Biomedical Interventions for HIV Prevention

Leo Moore, MD, MSHPM
Acting Medical Director

Division of HIV and STD Programs
Los Angeles County Department of Public Health

Disclosures

- No financial disclosures

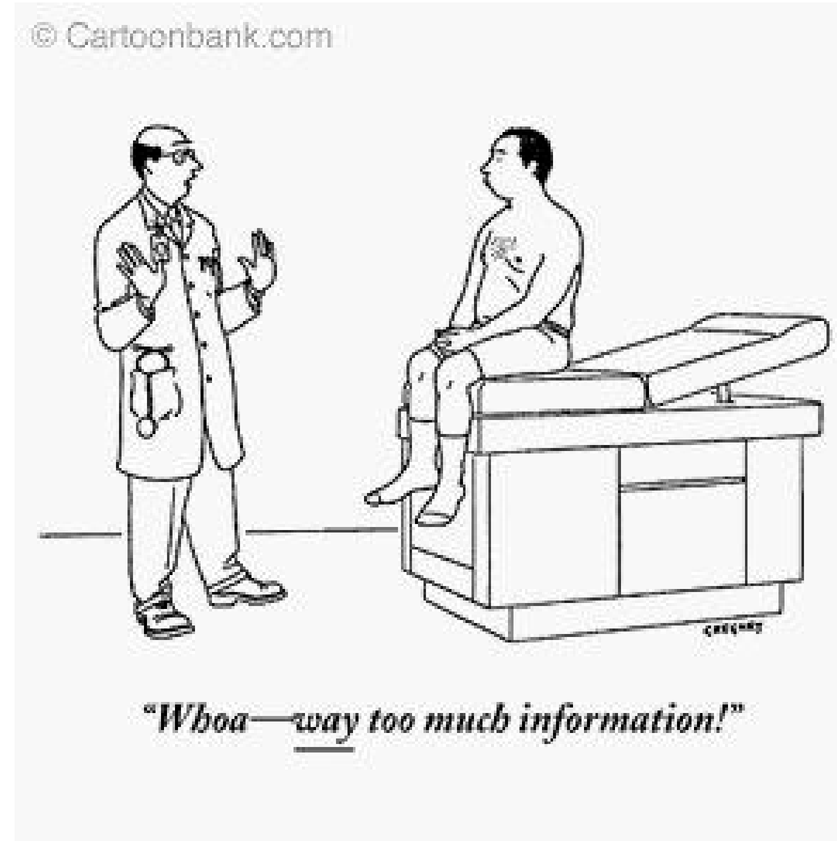
Agenda

- Avoiding the “Faux Pas” of Sexual Health: Taking a Good Sexual History
- Making the case for PrEP: Quick research review
- Guidelines Overview: Who should receive PrEP?
- Starting the conversation about PrEP: Addressing barriers and myths
- PrEP Patient Management: How to PrEP?
- PrEP Challenges: Adherence and Special Populations
- Educating your patient: Tools to promote self-efficacy

Avoiding the "Faux Pas" of Sexual Health:

Taking a Good Sexual History

Taking a good sexual history



- Provider comfort level in asking sexual health questions influences patients' willingness to disclose information about their sexual practices.

Taking a good sexual history

- Introduce the topic
  - Normalize the questions and state importance
  - Acknowledge it sensitive and confidential
- Remember the "Five P's" of sexual history:
  - **P**artners
  - **P**ractices
  - **P**rotection from STDs
  - **P**ast History of STDs, and
  - **P**revention of Pregnancy.

Linda Creegen, California Prevention Training Center, STD Current Management Strategies Lecture: Taking a Sexual History.

COUNTY OF LOS ANGELES
Public Health

5 P's of Sexual History Taking

- **Partners/Practices**
  - Do you have sex with men, women, or both?
  - Tell me more about your sexual practices…
  - Do you have vaginal sex? Anal sex? Oral sex?
  - Do you give and receive oral sex?
  - When you have anal sex, how much of the time are you the bottom, the top, or vers?
- **Prior STDs**
  - Have you ever been diagnosed with a sexually transmitted disease?
  - If so, which disease(s) and when?

5 P's of Sexual History Taking (continued)

- **Protection from STDs/HIV**
  - How are you keeping yourself safe from STDs/HIV?
  - Do you use condoms sometimes, always, or never? Ever used PEP or PrEP in the past?

- **Protection from pregnancy (if applicable)**
  - How are you keeping yourself or your partner from getting pregnant?

Helpful Hints: For sexual history taking (and other conversations!)

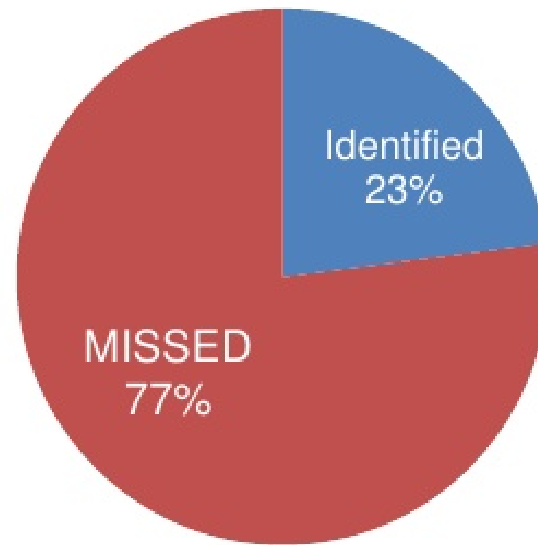
- Make no assumptions
- Recognize patient anxiety
- Talk less.. And listen more
- Recognizing our own biases
  - Something is pushing your buttons
- Avoid value laden language
  - "You should…"
  - "Why didn't you…"
  - "I think you…"
- FIX YOUR FACE!

Linda Creegen, California Prevention Training Center, STD Current Management Strategies Lecture: Taking a Sexual History.

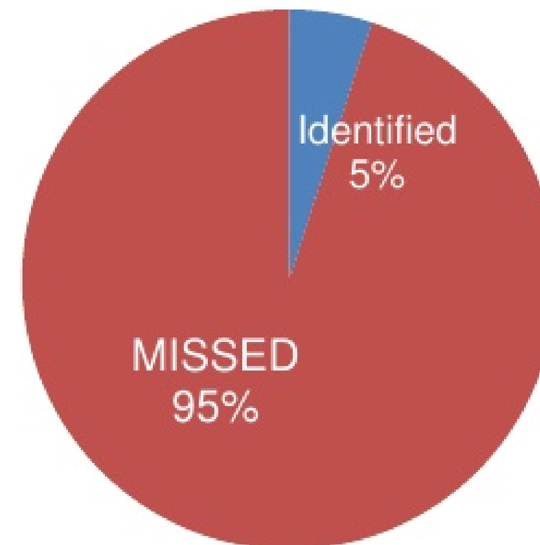
Why is gathering this information important?

1. Helps you determine where to conduct STD screening (i.e. vagina, pharynx, rectal, urine)
2. Helps you determine which patients would benefit from PrEP

Proportion of CT and GC infections MISSED among 3398 asymptomatic MSM if screening only urine/urethral sites, San Francisco, 2008-2009



Chlamydia



Gonorrhea

California STD/HIV Prevention Training Center

Marcus et al, STD Oct 2011; 38: 922-4

STDs consistently associated with 2 to 3-fold increased risk of HIV acquisition

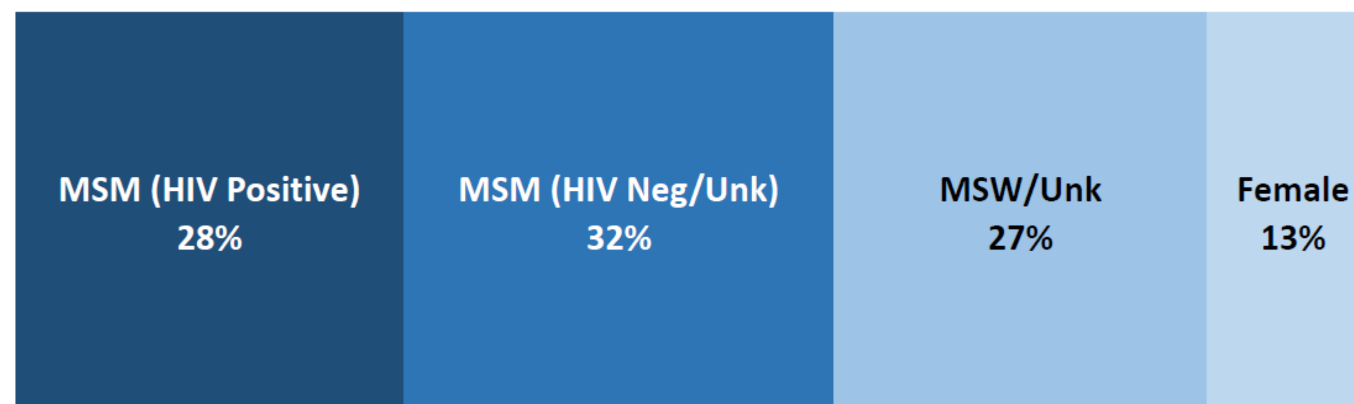
	OR	(95% CI)
Any STI	**3.87**	**(2.8-5.3; p<.01)**
Any Ulcerative STD	**2.76**	**(2.3-3.3; p<.01)**
- Herpes	2.71	(2.1-3.5; p<.01)
- Syphilis	2.31	(1.9-2.8; p<.01)
- Chancroid	2.25	(1.4-3.6; p<.01)
Any non-ulcerative STD	**1.69**	**(1.4-2.0; p<.01)**
- Gonorrhea	2.31	(1.9-2.8; p<.01)
- Chlamydia	2.83	(1.8-4.5; p<.01)
- Trichmoniasis	1.59	(1.3-2.0; p<.01)

Data source: meta-regression & meta-analysis of 31 longitudinal studies; adjusted estimates of STD effect

Sexton J, Garnett G, Rottingen J-A. Sex Transm Dis 2005

County of Los Angeles Public Health

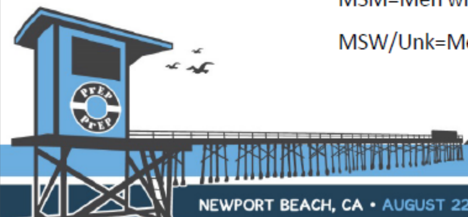
Early Syphilis* Cases by Sex and Gender of Sex Partners California, 2017



* Includes primary, secondary, and early latent syphilis.

MSM=Men who have sex with men

MSW/Unk=Men who have sex with women plus men of unknown sexual orientation



Provisional Data as of 4/7/18

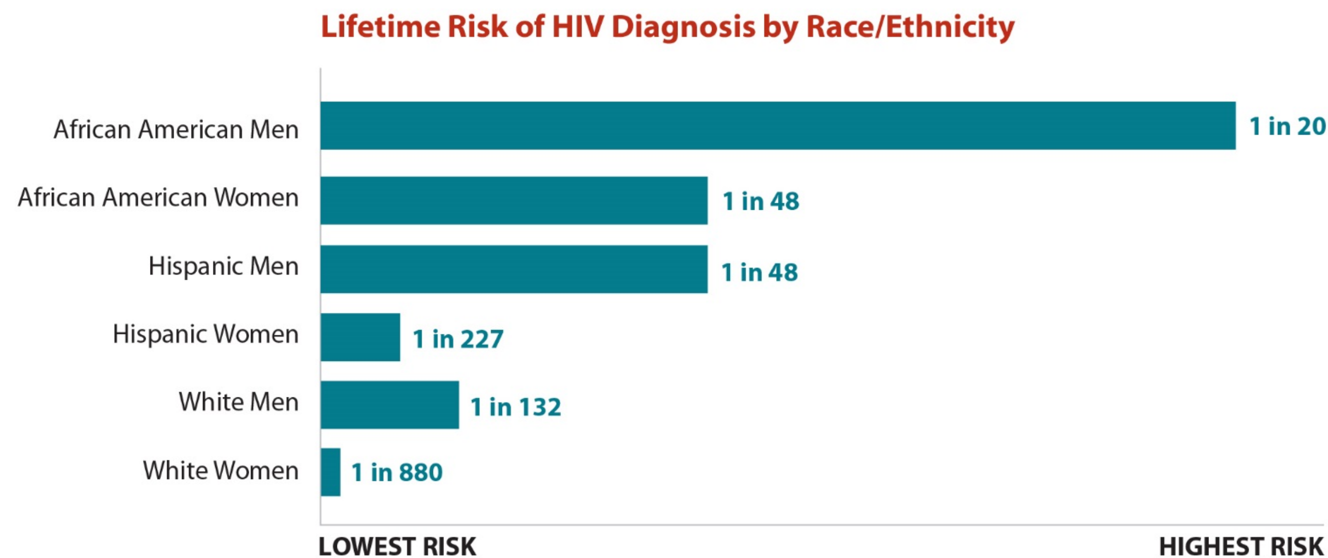
NEWPORT BEACH, CA • AUGUST 22-24, 2018

the CA PrEP SUMMIT: NAVIGATING THE FUTURE OF HIV PREVENTION

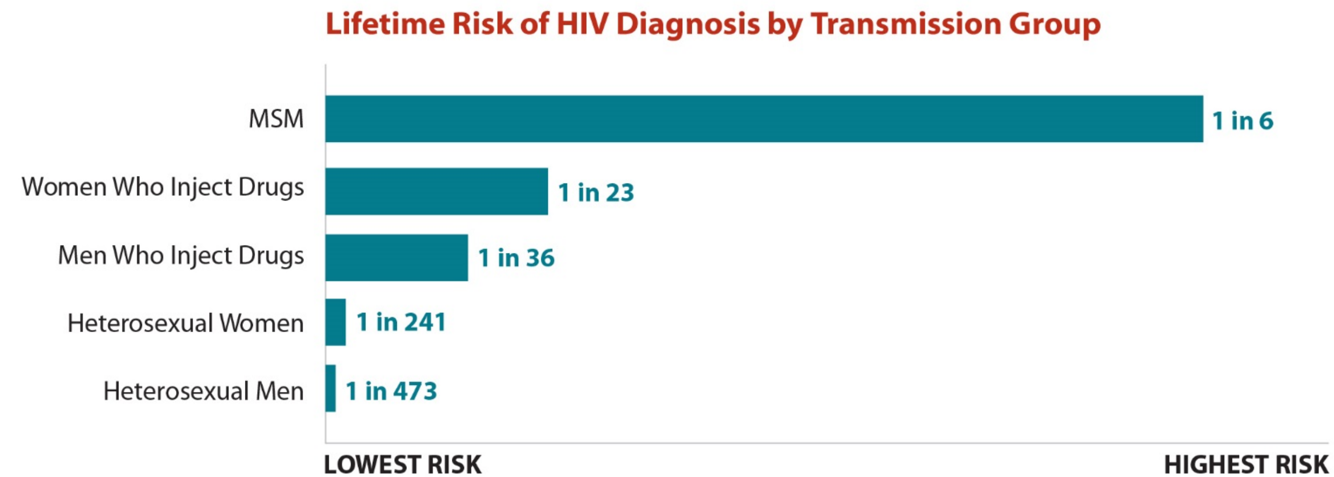
Making the case for PEP and PrEP:

Epi/Research Review

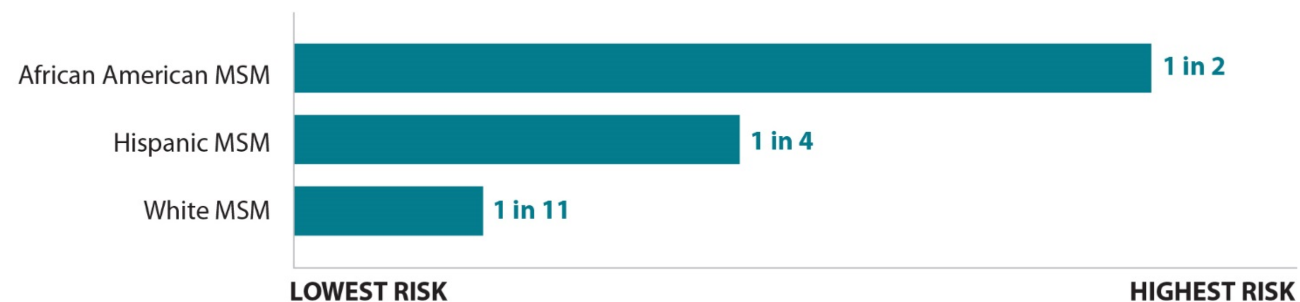
Lifetime Risk of HIV Diagnosis by Race/Ethnicity



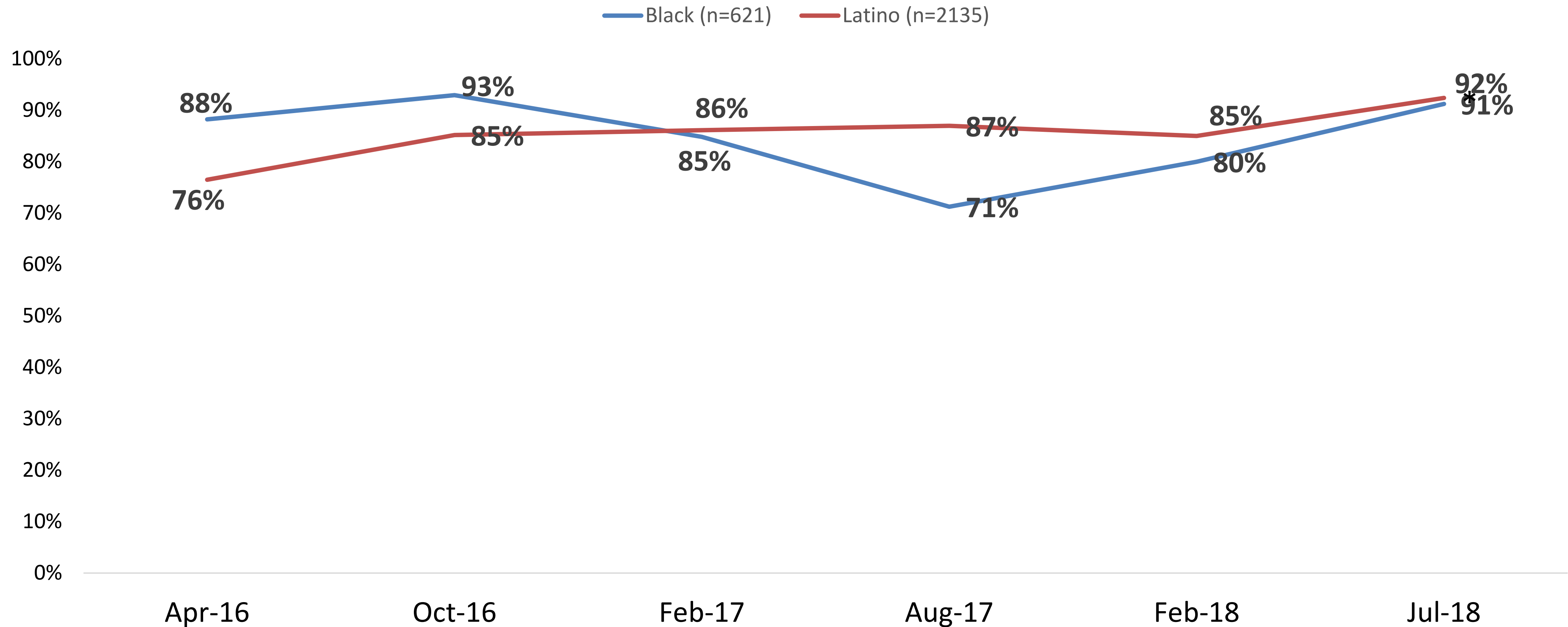
Lifetime Risk of HIV Diagnosis by Transmission



Lifetime Risk of HIV Diagnosis among MSM



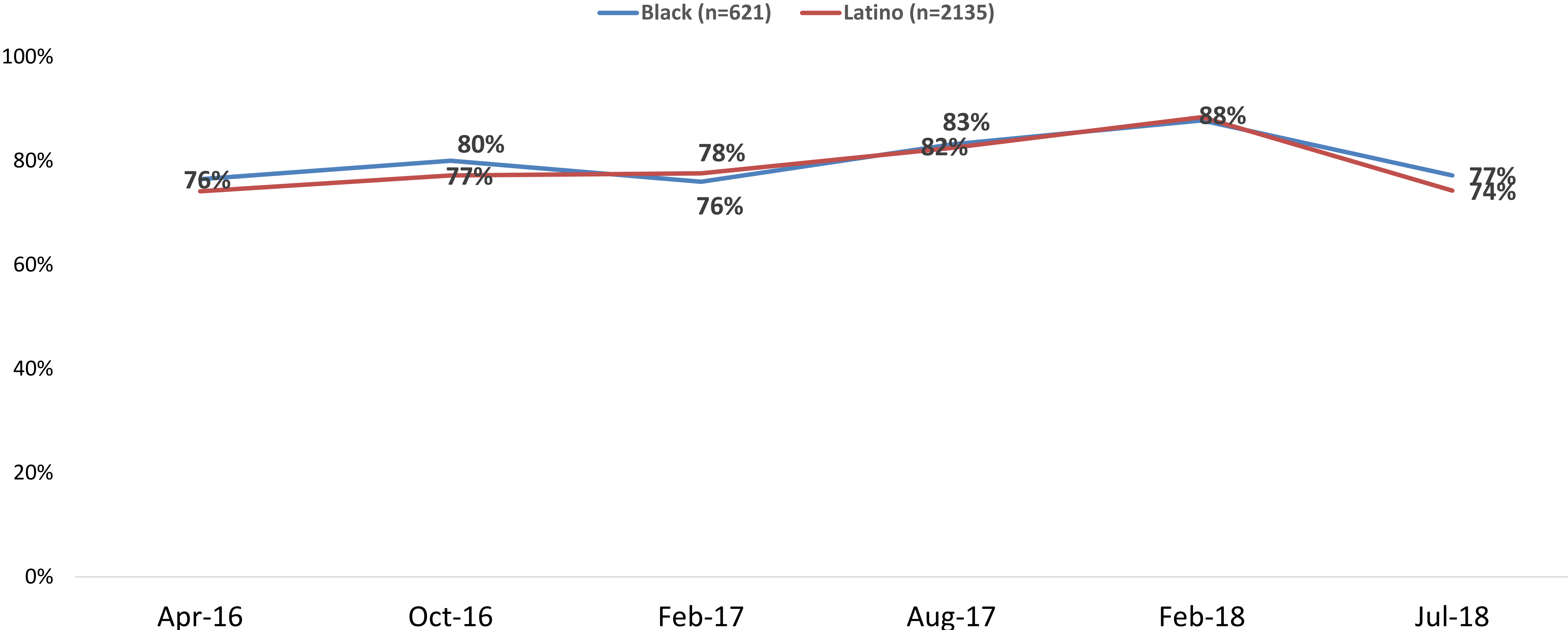
Proportion of HIV- MSM Aware of PrEP by Survey Cycle, Race/Ethnicity and Language



Collected at baseline in April 2016 and in all follow-up surveys (October 2016, February 2017, August 2017, February 2018 and July 2018)

*February 2018 91% of Spanish language respondents were recruited by Agency. App respondents only included 3 HIV- MSM who responded in Spanish

Proportion of HIV- MSM Willing to Use PrEP by Survey Cycle, Race/Ethnicity and Language



Collected at baseline in April 2016 and in all follow-up surveys (October 2016, February 2017, August 2017, February 2018, and July 2018)

Reasons for Being Unwilling to Take PrEP , HIV- Respondents by-Race/Ethnicity and Language[1]

	Black MSM N=91	Latino (English) MSM N=279	Latino (Spanish) MSM N=61
Need more Info	35 (38%)	120 (43%)	6 (10%)
No need for PrEP	30 (33%)	68 (24%)	13 (21%)
Can't afford PrEP	18 (20%)	62 (22%)	8 (13%)
Don't know where get PrEP	16 (18%)	58 (21%)	7 (11%)
Side Effects	29 (32%)	88 (32%)	8 (13%)
Stigma	4 (4%)	31 (11%)	9 (15%)
Drug Interactions	11 (12%)	32 (11%)	3 (5%)
My risk behaviors will increase	12 (13%)	35 (13%)	3 (5%)
Tried/Didn't Like PrEP	3 (3%)	2 (1%)	3 (5%)

[1]Includes all HIV negative MSM/TGP who were not interested in using PrEP
Collected in all follow up surveys (October 2016, February 2017, August 2017, February 2018 and July 2018)

HIV- Respondents Who Report No Need to Use PrEP by Receptive CAI

Total Unwilling	Total (n=295)	No CAI (n=167)	Any CAI[1] (n=128)
No Need for PrEP[2]	106 (36%)	70 (41%)	36 (28%)
Use Condoms	29 (27%)	16 (23%)	13 (36%)
Not Sexually Active	26 (25%)	19 (27%)	7 (19%)
Perceived low risk	6 (6%)	4 (6%)	2 (6%)
Sero Sort Partners	17 (16%)	11 (16%)	6 (17%)
Other risk reduction methods	7 (7%)	4 (6%)	3 (8%)
Risk factors among respondents reporting no need for PrEP			
Median Number CAI Partners (range)			2.0 (1-60)
HIV Positive/Unknown Status Partner	17 (16%)	10 (14%)	7 (19%)
History of STD (past 12-months)	8 (10%)	1 (1%)	7 (19%)
SY	2 (2%)	1 (1%)	1 (3%)
GC	5 (5%)	1 (1%)	4 (11%)
CT	4 (4%)	1 (1%)	3 (8%)

[1]Includes all HIV negative MSM/TGP who reports receptive CAI with at least 1 partner and unwilling to use PrEP

[2]Respondents with no receptive CAI partners were significantly more likely to report no need for PrEP ($p<0.02$)

Collected in follow up survey 4 and 5 (February 2018-July 2018)

What is PrEP?

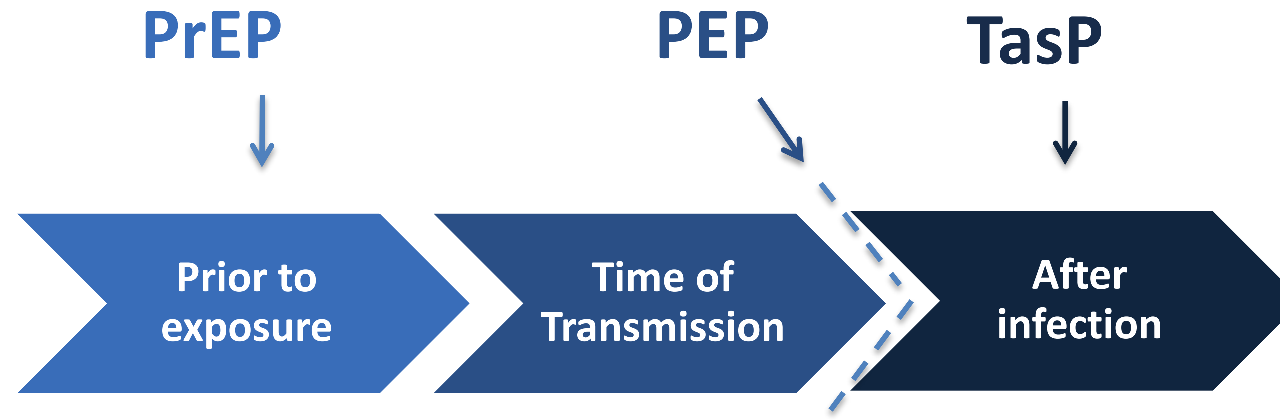
County of Los Angeles Public Health

- The use of ***daily*** oral antiretroviral medication in *HIV-negative persons* to reduce the risk of acquiring HIV infection.

- The only medication currently approved for PrEP is a combination of two antiretroviral medications: Emtricitabine and Tenofovir.

- When taken daily as prescribed, can decrease risk of HIV infection by up to 99%.

Using ART Medications for HIV Prevention



PrEP: Pre-Exposure Prophylaxis
TDF/3TC daily
92-99% reduction in HIV risk if taken daily

PEP: Post-Exposure Prophylaxis
28 day course of
2 or 3 drug ART regimen

TasP: Treatment as Prevention
Individuals with suppressed viral load 96% less likely to infect partner with HIV

If effective, PrEP may

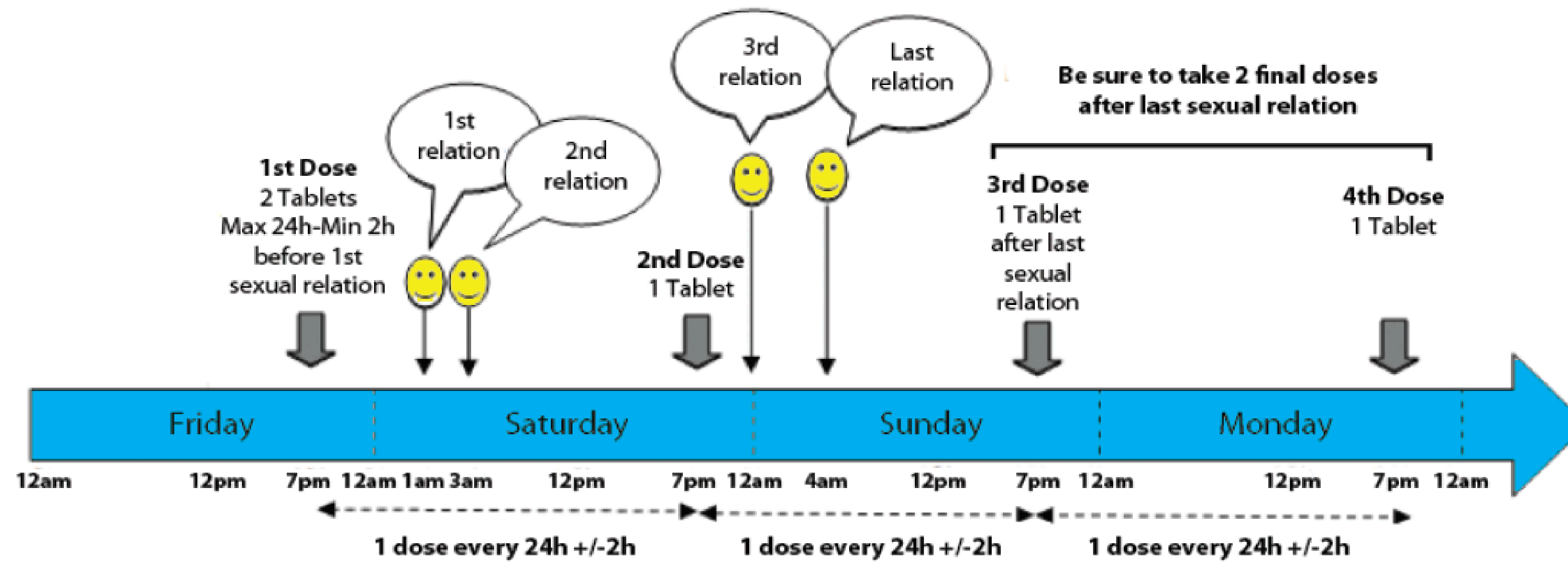
- Provide a partner-independent prevention method
  - totally controlled by the user
  - independent of the state of mind immediately prior to and during sex
- Fill gaps in current prevention methods

PrEP Landmark Studies

TRIAL	POPULATION	LOCATION	Active arm(s)	EFFICACY
iPrEx	2499 MSM and MTF TG	South America, USA, Thailand, South Africa	FTC/TDF	**44%** (95% CI 18-60) *48 FTC/TDF vs. 83 placebo*
TDF-2	1219 heterosexual men and women	Botswana	FTC/TDF	**63%** (95% CI 22-83) *9 FTC/TDF vs. 24 placebo*
Partners PrEP	4758 serodiscordant heterosexual couples	Kenya and Uganda	FTC/TDF TDF	**75%** (95% CI 55-87) **67%** (95% CI 44-81) *13 FTC/TDF, 17 TDF, 52 placebo*
FEM-PrEP	2120 heterosexual women	Kenya, Tanzania, Zimbabwe, South Africa	FTC/TDF	**No difference** *33 FTC/TDF vs. 35 placebo* *Stopped early due to lack of efficacy*
VOICE	5000 heterosexual women	Uganda, Zimbabwe, South Africa	FTC/TDF TDF Vaginal TDF gel	**No difference**
Bangkok IDU	2413 IDU	Bangkok	TDF DOT *or* monthly visits, by choice	**48.9**% (95%CI 9.6-72.2, P=0.01) *17 FTC/TDF vs. 33 placebo*
PROUD	545 MSM Q3m visits	Public GUD clinics in UK	Immediate vs deferred (12m) FTC/TDF	***86% (90%CI 58-96, P=0.0002)*** *3 immediate arm, 19 deferred* ***NNT=13***

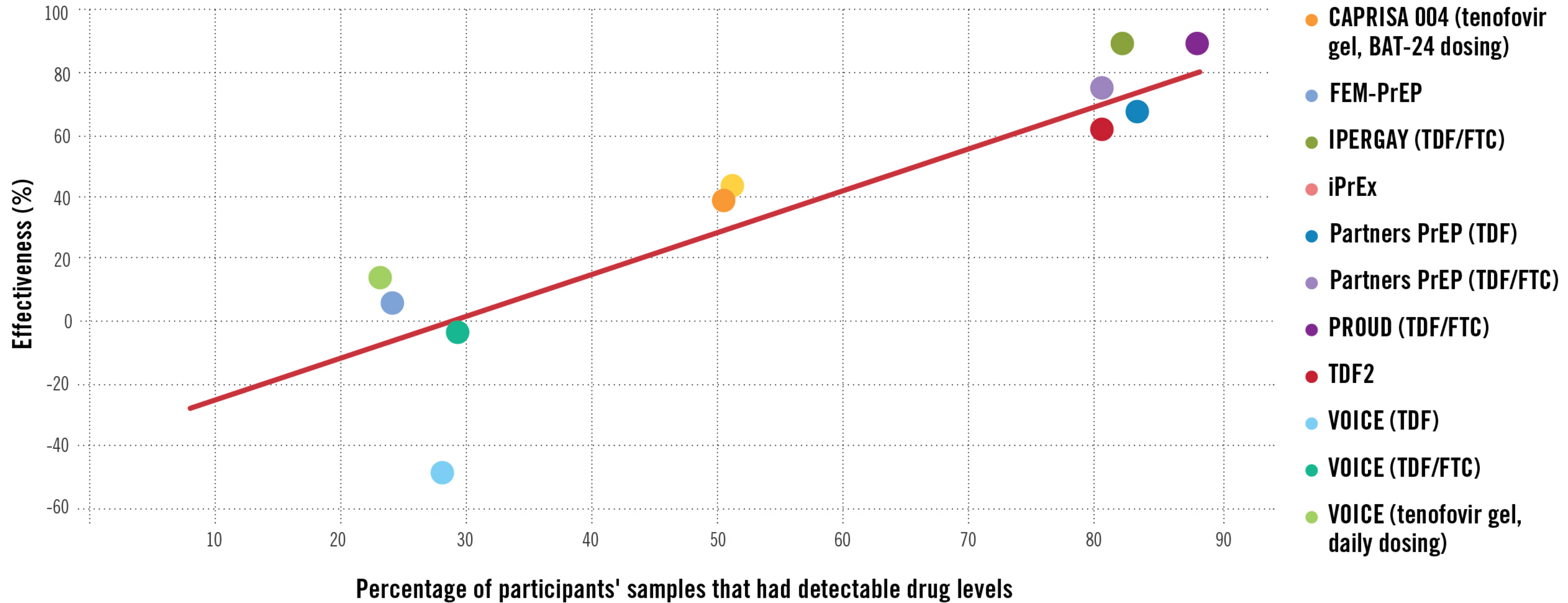
Courtesy of Dr. Stephanie Cohen, SF DPH

IPERGAY



- Study of MSM and transgender women on intermittent dosing regimen based on sexual activity
- Overall efficacy = 86%
- Great variability in use of PrEP
- Current recommendation: Daily PrEP

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



AVAC Global Advocacy for HIV Prevention

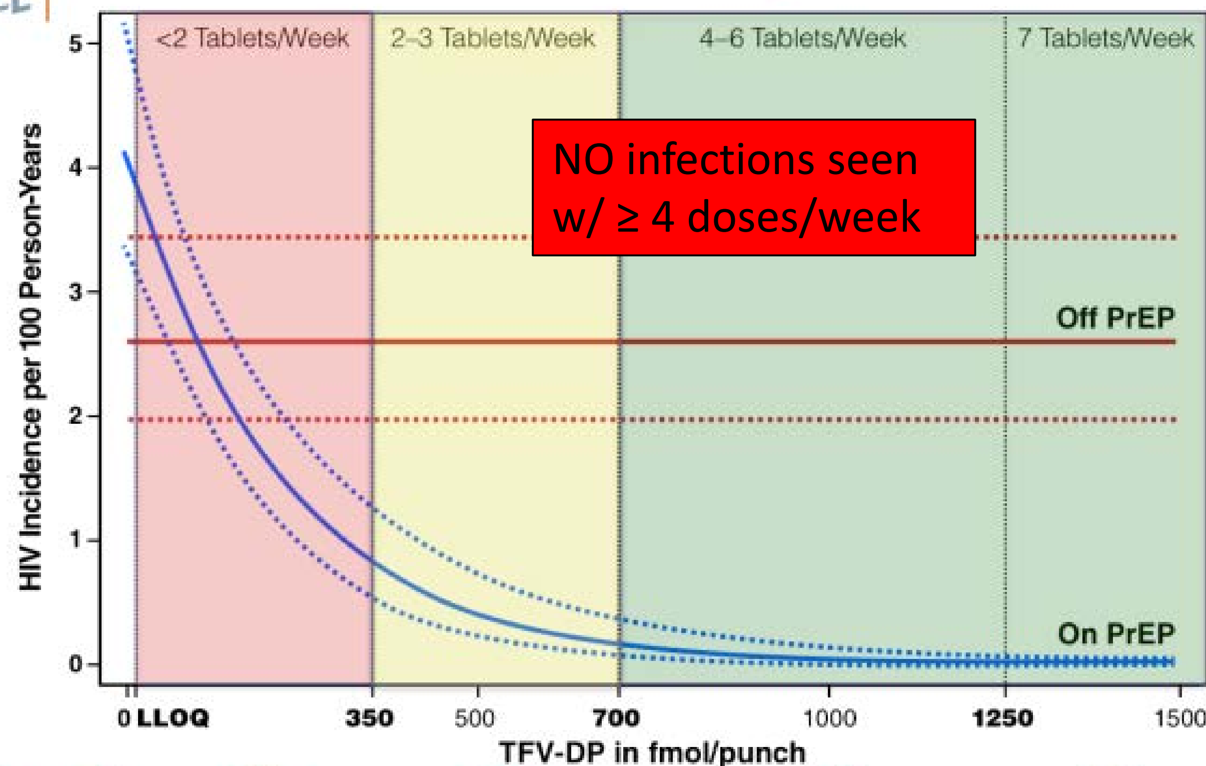
February 2016

DOES ADHERENCE HAVE TO BE PERFECT?

COUNTY OF LOS ANGELES Public Health

Dosing	Estimated PrEP Efficacy
2x/week	76%
4x/week	96%
Daily	99%

Anderson PL. Sci Transl Med 2012;4:1-8.



Grant RM, Anderson PL et al. Lancet Inf Dis 2014

Adherence even more important in women

- Pharmacokinetic evidence shows that PrEP concentrations are lower in the vagina (compared to the rectum)
- IPrEx: PrEP did protect cisgender women from infection, but data indicates that **6 - 7 doses a week** would be needed to fully protect them.
- Takes 21 days to reach maximum efficacy in vaginal tissue vs. 7 days in rectal tissue

Real World Data

- **Kaiser NorCal**
  - One of the first and largest evaluations of PrEP in a clinical practice setting (different from a research study)
  - 657 people (majority MSM)
  - Followed for 2.5 years
  - Average length of use during the study was 7.2 months
  - More likely to report multiple sex partners
  - Self report of condom use was unchanged in 56%, decreased in 41%
    - At 6 months, 30 percent of PrEP users had been diagnosed with an STD
    - At 12 months, 50 percent of PrEP users had been diagnosed with an STD

No new HIV infections among this population

Have their been any cases of HIV in people adherent to PrEP?

- **2 HIV Cases in Highly Adherent MSM**
  - **Case 1:**
    - 43 year old Canadian MSM
    - Adherent to PrEP for 24 months (DBS confirmed)
    - Infected with multi-class resistant strain of HIV-1 (NRTIs, NNRTIs, and INSTI)
    - Now undetectable on treatment
  - **Case 2:**
    - MSM in his 20's in serodiscordant relationship (partner undetectable)
    - Adherent to PrEP for 4 months (DBS confirmed)
    - 2 remote sexual encounters with partners of unknown HIV status
    - Infected with multi-class resistant strain of HIV
    - Now undetectable on treatment

Putting breakthrough HIV cases in context

- Of PrEP users: 2/79,684 = 0.0026% failure or 99.99% success!

PrEP is a lifesaver, but not infallible.

PrEP Safety

- Safety (vs. Placebo) *
  - Small but clinically significant decrease in creatinine clearance; resolved after interruption, usually w/o recurrence
  - Increased nausea and wt loss in FTC/TDF (P=0.04 for both)
  - Small but sig. decrease in bone mineral density (BMD), without difference in fractures
- PrEP was well tolerated
  - Adverse effects occurred in minority of subjects
  - GI adverse effects (eg, nausea) more common in those receiving PrEP than placebo
    - Occurred in < 10% and primarily during the first month only (PrEP "start up" symptoms)

Courtesy of Dr. Stephanie Cohen, SF DPH

COUNTY OF LOS ANGELES
Public Health

Guidelines Overview:

Who should receive PrEP?

Los Angeles County PrEP Guidelines

Los Angeles County Pre-Exposure Prophylaxis (PrEP) Guidelines

Identifying Persons in Whom to Consider PrEP

- Public Health recommends that medical providers routinely ask **all** adolescent and adult patients if they have sex with men, women or both men and women.
- Providers should ensure that **all** of their male and transgender patients who have sex with men know about PrEP.

Guidelines for Initiating PrEP in HIV-Uninfected Persons

Medical providers should recommend that patients initiate PrEP if they meet the following criteria:

1. Men who have sex with men (MSM) or transgender persons who have sex with men if the patient has any of the following risks:
   - Diagnosis of rectal gonorrhea or early syphilis in the prior 12 months.
   - Methamphetamine or popper use in the prior 12 months.
   - History of providing sex for money or drugs in the prior 12 months.
2. Persons in ongoing sexual relationships with an HIV-infected person who is not on antiretroviral therapy (ART) OR is on ART but is not virologically suppressed OR who is within 6 months of initiating ART.

CDC's PrEP Clinical Guidelines are available at: http://www.cdc.gov/hiv/pdf/prepguidelines2014.pdf

Manufacturer copayment assistance and medication assistance programs are available. More information is available at: http://www.truvada.com/truvada-patient-assistance.

The PAN Foundation also provides financial assistance. More information is available at: http://www.panfoundation.org/hiv-treatment-and-prevention.

A list of LA County providers who prescribe PrEP is available at: http://getprepla.com

Medical providers should discuss PrEP with patients who have any of the following risks:

MSM and transgender persons who have sex with men if the patient has either of the following risks:

1. Condomless anal sex outside of a long-term, mutually monogamous relationship with a man who is HIV negative.
2. Condomless receptive anal sex outside of long-term, mutually monogamous relationship with a man who is HIV negative.
3. Diagnosis of urethral gonorrhea or rectal chlamydial infection in the prior 12 months.
4. Persons in HIV-serodiscordant relationships in which the female partner is trying to get pregnant.
5. Persons in ongoing sexual relationships with HIV infected persons who are on ART and are virologically suppressed.
6. Black MSM
7. Latino MSM
8. Women who exchange sex for money or drugs.
9. Persons who inject drugs that are not prescribed by a medical provider.
10. Persons seeking a prescription for PrEP.
11. Persons completing a course of antiretrovirals for nonoccupational exposure (PEP) to HIV infection.

As with all medical therapies, patients and their medical providers ultimately need to decide what treatments and preventive measures are best for them. Providers should evaluate patients' knowledge and readiness to initiate PrEP prior to prescribing it, and should counsel and educate patients to facilitate their success taking PrEP. Medical providers should refer to national guidelines for information on how to prescribe PrEP and monitor persons on PrEP.[1]

http://getprepla.com/for-providers.html

County of Los Angeles Public Health

CDC recommendations for PrEP use

MSM	Transgender Persons
• HIV positive sex partner • History of a bacterial STD in the past 12 months • History of multiple sex partners of unknown HIV status • Engages in unprotected anal intercourse • Other risk factors that increase HIV risk • History of PEP use	• HIV positive sex partner; • History of a bacterial STD in the past 12 months • History of multiple sex partners of unknown HIV status • Other risk factors that increase HIV risk • Sharing injection equipment

County of Los Angeles Public Health

CDC recommendations for PrEP use (continued)

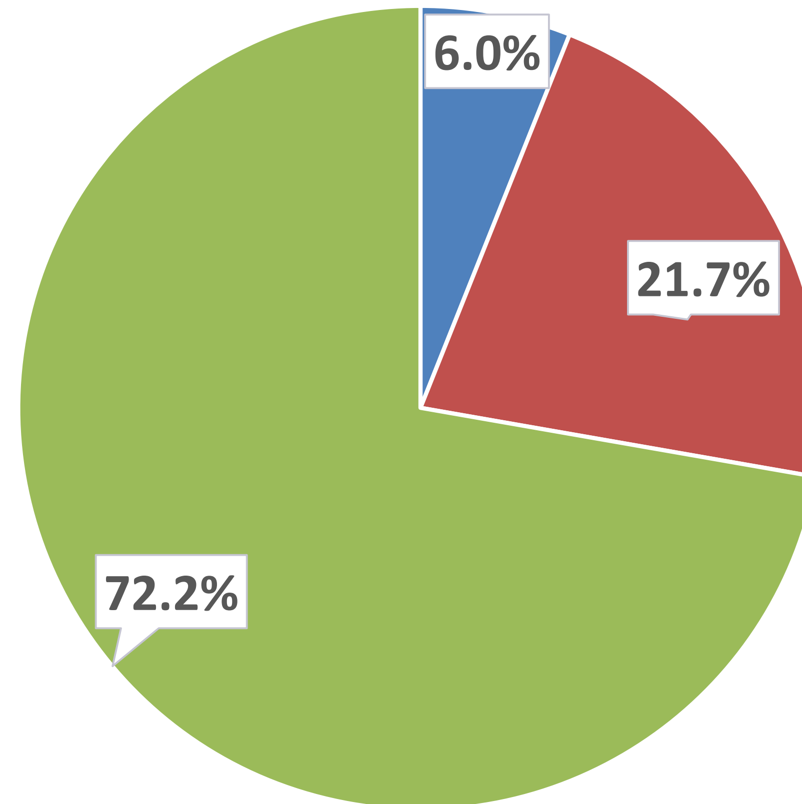
Heterosexual Women	Drug Users
• HIV positive sex partner; • History of syphilis diagnosed in the past 12 months; • A male partner who may be having sex with men. • Other risk factors that increase HIV risk	• Injection drug users who share injection equipment, inject one or more times per day, inject cocaine or methamphetamine, or engage in high-risk sexual behaviors. • Use of stimulant drugs associated with high risk behaviors

What are the behavioral determinants of HIV/STI risk among LAC Women?

The Challenge

- Particularly among women, HIV surveillance data , data from STD clinic patients as well as data from HIV+ and HIV- persons has not supported using self-reports of risk behavior as the basis for the determining HIV risk – i.e., women are unaware of their risk factors.

Adult Women Diagnosed with HIV infection in 2012 - 2016 by Transmission Category

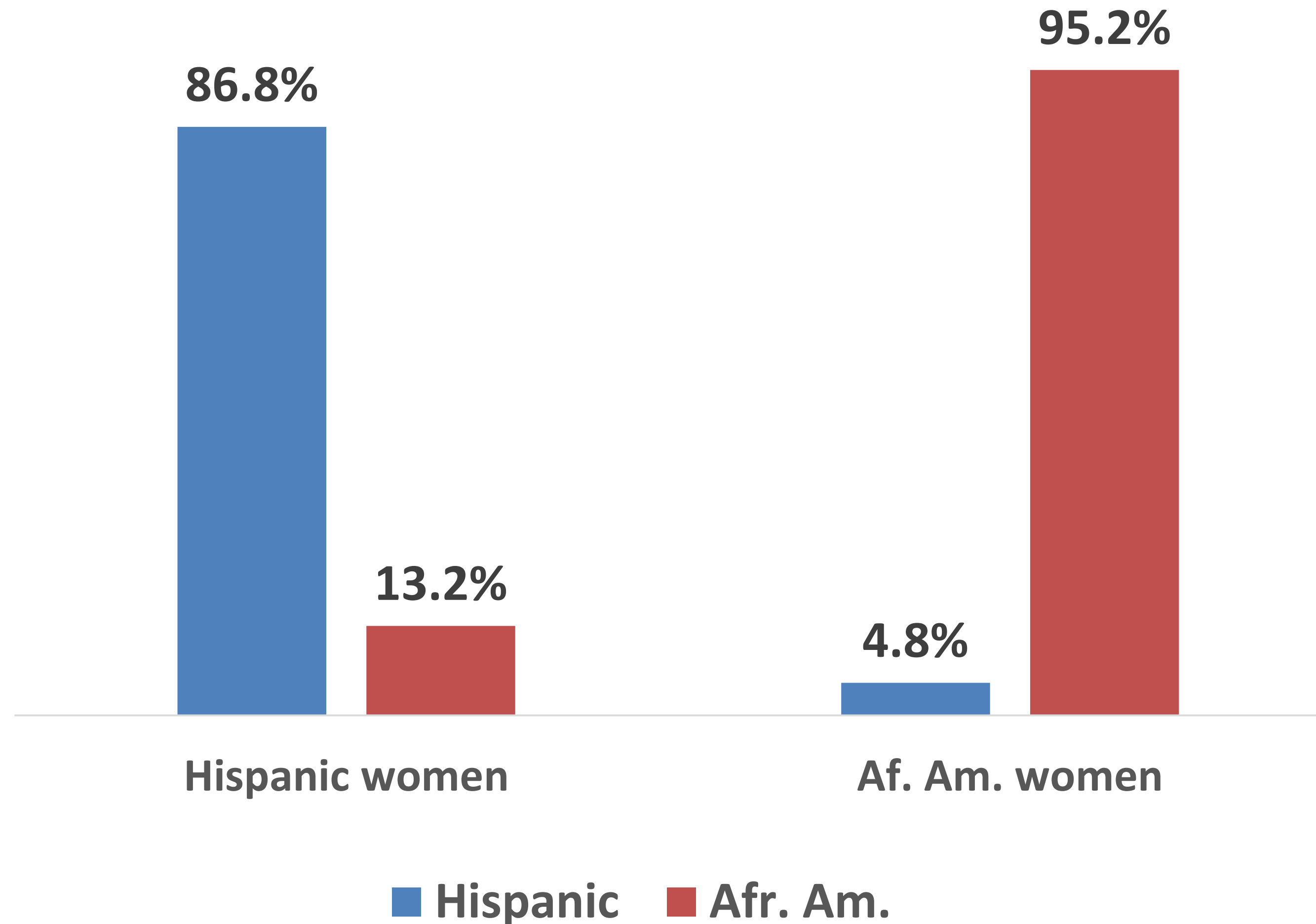


- In a survey of STD clinic patients participating in the HIV Testing Survey (all of whom were presenting for evaluation of a suspected STD and who therefore were presumably at risk for HIV infection), 54% of women reported 1 sex partner in the past 12 months.

- A separate survey of recently diagnosed HIV-infected persons participating in the Supplement to HIV/AIDS Surveillance (SHAS) Project found 74% of women had 1 partner in the year preceding their HIV diagnosis.

At the root of our failure to observe correlations between women reported behavior and HIV infection is the fact that it is their partners behavior rather than their own, that places women at risk

Partner's race/ethnicity by respondent's race/ethnicity.



COUNTY OF LOS ANGELES
Public Health

PrEP Patient Management:

How to PrEP?

Sample PrEP Visit Schedule

County of Los Angeles Public Health

Screening/Enrollment

4 weeks

12 weeks

24 weeks

36 weeks

48 weeks

First Visit: Assessment

- Sexual Risk Assessment
- Basic Medical History, exam
    - Sx of acute HIV?
- PrEP Basics: how it works, adherence, side effects
- Labs: HIV, STI, Safety (renal function, HBV)
- Navigation services: Provider/Clinic referrals as needed; Financial Case Management
- Prescribe 30 tabs

Follow-up:

- Symptom review: Sx of acute HIV?
- Assessment, counseling:
    - Behavior
    - Adherence
- HIV testing
- STI testing
- Renal function testing
- Prescribe 30 tabs with 2 refills

Courtesy of Dr. Stephanie Cohen, SF DPH

Clinical Assessment

- PMH, Medication Hx, allergies, review of symptoms, focused physical exam
- Osteoporosis and liver disease are relative contraindications to TDF/FTC
- Moderate kidney dysfunction is an absolute contraindication
- Patients with recent symptoms of a mono-like illness should be tested for acute HIV. Wait to start PrEP until test results are back

Obtain Baseline Testing

- HIV Antibody test (rapid if available).
- Strongly suggest obtaining a viral load to test for acute HIV when PrEP initiated.
- Creatinine (CrCl should be ≥ 60 ml/min)
- HBsAg
- STDs
- Pregnancy test, if applicable
- Offer Hep B immunization if not immune
- Offer HPV immunization if < 26

PrEP Clinical Tools

PrEP Service Delivery Checklist

PrEP Initiation Visit

_____ Perform an HIV risk assessment to determine whether PrEP is indicated for patient.

_____ Provide basic education about PrEP

_____ Obtain past medical history. Query specifically about history of kidney and liver (e.g., hepatitis B) disease, bone disease, and fractures. For women of child bearing age, assess pregnancy desires.

_____ Review current and recent symptoms. Assess for symptoms of acute HIV infection.

_____ Order all laboratory results to assess for contraindications. If laboratory tests were already performed, review at this visit.

- ☐ HIV test: 4th generation Ag/Ab test (or HIV viral load) to rule out acute HIV
- ☐ STD (GC/CT urine, GC/CT rectum, GC pharynx, RPR)
- ☐ Serum Creatinine to calculate CrCl
- ☐ HBsAg and HBsAb and HCV Ab
- ☐ Check patient weight for CrCl
- ☐ Pregnancy test (if applicable)

_____ Provide prescription for Truvada (#30 tabs).

_____ PrEP education/counseling with patient; ask questions to elicit patient understanding. Ensure all questions answered regarding substance abuse and mental health needs and that referrals are made as appropriate.

1 Month Follow-Up Appointment

_____ Assess the following at this visit

- Patient's desire to continue on PrEP.
- Side effects
- Medication adherence
- Signs/symptoms of acute HIV.
- Possibility of pregnancy (if applicable)

_____ Provide prescription for two-month supply of Truvada (#60 tabs).

_____ Provide medication adherence counseling, If needed.

_____ Schedule f/u visits. Provide reminder card with appointment and contact information.

3, 6, 9, 12 Month Follow-Up Appointments

_____ Assess the following at each visit

- Patient's desire to continue on PrEP
- Side effects
- Medication adherence
- Signs/symptoms of acute HIV
- Possibility of pregnancy (if applicable)

_____ Order Laboratory tests at each visit

- ☐ HIV test: 4th generation Ag/Ab test is best; if not available, 3rd generation test is sufficient as long as concern for acute HIV or seroconversion is low
- ☐ STD (GC/CT urine, GC/CT rectum, GC pharynx, RPR)
- ☐ Serum Creatinine to calculate CrCl (every 3-6 months)
- ☐ Pregnancy test (if applicable)

Available at http://getprepla.com/for-providers.html

COUNTY OF LOS ANGELES
Public Health

What if my patient has a positive HIV test?

- Discontinue PrEP to avoid development of resistance
- Order and document results of an HIV genotype
- Ensure patient is linked to an HIV-primary care provider for care and possible early initiation of ART.
- Inform Division of HIV and STD Programs (213) 351-8146 and please let us know the patient was on PrEP.

PrEP Challenges:

Special Populations

Patients with Chronic Active Hepatitis B Virus Infection (HBV)

- TDF/FTC active against **both** HIV and HBV infection

- All persons with +HBsAg should be further evaluated, including obtaining HBV DNA

- Co-management with Infectious Disease or Hepatology based on comfort level of primary provider

- There has been concern that discontinuation of TDF/FTC may lead to a rapid flare Hepatitis B infection.

County of Los Angeles Public Health

Clinical Science

OPEN

The Safety of Tenofovir–Emtricitabine for HIV Pre-Exposure Prophylaxis (PrEP) in Individuals With Active Hepatitis B

Marc M. Solomon, MD, MPH,† Mauro Schechter, MD, PhD,‡ Albert Y. Liu, MD, MPH,†§ Vanessa M. McManhan, MS,* Juan V. Guanira, MD, MPH,|| Robert J. Hance, AA,* Suwat Chariyalertsak, MD, DrPH,¶ Kenneth H. Mayer, MD,# and Robert M. Grant, MD, MPH,*† for the iPrEx Study Team*

- Analysis of data from study participants with Active Hepatitis B from the iPrEX study
- 6 patients with active Hepatitis B were randomized to FTC/TDF arm
- No patients experienced Hepatitis B flare following discontinuation of PrEP
- Risk of flares seems to be limited to people with advanced liver disease (i.e. cirrhosis)[2]

1. Solomon MM, Schechter M, Liu AY, et al. The Safety of Tenofovir–Emtricitabine for HIV Pre-Exposure Prophylaxis (PrEP) in Individuals With Active Hepatitis B. *Journal of Acquired Immune Deficiency Syndromes (1999)*. 2016;71(3):281-286.
2. Thio CL, Sulkowski MS, Thomas DL. Treatment of Chronic Hepatitis B in HIV-infected persons: thinking outside the black box. *Clin Infect Dis.* 2005;41: 1035 – 1040.

Patients with Chronic Renal Failure

- Patients with eCrCL < 60 ml/min should **not** take PrEP because safety below this level was not evaluated in clinical trials.

- New version of Tenofovir, *Tenofovir Alafenamide*, with less renal effects currently being studied but not yet FDA-approved to be used as PrEP.

PrEP in Adolescent Minors

- PrEP is an important HIV prevention tool for adolescents.
- Truvada as PrEP is now FDA approved for adolescents.
- NOTE: Minors ages 12 or older may request testing and consent to medical care related to the diagnosis and treatment of Sexually Transmitted Diseases/HIV (Cal. Family Code § 6926)

PrEP in Adolescent Minors

- Adolescents can be referred to the following clinics for PrEP services.
  - Children's Hospital Los Angeles

  5000 Sunset Blvd. 4th Floor, LA 90027

  (323)-361-7522

  Client should ask for the "PrEP Navigator"!

Educating Your Patient

Tools to Promote Self-Efficacy

"Basics of PrEP" Handout

- Patient education sheet
- Available in both English and Spanish
- For this document and more, visit http://getprepla.com/for-providers.html

The Basics of PrEP

1. Medication Instructions

- There are 30-pills of Truvada in each bottle (30-days of PrEP).
- Store the bottle at room temperature (not in refrigerator/hot car). Keep pills in bottle with desiccant, except for pills kept in 7-day pill box.
- This medication can be taken with or without food.
- This medication can be taken when drinking alcohol or using drugs.
- Do not share your Truvada with others; it may seem like a generous things to do, but could actually cause harm. PrEP is not safe for everyone.

2. One Pill Per Day

- Take 1 pill every day.
- Only studies of daily dosing have shown PrEP to be effective. People who use PrEP more consistently have higher levels of protection against HIV.
- It takes about 1 week on Truvada before there is enough medication in your body to decrease your chance of getting HIV.
- We have **no** evidence that taking more than one pill a day gives any additional protection. In fact, taking too many can be bad for your health or make you feel sick.
- There are studies currently investigating if taking PrEP less than once a day would still help to protect people from HIV, but there are no results from these studies yet. Based on what we know right now, we recommend taking PrEP as close to daily as possible.
- If you forget a dose just take it when you remember. For example:
  - *If you usually take in AM, but realize at 10pm that you forgot, it's ok to take 1 pill then and continue with your usual schedule the next day.*

5. Potential Side-Effects

- Some people experience side effects when starting Truvada for PrEP. This may involve gas, bloating, softer/more frequent stools, or nausea.
- These symptoms are usually mild and go away after the 1st month on PrEP.
- Strategies to deal with stomach related symptoms:
  - take pill with food/snack
  - take pill at night before bedtime
- Contact the PrEP staff if you have side effects (see phone number at end of handout). We can help.

6. Discussing PrEP with Others

- People sometimes find it helpful to tell friends or family that they are taking PrEP (can help support pill taking).
- Think carefully about whom you might want to tell you're taking PrEP (you want it to be someone who will be supportive).
- It's your personal decision. You should not feel pressured to tell anyone.

7. Stopping PrEP

- If you choose to stop PrEP, please call the PrEP staff to let us know.
- Consider taking Truvada as PEP (post-exposure

COUNTY OF LOS ANGELES
Public Health

GET PrEP LA

PREP | PREP FOR WOMEN | PEP | FIND A DOCTOR | FOR PROVIDERS | EVENTS | ESPAÑOL

PROTECT YOURSELF FROM HIV EVERY DAY

PrEP (Pre-exposure Prophylaxis)

PREVENT HIV AFTER EXPOSURE

PEP (Post-exposure Prophylaxis)

Get Protected with PrEP

PrEP is a Daily Pill That Helps You Stay HIV Negative

GetPrEPLA.com

Funded by the U.S. Centers for Disease Control and Prevention and the County of Los Angeles, Department of Public Health, Division of HIV and STD Programs.

County of Los Angeles
Public Health

PrEP Provider Directory

Home | What is PrEP? | Links and Resources | For Providers | Insurance Options | Contact Us | Español | Get Free Condoms

Enter an address, city, or zip code: [ ] 5 miles Search

Clinic/Practice	Provider(s)	Address	Contact Info	Insurance Accepted*
Central Public Health Center	Multiple Providers	241 N Figueroa Street Los Angeles, CA 90012	Sebastian Macias 213-240-8223	**This clinic provides PrEP services at no cost to people who do not have insurance.**
Curtis Tucker Health Public Health Center	Multiple Providers	123 W. Manchester Boulevard Inglewood, CA 90301	Roberto Meda and Chakia Tillman 310-419-5325	**This clinic provides PrEP services at no cost to people who do not have insurance.**
North Hollywood Public Health Center	Multiple Providers	5300 Tujunga Ave. North Hollywood, CA 91602	Mary or Leandro 818-766-3982	**This clinic provides PrEP services at no cost to people without insurance.**
Ruth Temple Public Health Center	Multiple Providers	3834 S. Western Ave Los Angeles, CA 90062	Graciela or Elias 323-730-3507	**This clinic provides PrEP services at no cost to people who do not have insurance.**
Torrance Public Health Center	Multiple Providers	711 Del Amo Boulevard Torrance, CA 90502	Yanet Frutos and Themia Hyatte 310-354-2301	**This clinic provides PrEP services at no cost to people who do not have insurance.**
AltaMed Health Services Corp.	William Dunne, MD Scott Kim, MD Kevin Liao, MD	5427 Whittier Blvd. Los Angeles, CA 90022	Bryan Fiallos 323-307-0219 Mariano Navarro 323-307-0112	**Medi-Cal** AETNA Commercial; Cigna; Anthem Clue Cross; Blue Shield; Cal Optima; Care Frist; Citizen Choice Senior; Health Net; LA Care; Molina Central Health Plan Medicare Advantage; My Health LA

PrEP Materials

Targeted client education materials (wallet brochures)

Available via online order

Email prepinfo@ph.lacounty.gov

Questions?

Leo Moore, MD, MSHPM

lmoore@ph.lacounty.gov