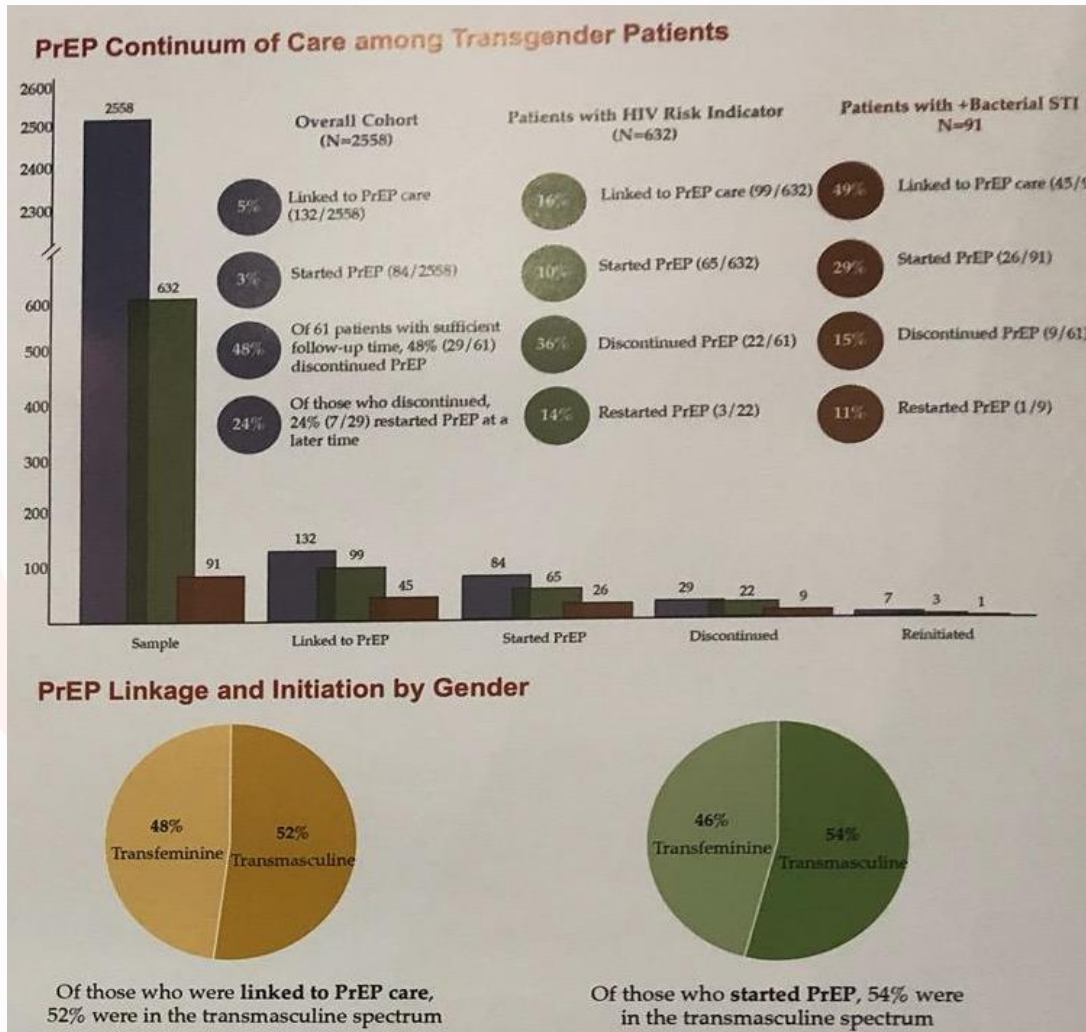


Fast track PrEP after STI diagnosis

- Explore sexual health
- Provide PrEP or
- Know the PrEP sites in the neighborhood

The Reality after STI diagnosis

PrEP Continuum of Care – The Reality



- Kaiser gp (2012-2019)- n=2558 trans pts (HIV negative)
- Majority of trans pt in care – white, average age 33, 51% trans woman
- Higher rates of discontinuation in those with ETOH/ Substance abuse

Hojitia, Volk et al IAS 2019

PrEP-ing Your Practice

Work flow

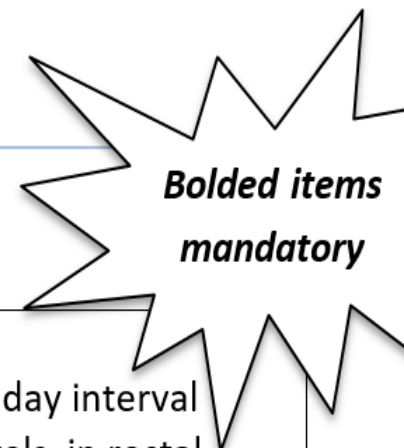
Becoming a
PrEP
Champion

PrEP Algorithm/Workflow

Step 1 – 1 vs 2 visits



HIV PrEP Implementation Toolkit



**2 visits vs 1 visit
(Same day PrEP)**

PrEP Orientation Visit:

- Discuss PrEP use
- Review insurance coverage/med. assistance
- Perform baseline laboratory tests:
 - **HIV Ab/Ag screen^ (4th generation)**
 - **Cr**
 - **Hepatitis Bs Ag/Ab** and cAb
 - Hepatitis C Antibody
 - RPR/Trep Ab
 - Triple site GC/CH testing- Urine, Rectal, Oral (based on exposure)
 - **Pregnancy test** (if female)

Follow-up Visit:

- Discuss PrEP use (7 day interval before adequate levels in rectal tissue and 20 days for vaginal tissue/blood; compliance; SE)
- Risk reduction counselling, condoms
- PrEP Clinic Questionnaire(initial)
- Provider visit
- Symptom history to r/o acute HIV
- **30-day supply of PrEP (start within 7 days of HIV screen)**

PrEP Algorithm/ Workflow

Every visit(Q 3mths):

- Greet appropriately
- Assess adherence
- Risk reduction counseling
- Provide condoms
- **HIV Screen → refills**
- STI screen



PrEP Orientation Visit:

- Discuss PrEP use
- Review insurance coverage/med. assistance
- Perform baseline laboratory tests:
 - **HIV Ab/Ag screen^ (4th generation)**
 - **Cr**
 - **Hepatitis Bs Ag/Ab** and cAb
 - Hepatitis C Antibody
 - RPR/Trep Ab
 - Triple site GC/CH testing- Urine, Rectal, Oral (based on exposure)
 - **Pregnancy test** (if female)

Initial Provider Visit:

- Discuss PrEP use (7 day interval before adequate levels in rectal tissue and 20 days for vaginal tissue/blood; compliance; SE)
- Risk reduction counselling, condoms
- PrEP Clinic Questionnaire (initial)
- Provider visit
- Symptom history to r/o acute HIV
- **30-day supply of PrEP (start within 7 days of HIV screen)**

30-day visit:

- Adherence review with nurse/ PharmD, risk reduction counselling, assess side effects
 - Cr
- 60-day supply of PrEP

3-month visit:

- PrEP Clinic Questionnaire (short)
 - Provider visit, risk reduction counselling, condoms
 - **HIV Ab/Ag Test, Pregnancy test, STI screen in MSM^ (RPR/Trep Ab, GC/CH(triple site))**
- 90-day supply of PrEP

6-month visit/ 12 month visit:

- PrEP Clinic Questionnaire (long)
 - Provider visit, risk reduction counselling, condoms
 - **HIV Ab/Ag, Pregnancy test, Cr, RPR/Trep Ab, GC/CH(triple site), Hep C ab annually**
- 90-day supply of PrEP

9-month visit:

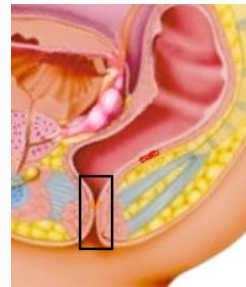
- PrEP Clinic Questionnaire (short)
 - Provider visit, risk reduction counselling, condoms
 - **HIV Ab/Ag, STI screen in MSM (RPR/Trep Ab, GC/CH(triple site))**
- 90-day supply of PrEP

After the 12 month visit: (Re-evaluation of need for continuing PrEP)

- Q 3 monthly visit with Adherence nurse/ Pharm D, risk reduction counselling, , condoms.
- PrEP Clinic Questionnaire (short)
 - **HIV ab/ab q 3 monthly** and STI screen q 3 monthly in MSM
 - 90 day supply of PrEP
- Q 6 monthly visit with Provider
- Pregnancy test, Cr, RPR/Trep Ab, GC/CH(triple site), Hep C
 - 90-day supply of PrEP, condoms

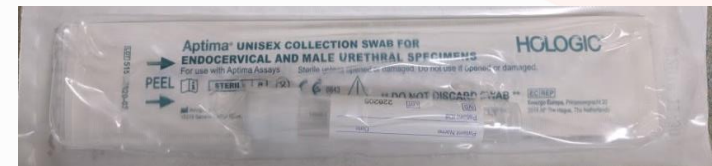
Workflow: STI screening

- RPR: q 6months
- Hepatitis C annually at least
- Triple site screening GC and chlamydia – NAAT
 - Pharyngeal
 - Rectal
 - Urine
 - Self collected specimen has equivalent performance¹⁻³
- High risk MSM – q 3 monthly, regardless of symptoms
 - Multiple partners
 - Prior STI



1. Barbee *J Acquir Immune Defic Syndr.* 2016
- 2 Freeman *Chlamydia /GC pharyngeal infection STD.* 2011
3. Lunny *PloS One.* 2015

<http://www.cdc.gov/hiv/pdf/prepguidelines2017.pdf>



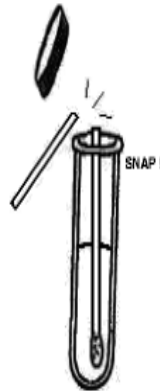
Instruction for self collected specimen

Vaginal Self-Swab Collection Instructions



Step 1.

Open kit and remove tube and package with orange writing. Remove the swab from the package. Do not touch the tip of the swab.



Step 3.

Remove cap from test tube. Place swab in test tube. Make sure the tip of the swab reaches the bottom of the tube. Do not puncture the foil cap.

Break swab shaft at the score mark.



Step 2.

Put the tip of the small swab about 2 inches into the opening of your vagina and make two small, slow circles with the tip.

Make sure the swab touches the sides of your vagina. Take the swab out of your vagina.



Step 4.

Put cap back tightly on test tube to prevent any leaking. Try not to splash the liquid out the tube.

Step 5.

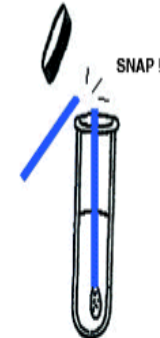
Discard wrappers. **Wash your hands.** Return the tube to the health worker.

Rectal Self-Swab Collection Instructions



Step 1.

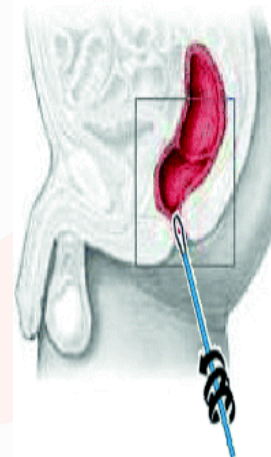
Open kit and remove tube and package with green writing. Remove the swab with the **BLUE** shaft. **USE BLUE SHAFT SWAB ONLY.**



Step 3.

Remove cap from test tube. Place swab in test tube. Do not puncture the foil cap.

Break swab shaft at the score mark.



Step 2.

Insert swab 1 inch into the anus and turn for 5 – 10 seconds.

If needed, before inserting swab, wet swab with water or saline solution.



Step 4.

Put cap back tightly on test tube to prevent any leaking. Try not to splash the liquid out the tube.

Step 5.

Discard wrapper and unused swab. **Wash your hands.** Return the tube to the health worker.



Do We Need to Discuss Risk Compensation?

■ Baseline STI rates

- 60% with STI in 12 mths prior (PROUD)
- 38% of trans had STI in prior 6 mths (iPrEX Trans³)
- 27 % had STI at beginning of study (IPERGAY)

□ During studies

- Risk compensation⁴
 - 30% had more condomless sex @4 mths
 - STI overall increased
- 30-35% had STI^{1,2}
 - Rectal chlamydia & urethral GC

□ PrEP independently associated with new STI⁵

- Rate: 24.6 per 100 person yrs, vs 10.4 per 100 person-yrs in non-PrEP users

1 Volk JE, Marcus JL. New HIV infections with increasing use of HIV PrEP. CID. 2015

2. Volk, J et al. JAIDS 2016;73(5):540-46 (Kaiser:)

3 Deutsch HIV PrEP in transgender women: iPrEx trial. Lancet HIV. 2015

4. STRUT Gibson, S. et al. AIDS 2016

5 Mayer. STI in MSM Boston community health center (2005-2015). Open Forum Infect Dis. 2017

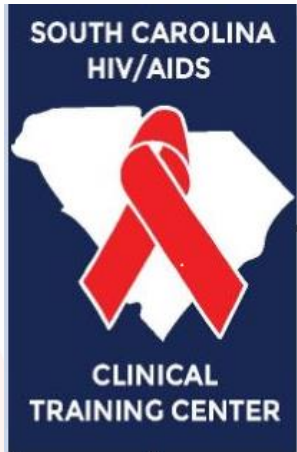
Screen more

!!!!

PrEP and STI: Bottomline

- Screen more!!!!!!!!!!!!!!!
 - Are the higher rates because we are screening more?
- Early diagnosis and Rx → reduced community burden
- Discuss protection
 - PrEP + Condoms

<https://www.cdc.gov/std/stats17/figures/18.htm>



Integrating PrEP

QUESTIONS?

SOUTH CAROLINA HIV PrEP INITIATIVE



HIV PRE-EXPOSURE PROPHYLAXIS (PrEP)

EDUCATION TRAINING CONSULTATIVE SUPPORT CO-MANAGEMENT

SC HIV PrEP Initiative Telehealth Program

To arrange for provider education

Call 803-545-5402

<http://schivtc.med.sc.edu/>

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Cases





PrEP Case 1

- A 32 year-old cis-gender MSM presents for follow up
- Rectal chlamydia 3 months ago, syphilis 6 months ago
- Labs
 - Serum creatinine is 1.72 (eGFR ~ 40)
 - 4th Generation HIV antibody/antigen test is negative



PrEP Case 1

- How to start the Sexual Health Conversation
- He is married and they will have sex with 2 other occasional male partners



PrEP Case 1

- What would you recommend for PrEP for this patient based on current FDA approved meds?
 - Tenofovir-emtricitabine(TDF-FTC)
 - Tenofovir alafenamide-emtricitabine(TAF-FTC)
 - Injectable cabotegravir/rilpivarinine
 - No PrEP

TAF for PREP

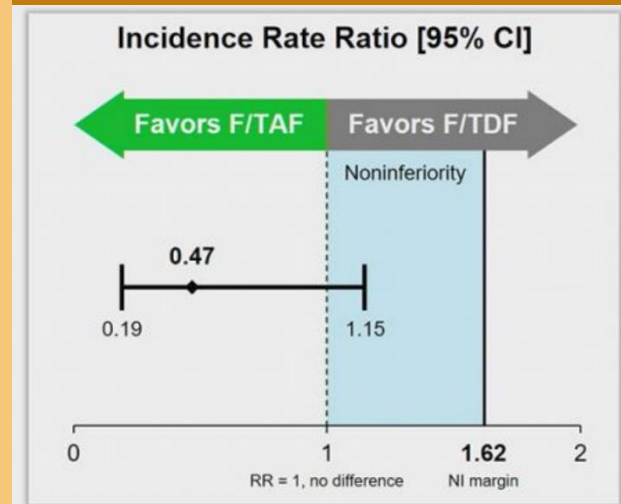
Discover: Phase III RCT of F-TAF vs. F-TDF for PrEP

FDA approved
Guideline not updated YET

- Truvada (FTC /TDF) only FDA approved drug for PrEP
- In treatment trials TAF less renal toxicity and bone toxicity than TDF
- Can FTC/TAF (Descovy) be used for PrEP?

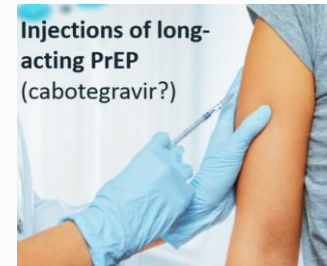
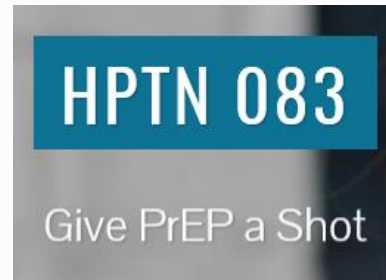
- RCT of Truvada versus Descovy for PrEP
 - MSM and TGW
 - Enrolled ~6000
 - Followed to 96 wks
 - 74 TGW
 - 9% black race
 - High rates STI and chemsex

- 22 HIV transmission
- 7 TAF and 15 TDF



PrEP Case 1

- The future



- Showed protection in male and female macaques (CROI 2014)
- A long-acting integrase inhibitor - cabotegravir injected once every 8 weeks being inv
- Sites – 43 in 7 countries
- Results expected in 2021



Case 2

- 32y/o transman (FtM) , unemployed on masculinizing hormones
- Good Job
- Seeing you in FMC for vaginal discharge and abdominal pain
- Diagnosed with PID
 - Treatment for STI started

PrEP Case 2

- Do we start the sexual health conversation this visit or at 2 wk follow up?
- How to start the Sexual Health Conversation ?
- He is married to a cis gender woman and they attend chem sex parties. Unsure of if penetrated by cis-men .

Case 2

Diagnosed with GC, should PrEP be offered?

A) If Yes, what

- 1) Condoms, counselling and TDF/FTC
- 2) Condoms, counselling and TAF/FTC

B) Does PrEP interact with masculinizing hormones ?

Case 3

- 17 y/o cis-woman presents to your FM clinic
- For birth control pills

- Exam
 - Vital normal , weight 50kg
 - Normal well developed young female

- 1) Does she need a Sexual Health review ?
- 2) Is she a potential candidate for PrEP based on age ?

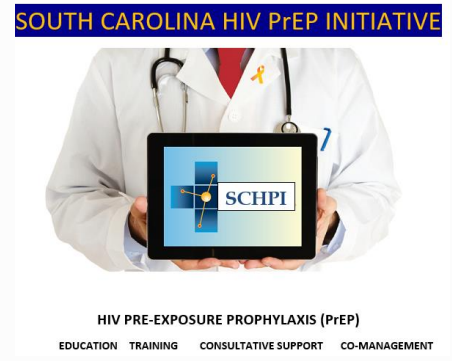
Case 3

- During sexual health discussion
 - Unprotected sex with multiple partners
 - Anal and intercourse
 - Drugs and ETOH for sex

1) Does your opinion now change regarding PrEP ?



Integrating PrEP QUESTIONS?



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