Understanding PrEP

A Webinar for Community-Based Providers

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Why Do Community-Based Providers Need to Know About PrEP?

- CBO providers are on the front lines of HIV prevention
- CBO providers help clients understand their options, including: PrEP, PEP, and condoms
- These options help clients make decisions about how they want to protect themselves and their partners

- Key services to link HIV-negative people to PrEP services, include:
  - HIV testing
  - Outreach
  - Others?
What is PrEP?
Reviewing How HIV Infection Happens

- HIV is a virus
- It invades CD4+ cells, which are a key part of our immune system
- Once HIV gets inside a CD4+ cell, it uses the cell to create more virus
- HIV destroys the original cell
Reviewing How HIV Infection Happens

HIV invades CD4 lymphocyte

HIV inserts its genetic material into the cell's nucleus

Dormant state: 1–10 years HIV reproduces as cell reproduces

HIV becomes active, destroying the cell and spreading widely
Viral Suppression as Prevention

- Maternal to Child Transmission
- Rakai Study (2000) 96% reduction of transmission between heterosexual couples
- PARTNER Study with MSM confirms this finding
- 2017 CDC declares that people living with HIV with undetectable viral load are extremely unlikely to transmit HIV sexually
What About PEP?

PEP involves taking anti-HIV drugs as soon as possible after a potential exposure to prevent HIV infection.

- **Post** = After
- **Exposure** = An HIV-negative person has gotten one of the fluids that can transmit HIV into their body from someone who is living with (or might be living with) HIV
- **Prophylaxis** = Prevention
PEP Facts

- PEP is a combination of HIV medications
- Works to prevent HIV from “taking hold” in the body and making more copies of itself
- Emergency medication—not for ongoing use
- Often available in Emergency Departments, person’s doctor, Urgent Care, or HIV Clinics
And Now We Have PrEP

PrEP is a new prevention method in which people who do not have HIV infection take a pill daily to reduce their risk of becoming infected.
What is PrEP?

• stands for “pre-exposure prophylaxis.”
• Pre = before
• Exposure = a person gets one or more of the fluids that can transmit HIV into their body
• Prophylaxis = prevention
• Unlike PEP (post-exposure prophylaxis), a person takes PrEP before they expect to be exposed to HIV
What’s In PrEP?

• Made up of antiretroviral medications (ART)
• Only one drug, Truvada, FDA-approved currently
• Truvada=combination of two drugs, tenofovir (Viread) and emtricitabine (Emtriva)
• Eventually, more drugs will be developed for use as PrEP
How Does PrEP Work?

• Blocks an enzyme (called reverse transcriptase)
• HIV can’t make more copies of itself inside a person’s body
• When HIV can’t reproduce itself, it can’t take hold in a person’s body
• Person stays HIV-negative, and the virus is cleared from the body
Why Does PrEP Matter?

- Highly effective (esp. for sexual transmission) for both insertive and receptive partners
- Taken in advance of HIV exposure
- If unable or unwilling to use other methods during exposure, already have significant protection
- Method of protection that receptive partners in anal and vaginal sex can control (empowering)
- Provides another option for conception in mixed-status couples
More on Why PrEP Matters

- Many people do not use condoms or fresh needles every time
- Can be used together with condoms and clean needles, for even more protection
- Reduces anxiety about sex between partners of different HIV status
**PrEP Takes Some Planning**

People who want to use PrEP to prevent HIV take one pill each day. It takes a while for the protection to build up in the person’s system. It takes about:

<table>
<thead>
<tr>
<th>Days</th>
<th>For PrEP to Provide Protection</th>
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<tr>
<td>7 days</td>
<td>for maximum protection in rectal tissue (which would protect the receptive partner during anal sex)</td>
</tr>
<tr>
<td>20 days</td>
<td>for maximum protection in vaginal tissue and penile tissue (which would protect the receptive and insertive partners in vaginal sex, and the insertive partner in anal sex)</td>
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<tr>
<td>20 days</td>
<td>for people who share injection equipment</td>
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</table>

*Everyone who uses PrEP for prevention should also take it for 28 days after an exposure occurs.*
PrEP Won’t Work Well If...

- it is something that a person takes casually
- or at the last minute
- or only after a potential exposure.
- Missing doses decreases effectiveness.

And
- PrEP does NOT protect against pregnancy, or STDs other than HIV
How Effective Is PrEP?

- PrEP is highly effective at preventing HIV when it is used correctly and consistently.
- The CDC estimates that PrEP is more than 90% effective (92%) when used to protect against sexual HIV transmission, and...
- more than 70% effective when used to protect against transmission through shared injection needles.
How Effective Is PrEP?

- Some studies suggest that when PrEP is taken daily, as prescribed, it has very close to 100% effectiveness for sexual HIV prevention.
- Even when PrEP is only taken 4 days a week, some studies suggest that it can provide up to 96% protection against sexual transmission of HIV.
- It has been extremely rare for people who were taking PrEP as directed to become infected with HIV.
How Do We Know PrEP Is Effective?


Comparing PrEP and PEP

- Both use anti-HIV medications to help HIV-negative people stay HIV negative
- Medications in PEP tend to be stronger and have more side effects than those in PrEP
- PrEP is likely more effective than PEP at preventing HIV
- PrEP is for everyday prevention
- PEP is emergency medication
Transitioning from PEP to PrEP

- Steve comes in for HIV testing, with a sexual HIV exposure from yesterday

- You explain PEP to Steve, deliver his negative result, and link him to George, your agency’s nurse practitioner

- George gives Steve a PEP “starter pack” immediately, and helps him make a follow-up appointment with Elizabeth, a doctor who can supervise his course of PEP over the next 28 days

- If Steve is willing, link him to Julius, your agency’s PrEP Navigator

- While Steve is on PEP, either Elizabeth, Julius, or someone else can help him transition onto PrEP if he is at ongoing risk of contracting HIV
Barriers to PrEP

- Getting enough information about PrEP
- Knowing where to access PrEP
- Finding a way to pay for PrEP
- Talking to their medical providers who are not knowledgeable about PrEP
- Overcoming stigma and feeling supported on PrEP
What about side effects?

- Clinically important side effects (2-5%)
  - **Elevated Creatinine**
    - Marker of kidney function
    - Measured every 3-6 months
    - Returns to normal if Truvada is stopped

- **Bone Mineral Density (~1% reduction)**
  - Most relevant for older and younger patients
  - No increase in fractures have been observed
What about side effects?

- **Bothersome side effects (~10%)**
  - Nausea
  - Headache
  - Diarrhea
  - Unintentional weight loss

“Start-up Syndrome”
Learning More and Spreading the Word

- You and your agency are part of the key to letting people know that PrEP may be an option for them!

- These sites can help you learn more general information so that you can more comfortably talk with your clients about PrEP

- If PrEP Navigation Services are available in your area, Navigators can offer the resources to overcome many of these barriers

- **prepfacts.org:** [http://prepfacts.org](http://prepfacts.org).

- **Project Inform:** [http://www.projectinform.org/prep/](http://www.projectinform.org/prep/).


- **Información básica sobre la profilaxis de preexposición (PrEP).** [https://www.cdc.gov/hiv/spanish/basics/prep.html](https://www.cdc.gov/hiv/spanish/basics/prep.html)
Knowing Where To Access PrEP
Helping Clients Pay for PrEP

- Medicaid
- Medicare Part D
- Private Medical Insurance
- Manufacturer Assistance (Gilead Programs for Co-Pay Assistance and Medication Assistance)
- Patient Advocate Foundation
- Patient Access Network Foundation

Learn more at Project Inform Projectinform.org
Spreading the Word in the Medical Community

• “I’m not an HIV doctor—I’m not comfortable prescribing this.”
• A variety of providers must now “get comfortable” with prescribing PrEP—anti-HIV medications for HIV-negative people
• Often, HIV docs and service providers are the link that makes the difference
• The upcoming PrEP Institute in Columbia is part of the plan to build a local network of PrEP providers
Overcoming PrEP Stigma

From medical providers:
“PrEP is only for homosexuals.”
“Why do you want PrEP? You’re not that promiscuous.”

From other service providers:
“PrEP is just an excuse for people to stop using condoms.”

In LGBT communities:
“You must really be slutty if you are taking a pill every day to prevent HIV”

What Do You Want Your Message to Be to Clients Around PrEP?
Overcoming Stigma & Supporting Clients on PrEP


• How can you and your organization help reduce PrEP-related stigma?
PrEP Program Evaluation

1. PrEP initiation - track time from the date of prescription to taking their first dose, some clients wait a significant amount of time.
2. Adherence at 3 months, 6 months
3. Doses missed
4. Any clients lost to follow up
5. HIV testing every 3 to 6 months
6. Clients with health insurance at intake vs. Insurance assistance by the PrEP navigator
7. Track time spent with each client.
Client Satisfaction Survey

Examples of service categories for evaluation:

- Session time
- Referrals
- Cultural competence
- Attitudes towards adherence
- Service Satisfaction overall

Tailor agency survey to fit program individual needs in evaluation

Thank you!

Thinking about the services you received today, how would you rate your satisfaction with:

<table>
<thead>
<tr>
<th>Question</th>
<th>Very Satisfied</th>
<th>Somewhat Satisfied</th>
<th>Somewhat Dissatisfied</th>
<th>Very Dissatisfied</th>
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<tbody>
<tr>
<td>1. How satisfied were you with the length of your PrEP session?</td>
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<td>2. How satisfied were you with the PrEP referrals received?</td>
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<td>3. How satisfied were you with the quality of PrEP services you received?</td>
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<td>4. How satisfied were you with PrEP navigator’s knowledge and competence?</td>
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<td>5. How satisfied were you with the PrEP navigator addressing your needs and concerns?</td>
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<td>6. How satisfied were you with the PrEP navigator’s sensitivity around your cultural needs?</td>
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<td>7. How satisfied were you with the assistance you received on insurance coverage for PrEP?</td>
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<td>8. How satisfied were you that the information you received about PrEP will benefit you in making an informed decision?</td>
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<tr>
<td>9. How satisfied are you with a daily pill regimen as part of your HIV prevention practices?</td>
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<tr>
<td>10. Overall, how satisfied are you with the PrEP services you received TODAY?</td>
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</table>

11. How likely would you be to recommend AHP PrEP navigation services to others?
- Very likely
- Somewhat likely
- Somewhat unlikely
- Very unlikely

12. How much have the services you’ve received TODAY helped you to protect yourself from HIV infection?
- Helped very much
- Helped somewhat
- Haven’t helped at all
- The services have made it ha
Thank You!

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To access our PrEP booklet for CBOs email us at: ahptraining@ucsf.edu