HIV Prevention: Sexual Health

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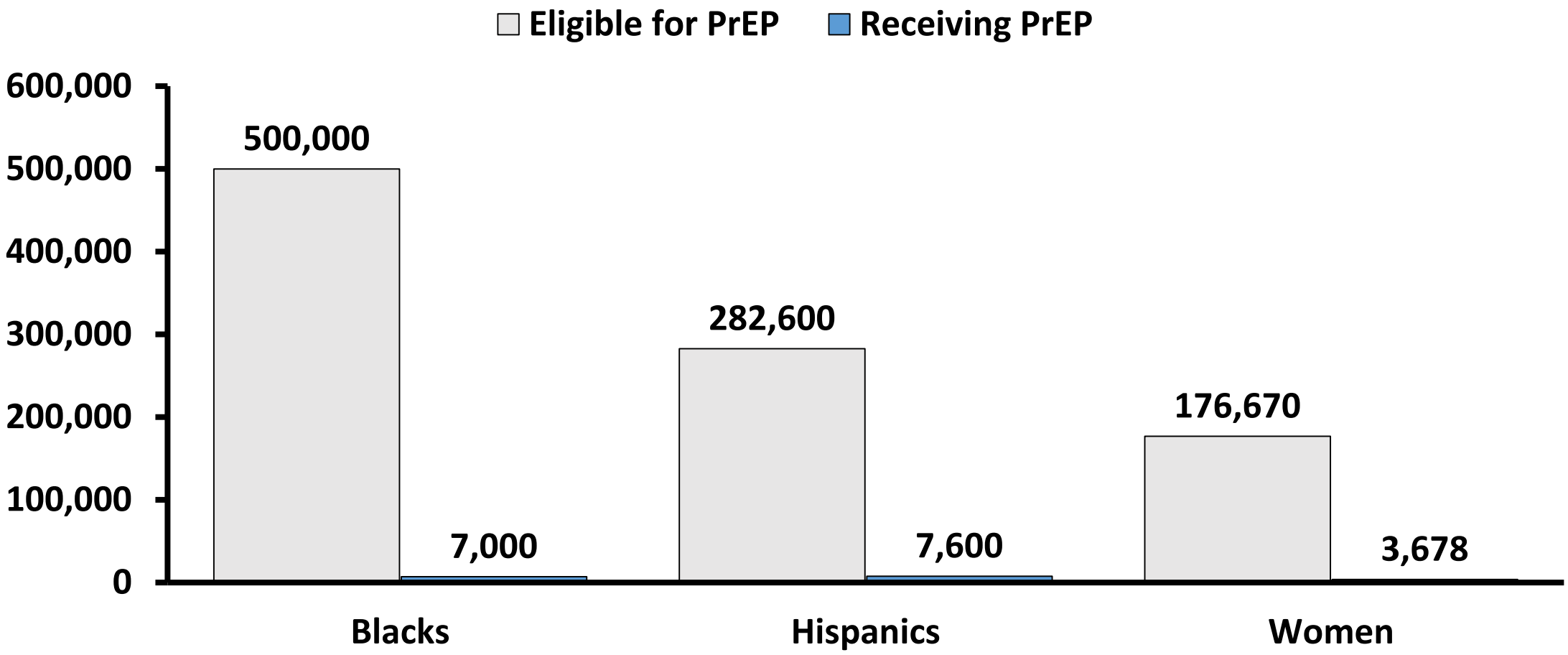
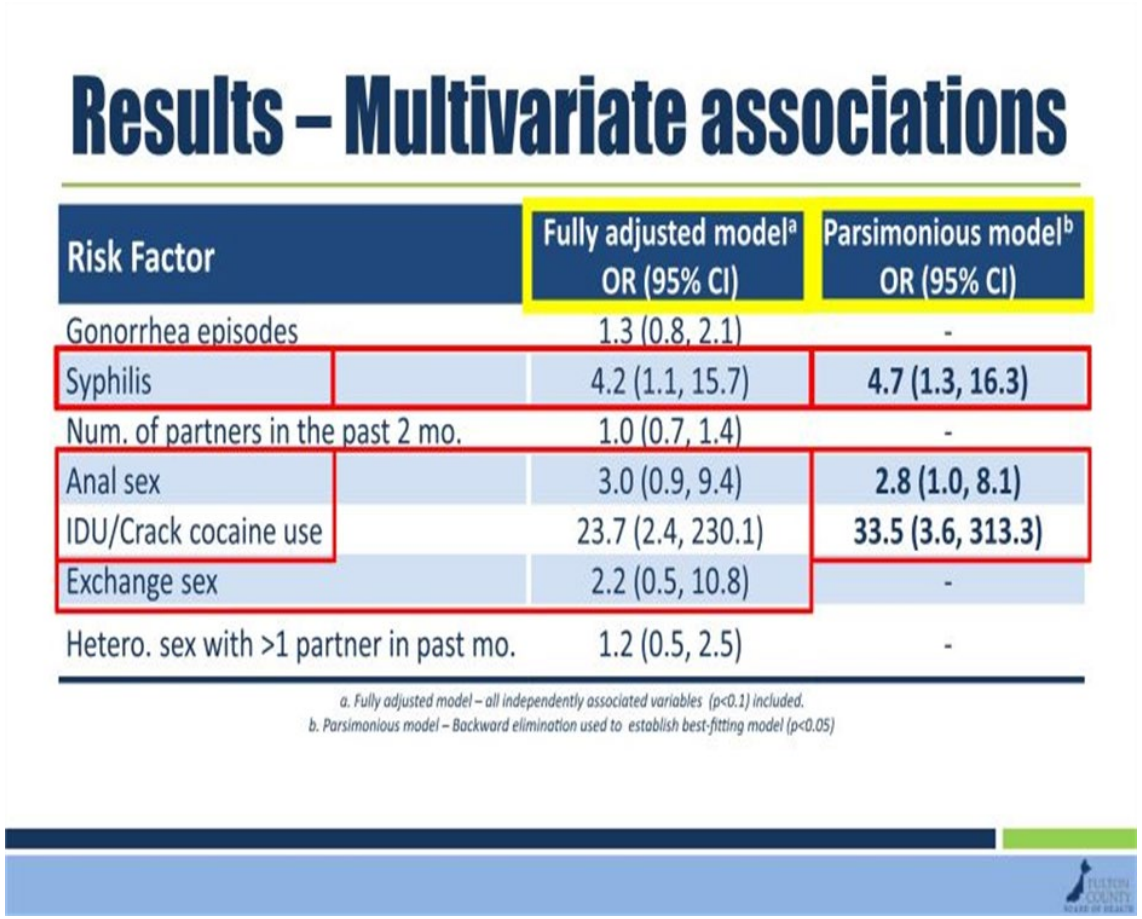
PrEP Use in Communities in Need



1. Smith DK, Van Handel M, Grey J. 2015. Ann Epidemiol 2018;S1047-2797(17) 31069–4; 2. Huang YA et al. 2014–2016 MMWR October 19, 2018 / 67(41);1147–1150, CDC, Press Release, March 2019; Mera Giler R, et al. J Int AIDS Soc. 2017;20(suppl 5). Abstract WEPEC 0919.

Risk factors for women for seroconversion in Atlanta



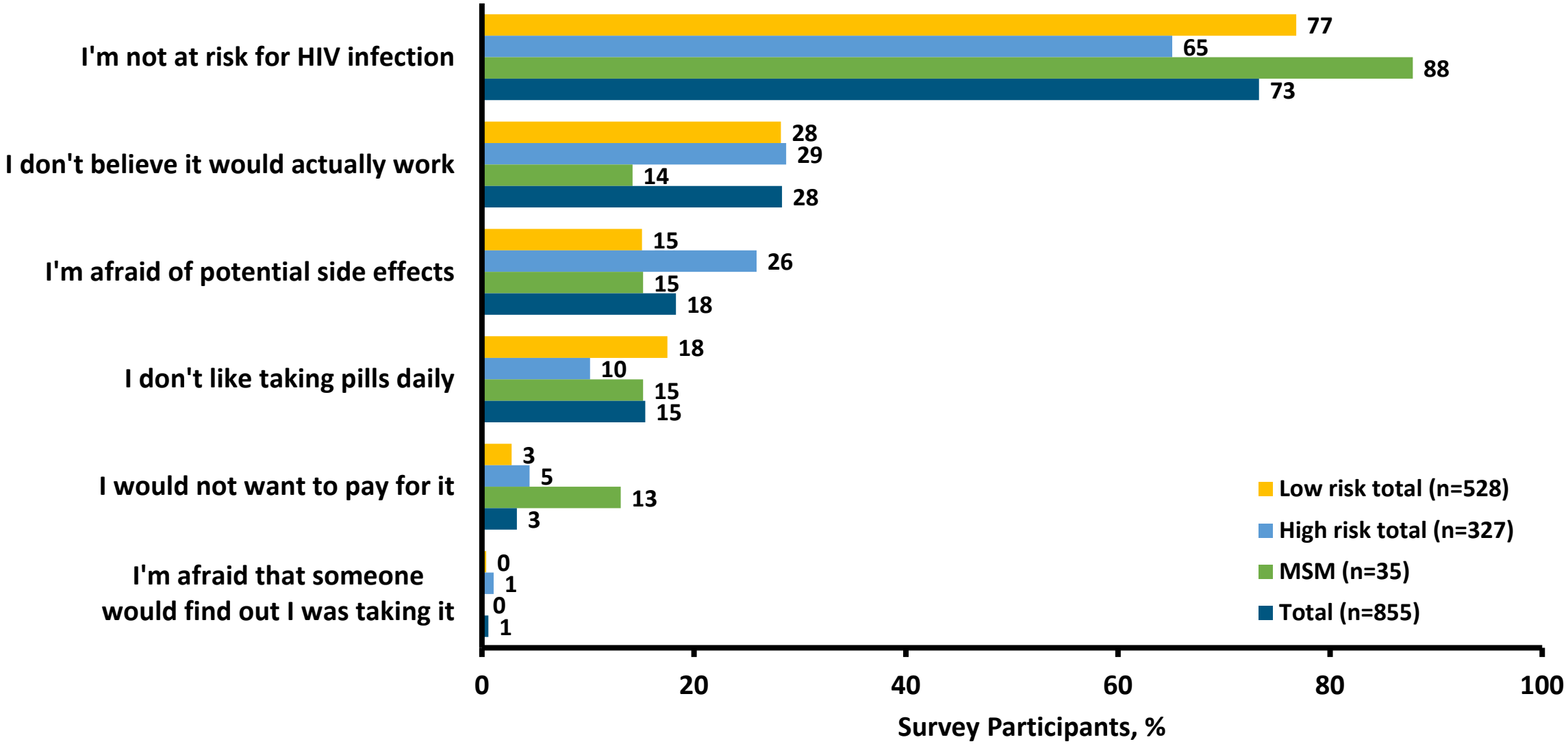
Onwubiko et al. Atlanta

Without taking a sexual history, you can't uncover behaviors that have risks

- Taking a sexual history is recommended for all adult and adolescent patients as part of ongoing primary care[1]
- Barriers to taking a sexual history
  - Urgent care issues[1]
  - Provider discomfort or anticipated patient discomfort[1]
  - Patients may not be comfortable talking about their sexual history, sex partners, or sexual practices[2]
- Benefits of taking a sexual history
  - Opportunity for risk-reduction counseling[2]
  - Opportunity to assess birth control needs[2]
  - Opportunity for supporting consistent and correct condom use[1]
  - Identification of:
    - Individuals at risk for STIs, including HIV[2]
    - Appropriate anatomical sites for certain STI tests[2]
    - Appropriate prevention methods[1]

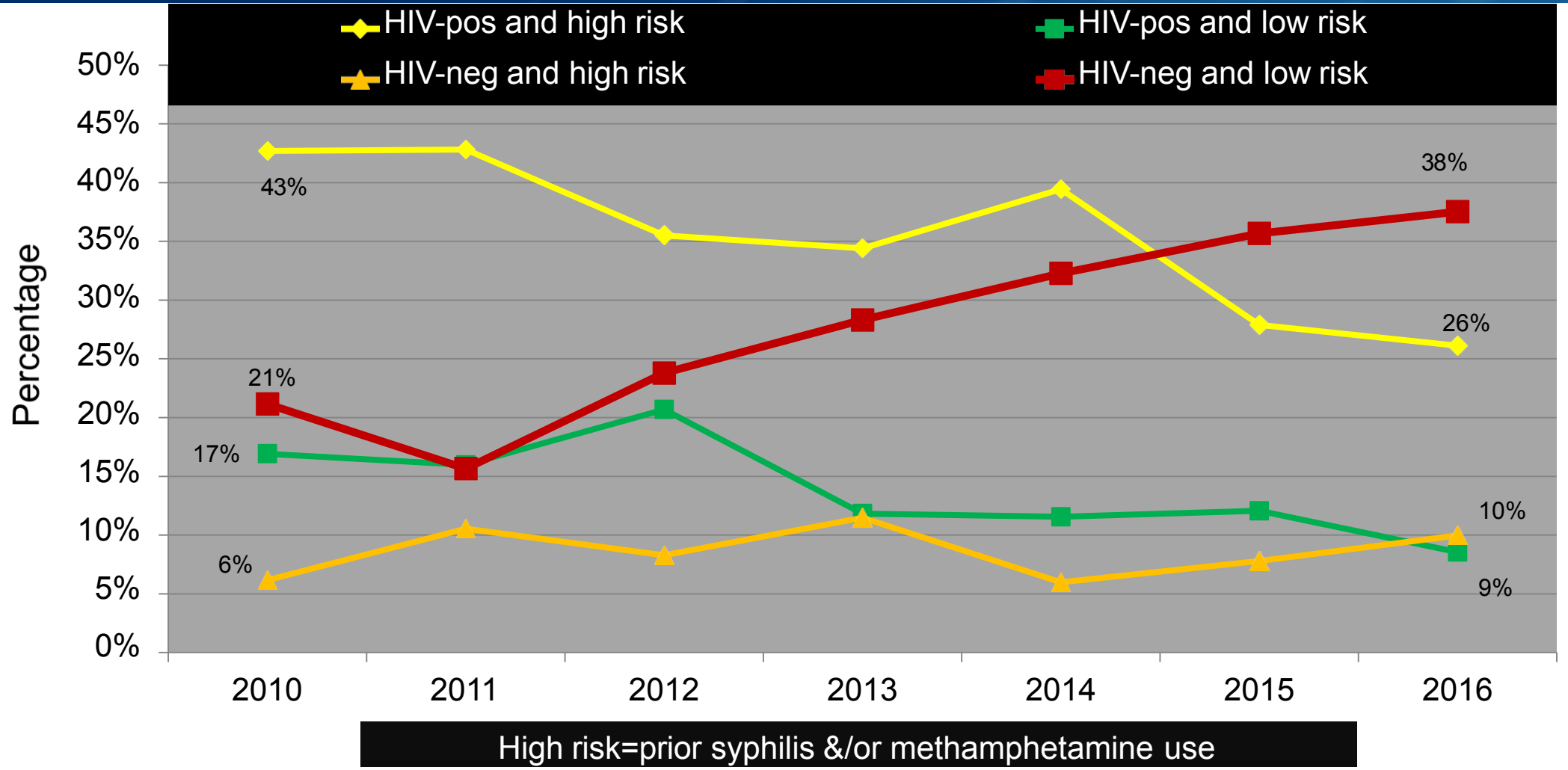
1. Centers for Disease Control and Prevention. Pre-exposure prophylaxis for the prevention of HIV infection in the United States–2014: a clinical practice guideline. http://www.cdc.gov/hiv/pdf/guidelines/PrEPguidelines2014.pdf. Published 2014.
2. Centers for Disease Control and Prevention. A guide to taking a sexual history. https://www.cdc.gov/std/treatment/sexualhistory.pdf.

Reasons for Lack of Willingness to Use PrEP



Ojikutu BO, et al. AIDS Behav 2018;22:3576-87.

Percentage of Early Syphilis in MSM Based on HIV Status and Risk, King County, WA, 2010-2016



Source: Christina Thibault

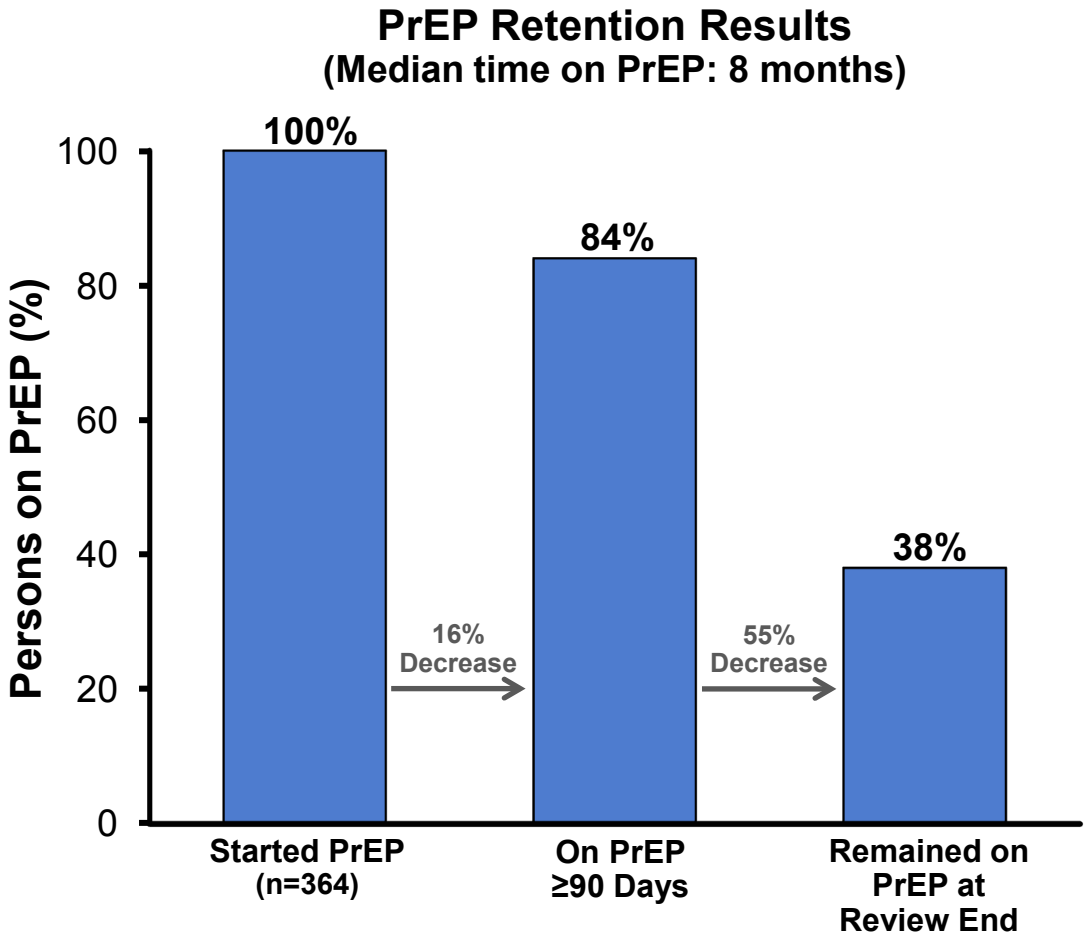
Immediate PrEP Initiation at NYC Sexual Health Clinics

- Medical-record based cohort study of PrEP candidates (n=1437; 2017-2018)
  - NYC sexual health clinics, PrEP candidates >18 years of age (cisgender men and women)
  - Eligible for immediate PrEP if they had a negative rapid HIV test and no reported kidney disease, HBV infection, or symptoms of acute HIV (baseline blood sample drawn)
- 97% of candidates qualified for immediate PrEP
  - <1% of immediate PrEP initiators had to stop for eGFR <60 mL/min or a positive HIV NAAT result
- Only 3% of candidates had delayed PrEP based on history (50/1437)
  - Many failed to return to start PrEP
- Conclusions
  - Immediate PrEP feasible with negative rapid HIV test and clinical history only
  - Delayed strategy may lead to loss to follow-up, not starting PrEP

Mikati T, et al. 26th CROI. Seattle, 2019. Abstract 962.

SF Primary Care Clinics: PrEP Retention Patterns

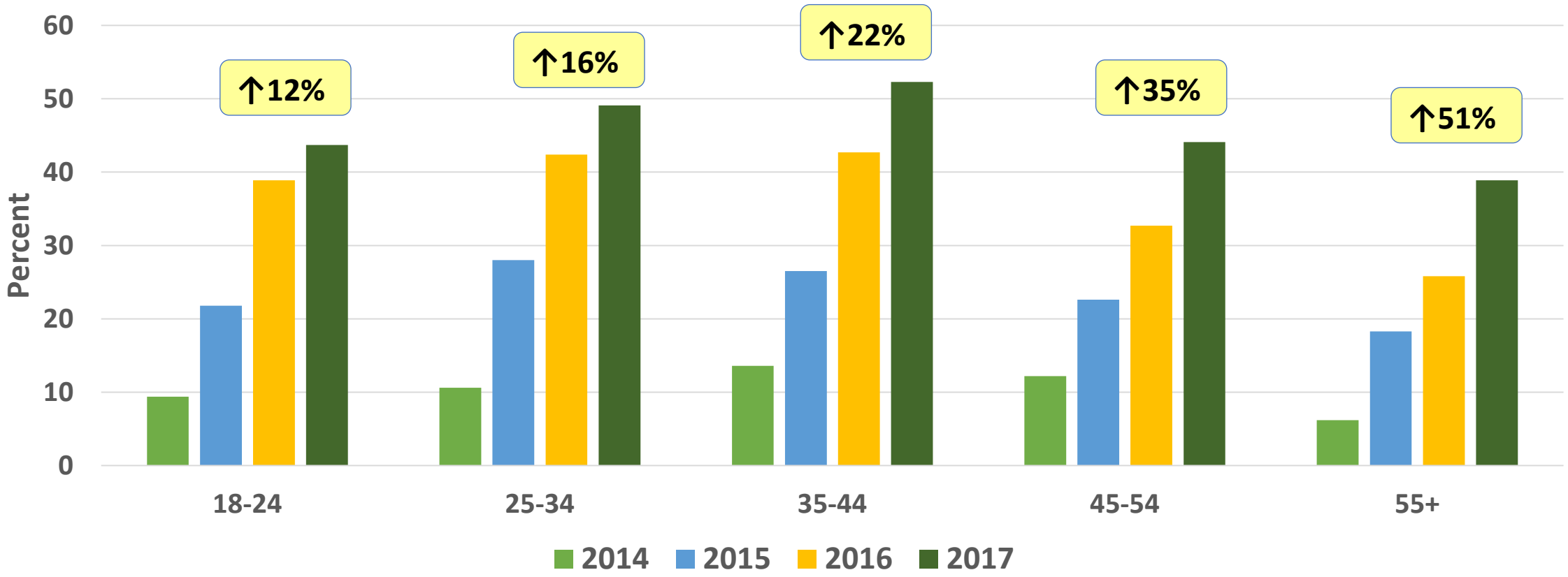
- In-depth chart review of safety net primary care network of 15 clinics (PrEP users through 1/2017)
- Among those on PrEP for ≥1 year, 63% attended ≥3 quarterly visits
  - Majority also attended clinic services, but PrEP was not discussed in half of these visits
- Predictors of PrEP discontinuation
  - <90 days: transwomen versus MSM (*P*<0.001)
  - ≥90 days: younger individuals, PWUD, missed visit in prior PrEP use quarter (all *P*<0.001)
- Possible solutions
  - PrEP navigation services (cost/insurance issues), targeted strategies (transgender, youth), proactive outreach (missed visits)



Spinelli M, et al. *Open Forum Infect Dis.* 2019;6(4):ofz101.

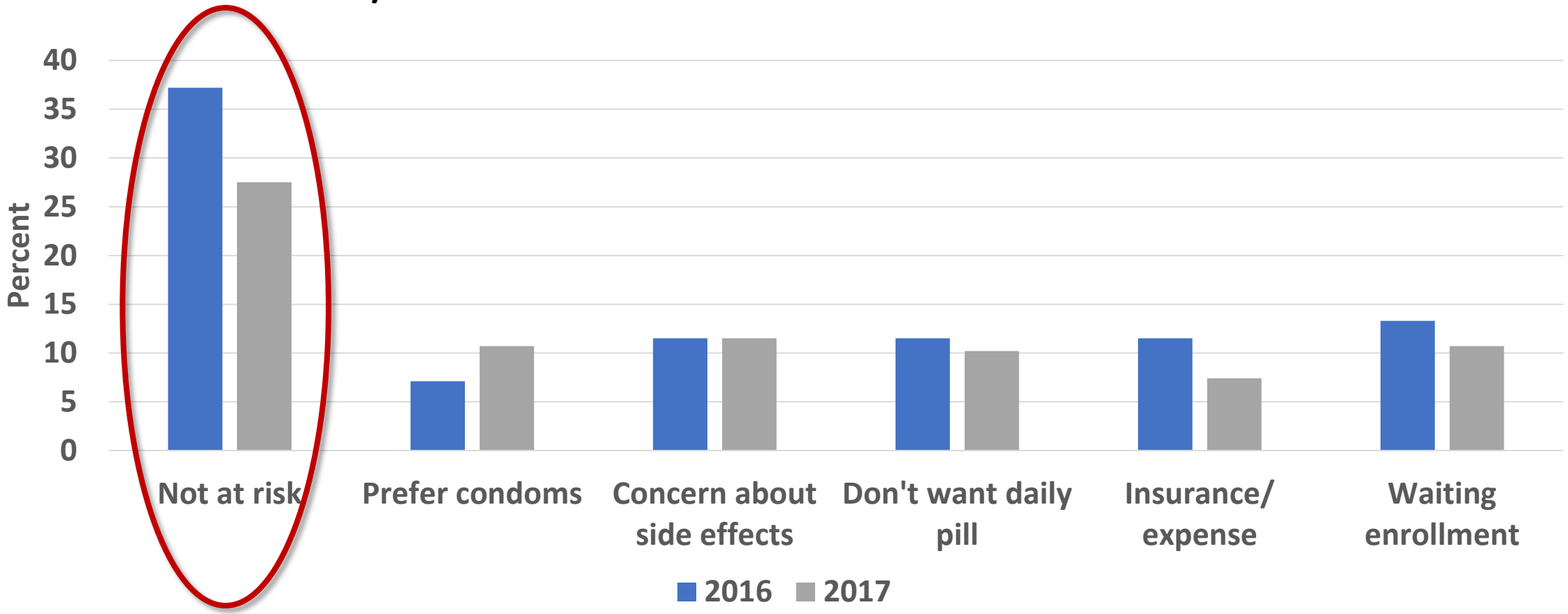
% of MSM "PrEP Candidates" Currently on PrEP by Age

San Francisco City Clinic



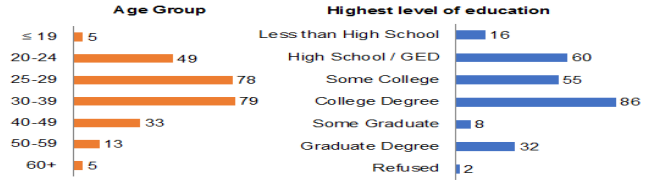
Reasons not previously on PrEP in African American MSM

San Francisco City Clinic



Demographics of population at Wellness Program (DC DOH STI Center)

- 262 patients were screened for PrEP from August 2016-March 2018.
- Nearly 28% reported unstable housing and approximately half (53%) reported income < $26,000.
- At intake, 28% tested positive for at least one STI.
- Most patients had either private insurance (42%), no insurance (35%), or Medicaid (18%)
- Of the 262 screened, 250 (95%) were prescribed PrEP.



Talbot, B, Beverly J.

Demographics of Patients in PrEP at Wellness Program (August 2016- March 2018)

Variable	No PrEP 3 mon		PrEP at 3 mon		Variable	No PrEP 3 mon		PrEP at 3 mon	
Total	75	30%	175	70%	≤ High School/ GED	26	37%	45	63%
Male	55	25%	168	75%	> High School/GED	48	27%	129	73%
Female	13	76%	4	24%	< $26,000 annually	45	34%	86	66%
Transgender (FtM/MtF)	7	78%	2	22%	≥ $26,000 annually	28	25%	85	75%
No insurance	17	20%	70	80%	< 1 year PrEP intention	22	41%	32	59%
Insurance	58	36%	104	64%	≥ 1 year PrEP intention	52	27%	142	73%
< 30 years	39	31%	87	69%	Stable housing	48	27%	131	73%
≥ 30 years	36	29%	88	71%	Unstable housing	26	38%	43	62%
White	9	20%	37	80%	Has primary care	30	35%	55	65%
Black	43	37%	72	63%	No primary care	44	27%	119	73%
Hispanic	20	29%	49	71%	STI(s) at intake	19	27%	52	73%
Other	3	15%	17	85%	No STI(s) at intake	50	30%	115	70%

PrEP Status at 3 Months by Factors of Interest (n=250)

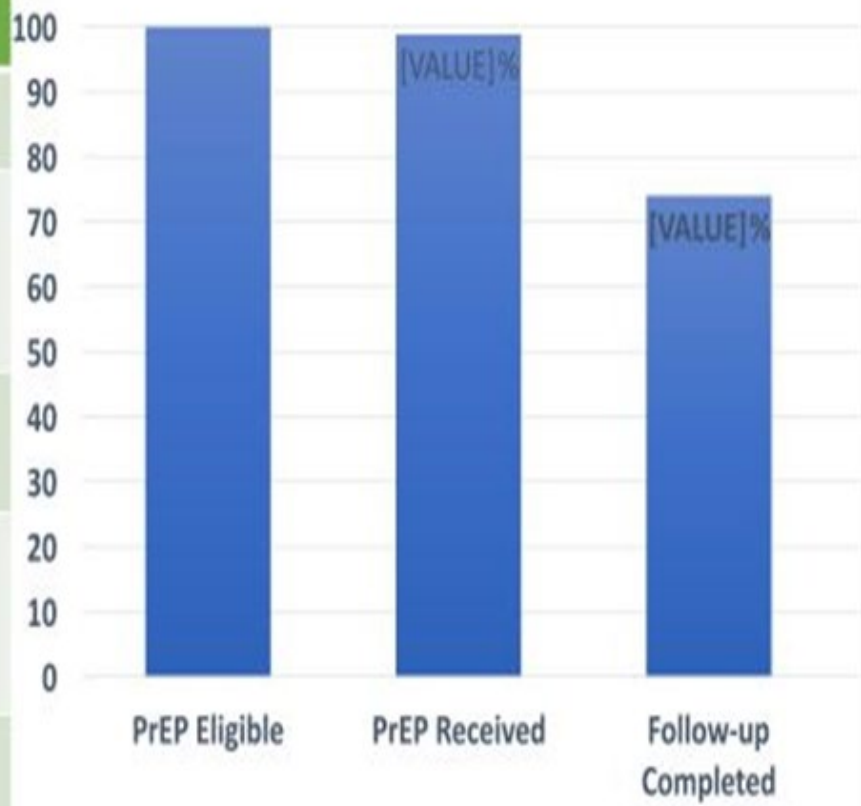
- At 3 months, 175 (70%) were still on PrEP.
- Patients identifying as transgender or female were 0.36x as likely to still be on PrEP at 3 months compared to males.
    - **RR: 0.357 (0.184-0.693)**
- Patients without insurance were 1.26x as likely to still be on PrEP at 3 months compared to those with insurance.
    - **RR: 1.26 (1.06-1.50)**
- PrEP continuity did not differ by age, race/ethnicity, having an STI at PrEP intake, education, income, intended PrEP duration, housing, or primary care provider status

Challenges and Opportunities

- **Opportunities**
  - **Link sexual health and prevention and primary care**
  - **Emerging models of care**
- **Challenges**
  - **Continuity**
  - **Engagement (navigators are key)**
  - **Women**
  - **Costs of medical care and drugs**

PrEP Receipt and Early Follow-up

Mobile Clinic Outcomes Oct 2018 – April 2019	
PrEP-Eligible Clients	168
HIV Baseline Reactive	6 (3.5%) 2 acute/early infections
Received PrEP meds (of eligible)	166 (98.8%)
Completed follow-up (of clients enrolled >3 mo ; n=77)	55 (71.4%)
New Bacterial STI Diagnoses Baseline Follow-up (n=77)	 45 (26.6%) 9 (16.3%)



Doblecki, Miami experience

Defining HIV/AIDS Stigma

HIV/AIDS stigma is manifested through **discrimination** and **social ostracism** directed against:

- individuals with HIV/AIDS
- groups of people perceived to be infected
- individuals, groups, and communities with whom these individuals interact