HIV Prevention with Pre-Exposure Prophylaxis

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Disclosures

There is no commercial support for this enduring material

Dr. Leo Moore reports receiving financial remuneration from Gilead Sciences within the past year: he served on a Medical Affairs Community Advisory Board and provided unbranded presentations about HIV prevention. This presentation has been reviewed; there is no commercial bias, the best available evidence is used, and there is no mention of any specific brand-name agents.

No other planners involved in the planning or creation of this activity disclosed any relevant financial relationships.
Agenda

• Avoiding the “Faux Pas” of Sexual Health: Taking a Good Sexual History
• Making the case for PEP and PrEP: Epi and research review
• Guidelines Overview: Who should receive PrEP?
• Starting the conversation about PrEP: Addressing barriers and myths
• PrEP Patient Management: How to PrEP?
• Considerations for 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:
  – Partners
  – Practices
  – Protection from STDs
  – Past History of STDs, and
  – Prevention of Pregnancy.
• Partners/Practices
  – In the past year, have you had sex with men, women, or both?
  – Tell me more about your sexual practices...
  – In the past 12 months, have you had vaginal sex? Anal sex? How many partners?
  – When you have anal sex, how much of the time are you the bottom, the top?

• Prior STDs
  – Have you ever been diagnosed with a sexually transmitted disease?

• Protection from STDs/HIV
  – How are you keeping yourself safe from STDs/HIV?
  – Tell me more about your use of condoms? Ever used PEP or PrEP in the past?

• Protection from pregnancy
  – 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!

inda Creegen, California Prevention Training Center, STD Current Management Strategies Lecture: Taking a Sexual History.
Making the case for PEP and PrEP:

Epidemiology Review
Why New HIV Prevention Tools are Needed

• Despite testing, counseling, condoms, and ART, 40,000-50,000 new infections annually in the U.S.

• Incidence especially high in certain U.S. populations
  • Men who have sex with men (MSM)
  • Transwomen (MTF)
  • Women in the Southeast
  • Racial and ethnic minorities, especially youth
  • Injection drug users (IDU)
Annual Diagnoses of HIV Infection\(^1\), Stage 3 HIV Infection (AIDS), Persons Living with HIV and Death\(^2\), LAC, 2002-2014

1. Based on named reports for persons with a diagnosis of HIV infection regardless of the disease stage at time of diagnosis.
2. The number of deaths among persons with HIV infection is based on the date of death report when the actual year of death is unknown.

*Data are provisional due to reporting delay.

[Graph showing annual diagnoses of HIV infection, Stage 3 HIV infection (AIDS), persons living with HIV, and deaths from 2002 to 2014.]
Lifetime Risk of HIV Diagnosis by Race/Ethnicity

Lifetime Risk of HIV Diagnosis by Transmission

- MSM: 1 in 6
- Women Who Inject Drugs: 1 in 23
- Men Who Inject Drugs: 1 in 36
- Heterosexual Women: 1 in 241
- Heterosexual Men: 1 in 473

Source: Centers for Disease Control and Prevention
Lifetime Risk of HIV Diagnosis among MSM

![Bar chart showing lifetime risk of HIV diagnosis among MSM by race/ethnicity.]

- African American MSM: 1 in 2
- Hispanic MSM: 1 in 4
- White MSM: 1 in 11

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

• Kaiser NorCal
  – One of the first and largest evaluations of PrEP in a clinical practice setting
  – 657 people
  – 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% of PrEP users had been diagnosed with an STD
    • At 12 months, 50% of PrEP users had been diagnosed with an STD

No new HIV infections among the population
IPERGAY

**Ipergay : Event-Driven iPrEP**

- 2 tablets (TDF/FTC or placebo) 2-24 hours before sex
- 1 tablet (TDF/FTC or placebo) 24 hours later
- 1 tablet (TDF/FTC or placebo) 48 hours after first intake

- Study of MSM and transgender women on intermittent dosing regimen based on sexual activity
- Overall efficacy = 86%
- Great variability in use of PrEP
PrEP works extremely well IF taken
DOES ADHERENCE HAVE TO BE PERFECT?

**HIV Incidence and Drug Concentrations**

<table>
<thead>
<tr>
<th>Dosing</th>
<th>Estimated PrEP Efficacy</th>
</tr>
</thead>
<tbody>
<tr>
<td>2x/week</td>
<td>76%</td>
</tr>
<tr>
<td>4x/week</td>
<td>96%</td>
</tr>
<tr>
<td>Daily</td>
<td>99%</td>
</tr>
</tbody>
</table>

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


NO infections seen w/ ≥ 4 doses/week
Guidelines Overview:

Who should receive PrEP?
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 patients who are MSM or transgender persons 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. 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.
   - Methylene blue 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 on ART but is not virally suppressed or who is within 6 months of initiating ART.

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

1. MSM and transgender persons who have sex with men if the patient has either of the following risks:
   - Condomless anal sex outside of a long-term, mutually monogamous relationship with a man who is HIV negative. Unprotected receptive anal sex is associated with a higher risk of HIV acquisition than unprotected insertive anal sex, and some authorities recommend PrEP to all men who have unprotected receptive anal intercourse outside of a mutually monogamous relationship with an HIV-uninfected partner.
   - Diagnosis of urethral gonorrhea or rectal chlamydial infection in the prior 12 months.
2. Persons in HIV-serodiscordant relationships in which the female partner is trying to get pregnant.
3. Persons in ongoing sexual relationships with HIV-infected persons who are on antiretroviral therapy and are virally suppressed.
4. Women who provide sex for money or drugs.
5. Persons who inject drugs that are not prescribed by a medical provider.
6. Persons seeking a prescription for PrEP.
7. Persons completing a course of antiretrovirals for nonoccupational exposure 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 educate patients' knowledge and readiness to initiate PrEP prior to prescribing tenofovir and emtricitabine, and should counsel and educate patients to facilitate their success taking PrEP. Medical providers should refer to national guidelines (see below) for information on how to prescribe PrEP and monitor persons on PrEP.*


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


## CDC recommendations for PrEP use

<table>
<thead>
<tr>
<th>MSM</th>
<th>Transgender Persons</th>
</tr>
</thead>
</table>
| • 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 |
<table>
<thead>
<tr>
<th>Heterosexual Women</th>
<th>Drug Users</th>
</tr>
</thead>
<tbody>
<tr>
<td>• HIV positive sex partner;</td>
<td>• Injection drug users who share injection equipment, inject</td>
</tr>
<tr>
<td>• History of syphilis diagnosed in the past 12 months;</td>
<td>one or more times per day, inject cocaine or methamphetamine,</td>
</tr>
<tr>
<td>• A male partner who may be having sex with men.</td>
<td>or engage in high-risk sexual behaviors.</td>
</tr>
<tr>
<td>• Other risk factors that increase HIV risk</td>
<td>• Use of stimulant drugs associated with high risk behaviors</td>
</tr>
</tbody>
</table>
PrEP Patient Management:

How to PrEP?
Sample PrEP Visit Schedule

Screening/Enrollment

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
- Dispense 30 tabs

Follow-up:
- Symptom review: Sx of acute HIV?
- Assessment, counseling:
  - Behavior
  - Adherence
- HIV testing
- STI testing
- Renal function testing
- Dispense 90 Tabs

4 weeks
12 weeks
24 weeks
36 weeks
48 weeks

Courtesy of Dr. Stephanie Cohen, SF DPH
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 flu 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
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
## Ongoing Monitoring and Support

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 days after initiation</td>
<td>• Assess side effects and the patient’s interest in continuing</td>
</tr>
<tr>
<td></td>
<td>• Adherence counseling: reinforce importance of daily use</td>
</tr>
<tr>
<td></td>
<td>• and address any challenges patient has faced.</td>
</tr>
<tr>
<td>Every 3 months</td>
<td>• HIV test: 4&lt;sup&gt;th&lt;/sup&gt; generation preferred</td>
</tr>
<tr>
<td></td>
<td>• If the patient has been off PrEP form more than a week, consider</td>
</tr>
<tr>
<td></td>
<td>screening for acute HIV at time of PrEP re-initiation</td>
</tr>
<tr>
<td></td>
<td>• Creatinine: stop if CrCl &lt; 60 ml/min</td>
</tr>
<tr>
<td></td>
<td>• STD screening</td>
</tr>
<tr>
<td></td>
<td>• Pregnancy test for women; If pregnant, ensure that the patient</td>
</tr>
<tr>
<td></td>
<td>• has been informed about use during pregnancy and that she</td>
</tr>
<tr>
<td></td>
<td>• discusses PrEP use with her prenatal provider.</td>
</tr>
<tr>
<td></td>
<td>• Renew prescription for 90 days only if HIV test negative</td>
</tr>
<tr>
<td></td>
<td>• At visit: adherence and risk reduction counseling</td>
</tr>
</tbody>
</table>
Counseling: Medication issues

• Adherence
  – Ask about pill taking several ways:
    • What makes it easier to take your pills daily?
    • What makes it more difficult?
    • What could you do to make it easier?
  – Tools: alarms, pillboxes, combining PrEP with other daily meds or activities

• Discussion of most common side effects, mitigation strategies
  – With/without food, bedtime dosing, waiting it out
  – Anticipatory guidance re. start-up syndrome
Approximate Sensitivity of HIV Tests for Acute/Recent Infection

- **LAB RNA**
- **LAB-based p24 antigen/antibody Combo: (4th gen)**
- **LAB-based Antibody: (3rd gen)**
- **RAPID Ag/Ab (4th gen)**
- **RAPID Antibody (blood test reactive before oral)**

Infection timeline:
- **0 days**
- **11 days**
- **16 days**
- **22 days**
- **28-35 days**

Acute Symptoms (+/-)
Screening for Acute HIV Infection

Table 7: Clinical Signs and Symptoms of Acute (Primary) HIV Infection

<table>
<thead>
<tr>
<th>Features (%)</th>
<th>Overall (n = 375)</th>
<th>Male (n = 355)</th>
<th>Female (n = 23)</th>
<th>Sexual (n = 324)</th>
<th>Injection Drug Use (n = 34)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fever</td>
<td>75</td>
<td>74</td>
<td>83</td>
<td>77</td>
<td>50</td>
</tr>
<tr>
<td>Fatigue</td>
<td>68</td>
<td>67</td>
<td>78</td>
<td>71</td>
<td>50</td>
</tr>
<tr>
<td>Myalgia</td>
<td>49</td>
<td>50</td>
<td>26</td>
<td>52</td>
<td>29</td>
</tr>
<tr>
<td>Skin rash</td>
<td>48</td>
<td>48</td>
<td>48</td>
<td>51</td>
<td>21</td>
</tr>
<tr>
<td>Headache</td>
<td>45</td>
<td>45</td>
<td>44</td>
<td>47</td>
<td>30</td>
</tr>
<tr>
<td>Pharyngitis</td>
<td>40</td>
<td>40</td>
<td>48</td>
<td>43</td>
<td>18</td>
</tr>
<tr>
<td>Cervical adenopathy</td>
<td>39</td>
<td>39</td>
<td>39</td>
<td>41</td>
<td>27</td>
</tr>
<tr>
<td>Arthralgia</td>
<td>30</td>
<td>30</td>
<td>26</td>
<td>28</td>
<td>26</td>
</tr>
<tr>
<td>Night sweats</td>
<td>28</td>
<td>28</td>
<td>22</td>
<td>30</td>
<td>27</td>
</tr>
<tr>
<td>Diarrhea</td>
<td>27</td>
<td>27</td>
<td>21</td>
<td>28</td>
<td>23</td>
</tr>
</tbody>
</table>

IF YOU SUSPECT AHI, REFER FOR IMMEDIATE EVALUATION, RNA TESTING!!!!
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
# Billing for PrEP

## COMMON DIAGNOSIS CODES

<table>
<thead>
<tr>
<th>ICD-10 code</th>
<th>Description</th>
<th>Use for</th>
</tr>
</thead>
<tbody>
<tr>
<td>Z01.812</td>
<td>Encounter for pre-procedural laboratory examination</td>
<td>Use for blood or urine tests prior to treatment.</td>
</tr>
<tr>
<td>Z11.3</td>
<td>Encounter for screening for infections with a predominantly sexual mode of transmission</td>
<td>STI screening</td>
</tr>
<tr>
<td>Z11.4</td>
<td>Encounter for screening for human immunodeficiency virus [HIV]</td>
<td>HIV screening</td>
</tr>
<tr>
<td>Z20.2</td>
<td>Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission</td>
<td>HIV, STI screening</td>
</tr>
<tr>
<td>Z20.6</td>
<td>Contact with and (suspected) exposure to human immunodeficiency virus [HIV]</td>
<td>HIV screening</td>
</tr>
<tr>
<td>Z51.81</td>
<td>Encounter for therapeutic drug level monitoring</td>
<td>PrEP monitoring</td>
</tr>
<tr>
<td>Z72.51</td>
<td>High risk heterosexual behavior</td>
<td>HIV, STI screening</td>
</tr>
<tr>
<td>Z72.52</td>
<td>High risk homosexual behavior</td>
<td>HIV, STI screening</td>
</tr>
<tr>
<td>Z72.53</td>
<td>High risk bisexual behavior</td>
<td>HIV, STI screening</td>
</tr>
</tbody>
</table>
Billing for PrEP

Preventive medicine counseling and/or risk factor reduction intervention(s) provided to an individual (separate procedure);

99401  approximately 15 minutes
99402  approximately 30 minutes
99403  approximately 45 minutes
99404  approximately 60 minutes

Screening for syphilis

One annual screening for syphilis in men or women at increased risk. For pregnant women, one screening per pregnancy; two additional screenings in the third trimester and at delivery if at increased risk for STIs.

<table>
<thead>
<tr>
<th>CPT® Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>86592</td>
<td>Syphilis test, non-treponemal antibody; qualitative (eg, VDRL, RPR, ART)</td>
</tr>
<tr>
<td>86593</td>
<td>Syphilis test, non-treponemal antibody; quantitative</td>
</tr>
<tr>
<td>86780</td>
<td>Treponema pallidum</td>
</tr>
</tbody>
</table>

Considerations for 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.
• 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)
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.
PrEP in Adolescent Minors

• PrEP is an important HIV prevention tool for adolescents.

• None of the completed PrEP trials have included persons under the age of 18.
  – Open label demonstration project currently underway for YMSM ages 15 - 22

• Tenofovir/Emtricitabine has been FDA-approved for HIV treatment in combo with other ARV’s since 2004.

• 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”!
PrEP in Transgender People

• Analysis of Transgender data from two research studies shows effectiveness of PrEP in transgender women.
• “No evidence or clinical studies of potential drug interactions between different classes and combinations of antiretroviral medications (ARV) and cross-sex hormone therapy (csHT) used by transgender women for gender transition and feminization.”
• Supported by the World Health Organization
Quick terms review/Tips to promote patient comfort

Terms

• Transgender (adjective)
  – Trans male to female (MTF), or trans woman
  – Trans female to male (FTM), or trans man

• Cis-gender/ non-transgender

• Non-binary/Genderqueer/Gender fluid

Tips

• Ask patients their desired pronoun
  – Ex. “Do you prefer to be referred to as he, she, or they?”

• Refer to chest/breast area as “top” and genital area as “bottom”
  – Ex. “Please remove your shirt so that I can check your top for any lumps or masses.”

http://www.transhealth.ucsf.edu/trans?page=guidelines-home
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
Los Angeles County PrEP Website:
• Information about PrEP and PEP
• How to find a doctor
• Resources for providers
• English/Spanish
• LA County Contact
• Insurance information

Protect yourself from HIV every day

PrEP (Pre-exposure Prophylaxis) is a daily medicine (taken as a pill) that helps you stay HIV-negative.

Prevent HIV after exposure

PEP (Post-exposure Prophylaxis) is an emergency medicine you take right after you are exposed to HIV.
<table>
<thead>
<tr>
<th>Clinic/Practice</th>
<th>Provider(s)</th>
<th>Address</th>
<th>Contact Info</th>
<th>Insurance Accepted</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Public Health Center</td>
<td>Multiple Providers</td>
<td>2212 Figueroa Street, Los Angeles, CA 90027</td>
<td>Sebastian Mares</td>
<td>213-206-1223&lt;br&gt;This clinic provides PrEP services at no cost to people who do not have insurance.</td>
</tr>
<tr>
<td>Curtis Tucker Health Public Health Center</td>
<td>Multiple Providers</td>
<td>13511 Manchester Boulevard, Inglewood, CA 90304</td>
<td>Roberto Media and Chaca Talavera</td>
<td>310-203-7534&lt;br&gt;This clinic provides PrEP services at no cost to people who do not have insurance.</td>
</tr>
<tr>
<td>North Hollywood Public Health Center</td>
<td>Multiple Providers</td>
<td>5301 Tujunga Ave, North Hollywood, CA 91601</td>
<td>Mary or Laudor</td>
<td>818-468-3982&lt;br&gt;This clinic provides PrEP services at no cost to people without insurance.</td>
</tr>
<tr>
<td>Ruth Temple Public Health Center</td>
<td>Multiple Providers</td>
<td>3830 S Western Ave, Los Angeles, CA 90010</td>
<td>Sacred or Blas</td>
<td>323-790-9917&lt;br&gt;This clinic provides PrEP services at no cost to people who do not have insurance.</td>
</tr>
<tr>
<td>Torrance Public Health Center</td>
<td>Multiple Providers</td>
<td>7111 Crenshaw Boulevard, Torrance, CA 90501</td>
<td>Yvonne Rodriguez and Theresa Quintana</td>
<td>310-544-0251&lt;br&gt;This clinic provides PrEP services at no cost to people who do not have insurance.</td>
</tr>
<tr>
<td>AltaMed Health Services Corp.</td>
<td>William Dunn, MD, Scott Kim, MD, Kevin Lee, MD</td>
<td>5501 Winter Street, Los Angeles, CA 90022</td>
<td>Shyan Robles</td>
<td>310-397-0900&lt;br&gt;Medi-Cal 310-397-0900</td>
</tr>
</tbody>
</table>
DHSP Social Marketing Materials Available

• Current Pamphlets available (below)
• Future Pamphlet with more detailed information coming soon!
  – “Get PrEP in Five Easy Steps”, more details regarding access
  – Map and contact information for all DHSP-funded sites
• “The Protectors”- new characters will be unveiled soon, and will include new collateral material
PrEP Materials

DHSP:
Targeted client education materials (wallet brochures)

Available via online order

Email prepinfo@ph.lacounty.gov
Questions?

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213-351-8083