



**BARBARA FERRER, Ph.D., M.P.H., M.Ed.**  
Director

**MUNTU DAVIS, M.D., M.P.H.**  
County Health Officer

**MEGAN McCLAIRES, M.S.P.H.**  
Chief Deputy Director

**RITA SINGHAL, M.D., M.P.H.**  
Director, Disease Control Bureau

**MARIO J. PÉREZ, M.P.H.**  
Director, Division of HIV and STD Programs  
600 South Commonwealth Avenue, 10th Floor  
Los Angeles, CA 90005  
TEL (213) 351-8001

[www.publichealth.lacounty.gov](http://www.publichealth.lacounty.gov)

**BOARD OF SUPERVISORS**

**Hilda L. Solis**  
First District

**Holly J. Mitchell**  
Second District

**Lindsey P. Horvath**  
Third District

**Janice Hahn**  
Fourth District

**Kathryn Barger**  
Fifth District

April 24, 2023

Dear Colleague:

In 2022, there were an estimated 1,400 new HIV transmissions among Los Angeles County (LAC) residents. The LAC Ending the HIV Epidemic (EHE) Initiative aims to reduce the number of new infections in LAC by 75% (no more than 350) by 2025 and by 90% (no more than 140) by 2030. A key component of our HIV prevention efforts is the expanded use of two biomedical HIV prevention interventions, Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP).

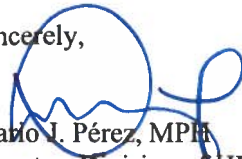
- PrEP, administered in pill form or by injection, is taken prior to a potential exposure to HIV and can prevent HIV infection when used in combination with other risk reduction strategies. When taken as prescribed, PrEP can decrease a patient’s risk of HIV acquisition by up to 99%.
- PEP, administered in pill form, is taken daily for twenty-eight (28) consecutive days after a high-risk exposure to HIV to prevent HIV infection.


This **PrEP and PEP Action Kit** includes both clinical resources for your practice as well as educational materials for your patients. The kit’s content is structured around the following four core HIV prevention practices and intervention recommendations:

1. **Take a sexual and substance use history** from all patients as part of routine medical care.
2. **Screen and treat sexually active patients** for sexually transmitted infections (STIs) based on sexual history and clinical guidelines. Please note that empiric STI treatment is often indicated.
3. **Talk about PrEP and PEP** with all sexually active patients and recommend PrEP to patients who have an indication of HIV risk.
4. **Prescribe PrEP and PEP** according to clinical guidelines or refer patients to sites that provide PrEP and PEP. Prescribe PrEP to anyone who requests it, regardless of risk indicators.

We look forward to partnering with you to implement these critical HIV prevention strategies.

Sincerely,

  
Mario J. Pérez, MPH  
Director, Division of HIV and STD Programs

  
Sonali P. Kulkarni, MD, MPH  
Medical Director, Division of HIV and STD Programs