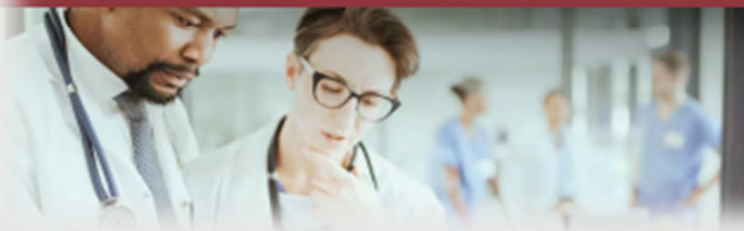


October 16, 2024



Integrating HIV Testing, Management, and Prevention in Primary Care



Presented by: Jennifer Sobolik, CNP, AACRN, AAHIVS

HIV PREVENTION – MEDICATIONS AND HARM REDUCTION STRATEGIES



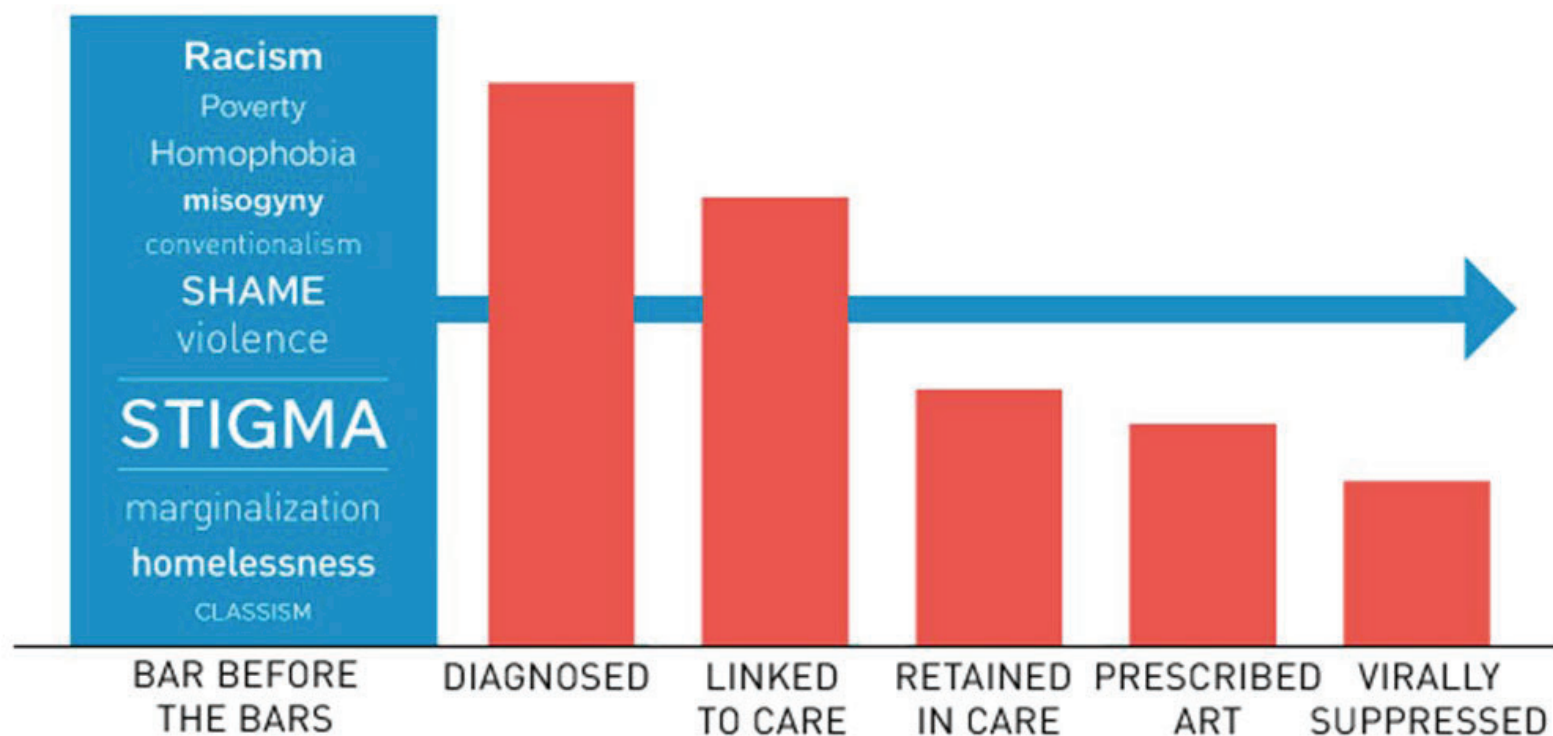
- CDC guideline recommendations for assessing HIV PrEP eligibility and initiation
- Assessing HIV PrEP indications
- Obtaining a sexual history
- Medications for PrEP, PEP, and DoxyPEP
- Prescribing PrEP in primary care



HIV CARE CONTINUUM:

The series of steps a person with HIV takes from initial diagnosis through their successful treatment with HIV medication.

Primary Care – the Key to Prevention



The background of the slide is a close-up photograph of a red awareness ribbon, which is a symbol for HIV/AIDS. The ribbon is draped and folded, creating a sense of depth and texture. To the left of the ribbon, there is a portion of a rainbow flag, with the yellow, green, and blue stripes visible. The overall lighting is soft and slightly desaturated, giving the image a somber and thoughtful feel.

Always Remember

HIV is a medical diagnosis, NOT a character flaw.



**YOU ARE
WELCOME
HERE**



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The BEST News – HIV is PREVENTABLE!

- Safer Sex
- Condoms
- Syringe Exchange Programs
- Frequent STI testing – and recheck if positive
- Keep positive patients undetectable (U=U)
- Pre-exposure Prophylaxis (PrEP)
- Post-exposure Prophylaxis (PEP and nPEP)

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IDENTIFY THOSE AT RISK

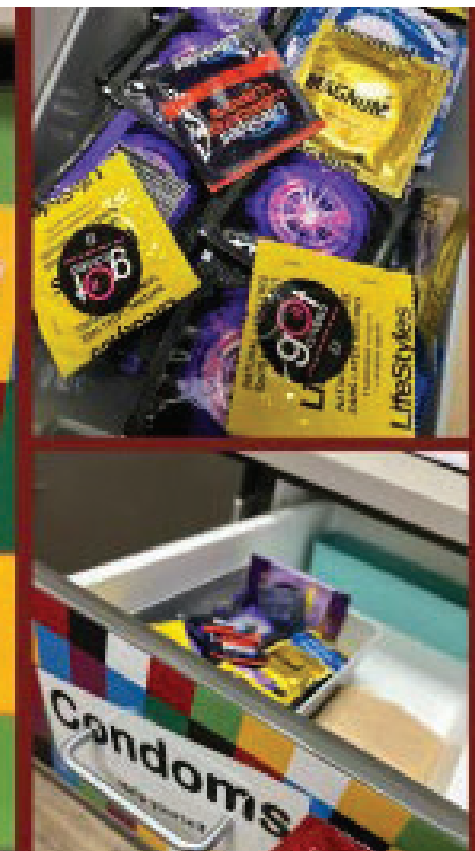
- Take a detailed sexual health history
- Provider discomfort about sex is not an acceptable reason to omit this from history
- Ask about behaviors – substance use, others
- Patients may disclose more over time as they become comfortable

CDC HIV TESTING RECOMMENDATIONS

- HIV testing is the STANDARD OF CARE with any STI check
- All patients 13-64+ should get tested for HIV at least once as part of routine care
- Annual or more frequent testing for patients with certain risk factors for HIV
 - People who inject drugs and their sex partners
 - People who exchange sex for money or drugs
 - Sex partners of people with HIV
 - Sexually active gay, bisexual, and other men who have sex with men (more frequent testing may be beneficial [e.g., every 3-6 months])
 - Pregnant women
 - Recent treatment for STI – Increases risk of acquisition by 3-5 times

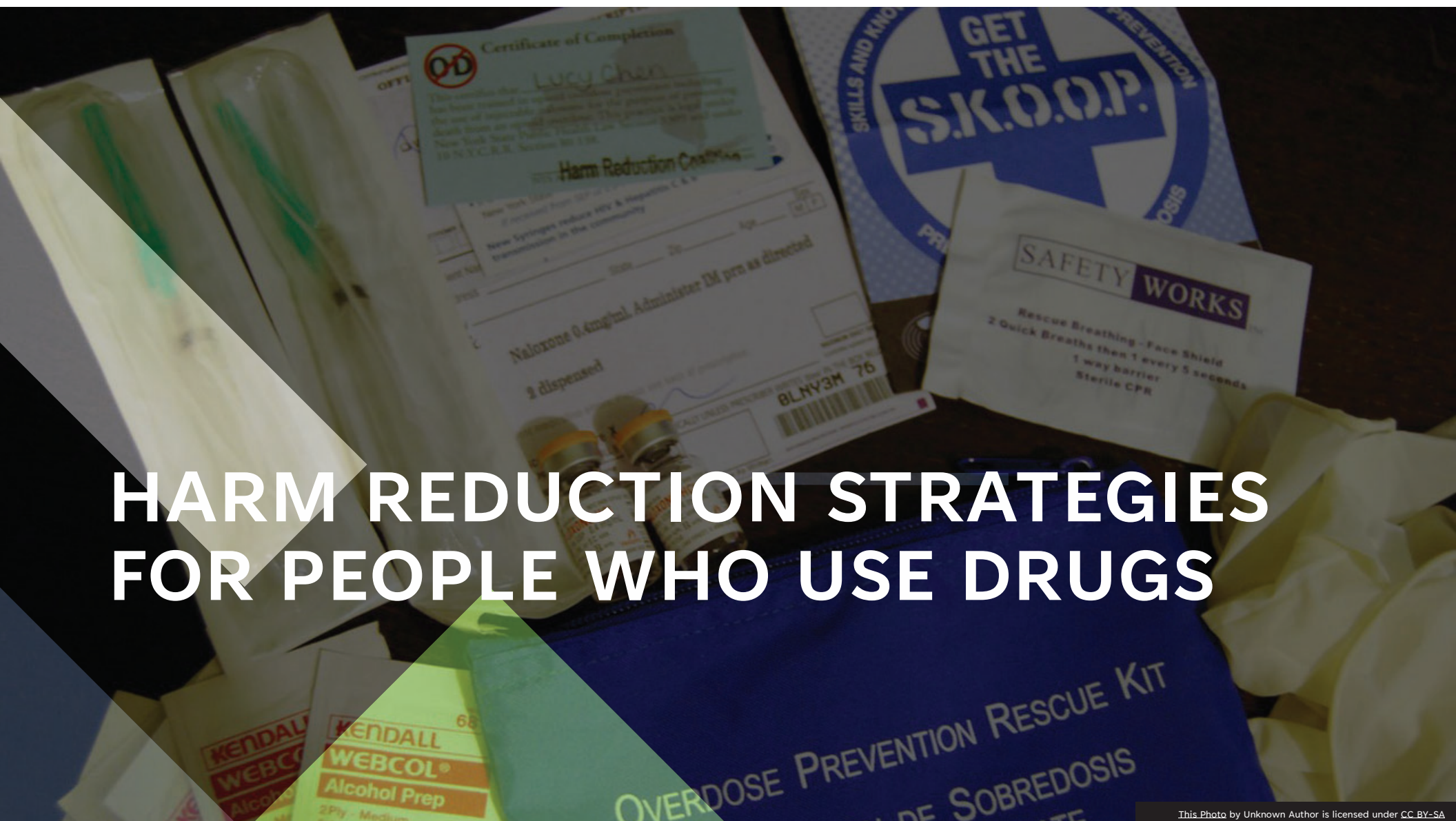


**HIV TESTING IS THE PERFECT
OPPORTUNITY TO DISCUSS HIV
PREVENTION**



Safer Sex Education // Condom Use

HARM REDUCTION STRATEGIES FOR PEOPLE WHO USE DRUGS





HARM REDUCTION LAWS

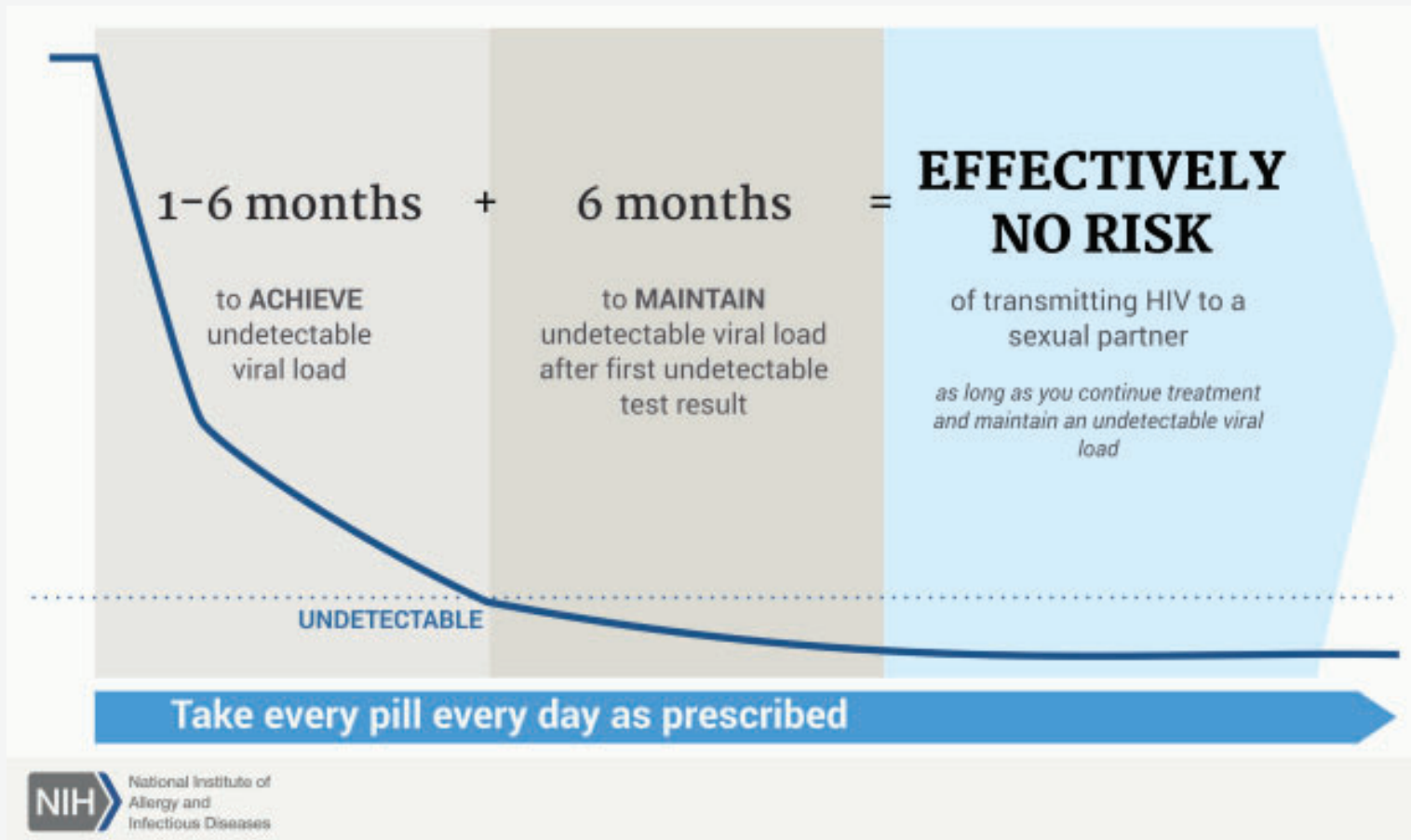
	North Dakota	South Dakota
Syringe Possession & Distribution	Needle exchange is authorized	Needle exchange is not authorized
Naloxone Access Law	May prescribe naloxone directly or by standing order	May prescribe naloxone directly or by standing order
Naloxone Standing Order	No statewide standing order	Allows pharmacists to give out prepackaged
Good Samaritan Law	Nothing specific for medical personnel	Giving first aid (but not necessarily just calling for help) may be used as a mitigating factor in other prosecutions

The background features a large, detailed blue virus particle with numerous spike-like protrusions, resembling a coronavirus, positioned in the upper left. Below and to the right of the virus are several red, textured spherical cells, likely representing red blood cells. The overall lighting is dark, with the virus and cells highlighted against a black background.

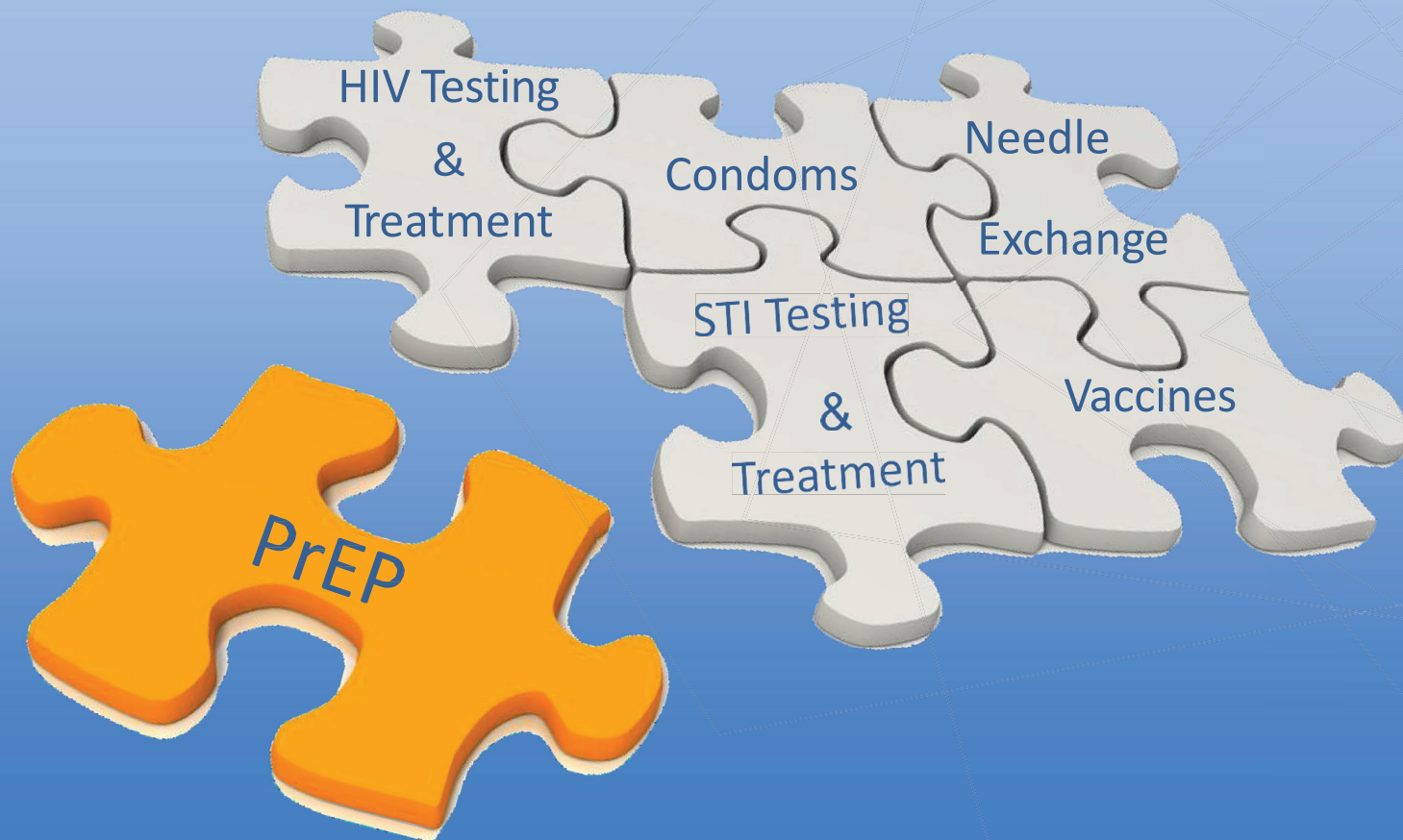
UHEU

10/16/2024

ADDED BENEFIT OF HIV TREATMENT – IT WORKS FOR PREVENTION!



PREP IS ONE PIECE OF THE HIV PREVENTION PUZZLE



PrEP
STANDS FOR
PRE-EXPOSURE
PROPHYLAXIS



PEP
STANDS FOR
POST-EXPOSURE
PROPHYLAXIS

PrEP vs. PEP

When you take steps to protect yourself against a disease, like HIV, it's called prophylaxis. PrEP and PEP are for protecting people who are HIV negative.

PrEP stands for pre-exposure prophylaxis.

What's it called?

PEP stands for post-exposure prophylaxis.

Before HIV exposure.

PrEP is taken before sex, drug use, or other HIV exposure.

When is it taken?

After HIV exposure.

In emergency situations, PEP is started within 72 hours after possible exposure, and taken for a month thereafter.

PrEP is for people who don't have HIV and:

- are at risk of getting HIV from sex
- are at risk of getting HIV from injection drug use

Who's it for?

PEP is for people who don't have HIV but may have been exposed:

- during sex
- during a sexual assault
- at work through a needlestick or other injury
- by sharing injection drug equipment

Consistent use of PrEP can reduce the risk of getting HIV from sex by about 99% and from injection drug use by at least 74%.

How effective is it?

PEP can prevent HIV when taken correctly, but it is not always effective. Start PEP as soon as possible to give it the best chance of working.

Ask your health care provider about a prescription for PrEP, or use PrEPlocator.org to find a health care provider in your area who can prescribe PrEP.

How do you get it?

Within 72 hours after potential exposure to HIV, get a PEP prescription from your health care provider, urgent care, or an emergency room.

For more information, visit HIVinfo.NIH.gov.





WHAT MEDS WORK FOR PREP?

Two oral medications available

- Truvada – TDF/FTC – (Tenofovir disoproxil fumarate, Emtricitabine)
- Descovy – TAF/FTC (Tenofovir alafenamide, Emtricitabine)

** ONLY approved for those assigned male at birth*

TDF VS TAF // FTC

TDF – Tenofovir disoproxil fumarate

- Nucleoside/Nucleotide Reverse Transcriptase Inhibitor

TAF – Tenofovir alafenamide

- Nucleoside/Nucleotide Reverse Transcriptase Inhibitor

FTC – Emtricitabine

- Nucleoside/Nucleotide Reverse Transcriptase Inhibitor



APRETUDE is the first and only long-acting, injectable PrEP proven to reduce the risk of getting HIV

Here's what you need to know about APRETUDE



» Helps give 2 months of continuous protection from HIV with each dose*



» Long-acting APRETUDE was proven superior at reducing the risk of getting HIV vs once-daily TRUVADA in two randomized, double-blind, controlled studies†



» **Diverse studies**
Among the most diverse PrEP studies ever conducted—including cisgender men and women, as well as transgender women, and a range of ages and ethnicities

*APRETUDE is given every other month by a healthcare provider after initiation injections have been given 1 month apart for 2 consecutive months. Stay under a provider's care while receiving APRETUDE. You must receive it as scheduled. If you will miss a scheduled injection by more than 7 days, call your provider right away.

†Based on two separate clinical studies in which HIV transmissions occurred 3x less often in cisgender men and transgender women, and 12x less often in cisgender women receiving APRETUDE compared to once-daily TRUVADA.

PrEP=pre-exposure prophylaxis | [Step-by-Step Checklist](#)

General Workflow

	Sexually-Active Adults and Adolescents ¹	Persons Who Inject Drug ²
Identifying substantial risk of acquiring HIV infection	Anal or vaginal sex in past 6 months AND any of the following: <ul style="list-style-type: none"> HIV-positive sexual partner (especially if partner has an unknown or detectable viral load) Bacterial STI in past 6 months³ History of inconsistent or no condom use with sexual partner(s) 	HIV-positive injecting partner OR Sharing injection equipment
Clinically eligible	<u>ALL OF THE FOLLOWING CONDITIONS ARE MET:</u> <ul style="list-style-type: none"> Documented negative HIV Ag/Ab test result within 1 week before initially prescribing PrEP No signs/symptoms of acute HIV infection Estimated creatinine clearance ≥ 30 ml/min⁴ No contraindicated medications 	
Dosage	<ul style="list-style-type: none"> Daily, continuing, oral doses of F/TDF (Truvada®), ≤ 90-day supply OR For men and transgender women at risk for sexual acquisition of HIV; daily, continuing, oral doses of F/TAF (Descovy®), ≤ 90-day supply 	
Follow-up care	<u>Follow-up visits at least every 3 months to provide the following:</u> <ul style="list-style-type: none"> HIV Ag/Ab test and HIV-1 RNA assay, medication adherence and behavioral risk reduction support Bacterial STI screening for MSM and transgender women who have sex with men³ – oral, rectal, urine, blood Access to clean needles/syringes and drug treatment services for PWID <u>Follow-up visits every 6 months to provide the following:</u> <ul style="list-style-type: none"> Assess renal function for patients aged ≥ 50 years or who have an eCrCl < 90 ml/min at PrEP initiation Bacterial STI screening for all sexually-active patients³ – [vaginal, oral, rectal, urine- as indicated], blood <u>Follow-up visits every 12 months to provide the following:</u> <ul style="list-style-type: none"> Assess renal function for all patients Chlamydia screening for heterosexually active women and men – vaginal, urine For patients on F/TAF, assess weight, triglyceride and cholesterol levels 	

¹ adolescents weighing at least 35 kg (77 lb)

² Because most PWID are also sexually active, they should be assessed for sexual risk and provided the option of CAB for PrEP when indicated

³ Sexually transmitted infection (STI): Gonorrhea, chlamydia, and syphilis for MSM and transgender women who have sex with men including those who inject drugs; Gonorrhea and syphilis for heterosexual women and men including persons who inject drugs

⁴ estimated creatine clearance (eCrCl) by Cockcroft Gault formula ≥ 60 ml/min for F/TDF use, ≥ 30 ml/min for F/TAF use

AFTER YOU PRESCRIBE PREP:

- 1 month follow-up after initial Rx
- Rx for 90 days every 3 months
- HIV test every 3 months
- Check CMP and STIs at each visit
- Counsel regarding risk factors
- Link into primary care if not already done

Test	Baseline (Week 0)	About day 30 after initiating PrEP (optional)	90 days after initiating PrEP	Every subsequent 90 days on PrEP	Other frequency
HIV testing and assessment for signs or symptoms of acute infection	Y	Y	Y	Y	N
Assess side effects	N	Y	Y	Y	N
Hepatitis B serology Vaccinate if non-immune	Y	N	N	N	Y If patient required hepatitis B vaccine at baseline, confirm immune response to vaccination 1 month after last vaccine dose
Hepatitis C serology	Y	N	N	N	12 monthly but, more frequently if ongoing risk e.g. non-sterile injection drug use and MSM with sexual practices that predispose to anal trauma
STI (i.e. syphilis, gonorrhoea, chlamydia) as per Australian STI Management Guidelines*	Y	N	Y	Y	N
eGFR at 3 months and then every 6 months	Y	N	Y	N	At least every 6 months or according to risk of CKD
Urine protein creatinine ratio (PCR) baseline	Y	N	Y	N	Every 6 months
Pregnancy test (for women of child-bearing age, not on effective contraception)	Y	Y	Y	Y	N

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PEP CLINICAL GUIDANCE

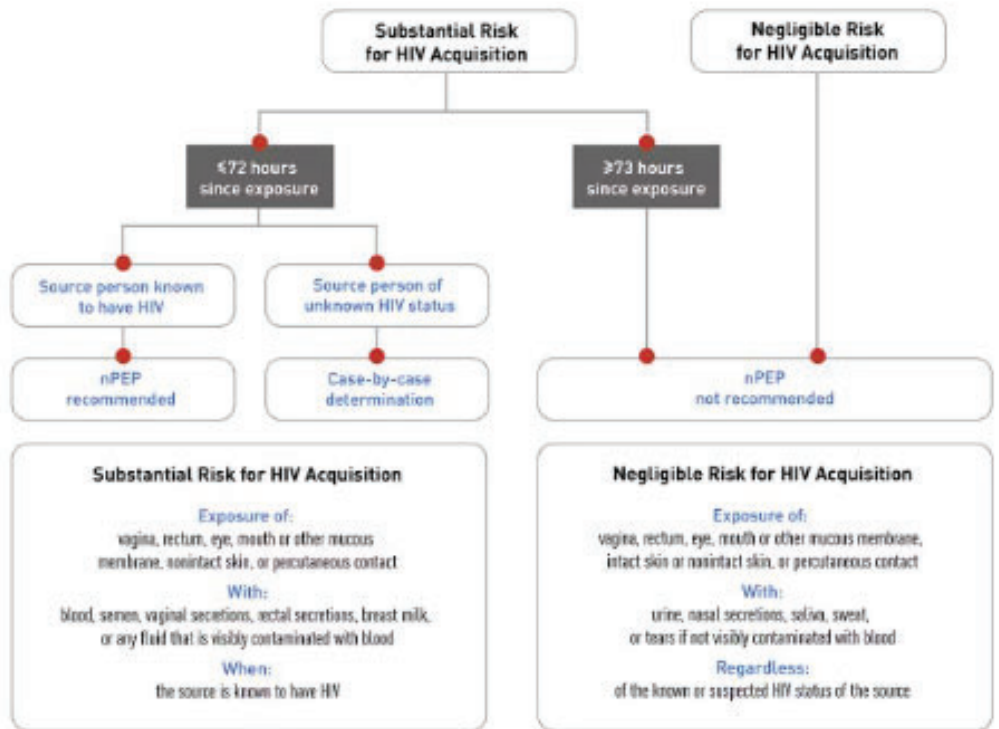
tenofovir disoproxil fumarate (TDF)(300 mg)	PLUS	raltegravir (RAL)(400 mg) twice daily
+		or
emtricitabine (F)(200 mg) once daily		dolutegravir (DTG)(50 mg) once daily

An alternative regimen for otherwise healthy adults and adolescents is

TDF (300 mg)	PLUS	darunavir (DRV)(800 mg)
+		+
F (200 mg) once daily		ritonavir* (RTV)(100 mg) once daily

- PEP is used to prevent HIV after a potential exposure
- Any licensed prescriber can prescribe PEP
- Baseline assessment is required for people beginning PEP
- Use CDC's comprehensive guidelines for prescribing PEP

Algorithm for Evaluation and Treatment of Possible Nonoccupational HIV Exposures





- Healthcare providers can use CDC guidelines to prescribe doxycycline post-exposure prophylaxis (doxy PEP) to prevent bacterial STIs
- Discuss the pros and cons of doxy PEP with gay, bisexual, and other men who have sex with men and transgender women who had a bacterial STI in the last year
- If offering doxy PEP, write a prescription for patients to self-administer 200 mg of doxycycline as soon as possible within 72 hours after sex
- Offer doxy PEP in the context of comprehensive sexual health approach

[Clinical Guidelines on the Use of Doxycycline Post-exposure Prophylaxis for Bacterial STI Prevention](#)

DoxyPEP for STI Prevention

What is DoxyPEP?



Doxycycline Post-Exposure Prophylaxis (DoxyPEP) means taking the antibiotic doxycycline after sex, to prevent getting a sexually transmitted infection (STI). It is a morning-after pill for STIs. Studies have shown that taking DoxyPEP reduces your chance of getting syphilis and chlamydia by about two-thirds, especially if you are a transgender woman (TGW) or a man who has sex with men (MSM).

When should I take DoxyPEP?



Two 100 mg of doxycycline should ideally be taken within 24 hours, but no later than 72 hours after condomless sex. Condomless sex means oral, anal, or vaginal/front-hole sex where a condom is not used for the entire time.

What about when I have sex again?



If you have sex again within 24 hours of taking doxycycline, take another dose 24 hours after your last dose. You can take doxycycline as often as every day when you are having condomless sex but do not take more than 200 mg (two 100 mg pills) every 24 hours.

How should I take DoxyPEP?



Take doxycycline with plenty of water or something else to drink so that it does not get stuck when you swallow. If your stomach is upset by doxycycline, taking it with food may help.

- ✓ Some people are more sensitive to the sun when they take doxycycline, so wear sunscreen.
- ✓ Please do not share doxycycline with others.
- ✓ Avoid dairy products, calcium, antacids, or multivitamins 2 hours before after taking doxycycline.

What are we still learning about DoxyPEP?

1. Does it affect normal ("good") bacteria in our intestines?
2. Could it increase or decrease the bacteria that live on our skin, or cause bacterial resistance to doxycycline (for example staph)?
3. Will DoxyPEP increase doxycycline resistance in bacteria that cause STIs?
 - Although doxycycline has been used for decades, there is no known resistance to doxycycline in chlamydia or syphilis.
 - About 25% of gonorrhea in the US is already resistant to doxycycline; DoxyPEP may not work against these strains. The DoxyPEP study and other studies will help understand whether using DoxyPEP changes resistance in gonorrhea.





HIV NERUS

CDC RESOURCES FOR CLINICIANS

[Centers for Disease Control \(CDC\) | CDC Resources for Clinicians](#)

[National Clinician Consultation Center](#)

[American Academy of HIV Medicine](#)

[Association of Nurses in AIDS Care](#)

[The Well Project](#)

[National HIV Curriculum](#)

National HIV PrEP Curriculum

This free resource was developed at the University of Washington for health care professionals who want to learn about HIV PrEP.

[ABOUT](#)

[CONTRIBUTORS](#)

Funded by:

Centers for Disease Control and Prevention (CDC)

Health Resources and Service Administration (HRSA)



Course Modules

HIV PrEP Fundamentals

In this 6-hour module, novice-to-expert health care professionals can develop proficiency in the fundamental skills needed to assess, initiate, and monitor HIV PrEP. Learners who complete all 5 lessons in this module may take the optional knowledge assessment test and earn an HIV PrEP Training Certificate.

[SELF STUDY »](#) [QUICK REFERENCE »](#)

HIV PrEP In-Depth Topics

These 6 topics explore content addressed in the HIV PrEP Fundamentals module in more detail. The selected topics focus on populations where less HIV PrEP data exists, as well as considerations for same-day HIV PrEP and how to provide HIV PrEP in sexual health clinic settings.

[SELF STUDY »](#) [QUICK REFERENCE »](#)



INTRODUCING THE AETC National HIV Curriculum

FREE Online CME/CNE Training for Physicians, PAs, and Nurses



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- For novice to expert clinicians, faculty and students
- Clinical screening tools and calculators
- 400+ interactive board-review questions
- Modular learning in any order with progress tracker
- Easy to use antiretroviral medications guide and references
- Challenges and Controversies - national experts' opinions



- FROM UNIVERSITY OF WASHINGTON AND AETC NATIONAL COORDINATING RESOURCE CENTER
- EDITOR-IN-CHIEF: DAVID H. SPACH, MD
- FUNDED BY A GRANT FROM THE HEALTH RESOURCES AND SERVICES ADMINISTRATION



National **STD** Curriculum

www.std.uw.edu features self-study modules and Question Bank (board-review style) on a variety of STDs.



Hepatitis C Online

www.hepatitisc.uw.edu features self-study modules for diagnosis, monitoring, and management of HCV infection; tools and calculators; HCV medications; and a resource library.





THANK YOU

Jennifer Sobolik, CNP, AACRN, AAHIVS

605-721-8939 x228


jsobolik@chsd.care

completehealthsd.care

EVALUATION

Scan to complete the evaluation. The evaluation is required to receive the AAFP CME Credits.





There is no such thing as a single-issue struggle because we do not lead single-issue lives.

-Audre Lorde
