NYC and PrEP

Demetre C Daskalakis, MD, MPH
Assistant Commissioner, Bureau of HIV/AIDS Prevention and Control
New York City Department of Health and Mental Hygiene
Number and Proportion of Persons with HIV in New York City Engaged in Selected Stages of the Continuum of HIV Care in 2013

- **HIV-infected**: 100% (N=94,912)
- **Diagnosed**: 86% (N=81,625)
- **Retained in care**: 79% (N=74,590)
- **Prescribed ART**: 74% (N=70,488)
- **Virally suppressed**: 64% (N=60,547)

Includes patients receiving care in NYC but living outside of NYC (N=4,794).

14% of PLWH undiagnosed.

Retained in care: ≥1 care visit in 2013.

94.5% of patients who were retained in care prescribed ART (source: MMP 2012).

Viral suppression defined as VL ≤200 cc/mL.

Data reported to the NYC DOHMH by June 30, 2014.
The Continuum of Care for People with HIV

The New HIV Neutral Continuum of Care

HIV CARE AND PREVENTION ARE THE SAME = GETTING TO HIV NEUTRAL
HIV Testing is the key that unlocks the gateway of our new paradigm

In New York City we will make HIV negative and positive test results an equivalent call to action. Both require linkage to care and services.
**PrEP FACTS**

There is a major debate going on about the efficacy* of the drug Truvada to prevent HIV.

*Efficacy measures whether Truvada works under the best possible conditions (e.g., a clinical trial).

AIDS Healthcare Foundation (AHF) has taken the position that the scientific data do not support the large-scale use of Truvada as a community-wide public health intervention.

**Overall Truvada Efficacy in Major Studies**

- Partners PrEP: 100%
- TDF2: 75%
- iPrEx OLE: 75%
- Bangkok Study: 50%
- iPrEx CAPRISA Gel: 25%
- VOICE Gel: 25%
- FEM-PrEP: 25%

Overall efficacy was low in all studies due to low adherence. Even in carefully monitored clinical trials, most participants did not take Truvada as prescribed by medical professionals.

Low adherence means low effectiveness** in preventing HIV.

**References**


---

**SHOTS FIRED**

**Truvada Is For “Cowards,” Says “The Normal Heart” Playwright Larry Kramer**

Activist Larry Kramer, author of *The Normal Heart* and key player in the fight against HIV discrimination and stigma during the height of the AIDS epidemic, sat down with *The New York Times* this week to talk about HBO’s film adaptation of his play and, despite its release this weekend, the unfinished work his movement is still tasked with.

As the founder of nonprofit AIDS

---

**New HIV diagnoses among gay and bi men between the ages of 13 and 24 increased by 132.5% between 2001 and 2011.**

---

**The Advocate**

#31DaysOfPrEP

---

**NYC Health**

#TruvadaWhore
The PrEP Debate is Over

It’s not about if we are going to make PrEP a scalable intervention, it’s about how!
NYC DOHMH PrEP/nPEP Activities and Programs

• Media and Social Marketing
• Monitoring awareness and uptake
• Public Health Detailing Program
• Implementation Workshop
• Provider Directory
• Training for Front-Line Staff
• Promotion of comprehensive health care for MSM to PrEP/PEP
Increasing PrEP & PEP Awareness

Share the Night, Not HIV

PrEP is preventive medication that can help you stay negative, even if he might be positive.

Condoms provide additional protection. For more information on PrEP, talk to your doctor, call 311 or visit nyc.gov and search "HIV PrEP and PEP."

PEP Kept Me HIV-

If you think you’ve been exposed to HIV, go immediately to a clinic or ER and ask for PEP.

For more information, call 311 or visit nyc.gov and search "HIV PrEP and PEP."

We Share Everything but HIV

PrEP is preventive medication that can help you stay negative, even if your partner is positive.

Condoms provide additional protection. For more information on PEP, talk to your doctor, call 311 or visit nyc.gov and search "HIV PrEP and PEP."

NYC Health
**Question:** Sometimes people who do not have HIV take HIV medications before sex to keep from getting HIV. This is called Pre-Exposure Prophylaxis, or PrEP. Have you ever heard of PrEP?”

*Aged 18-40 years, sexually active, self-reported HIV status as negative/unknown

**Data not collected In-person in Fall 2014

Mensah et al. (unpublished), NYC DOHMH, 2014
Use of PrEP Among MSM*, NYC, 2012-14

Proportion used PrEP (%, past 6 months)

- **Fall 2012**: 2% (In-Person), 4% (Online)
- **Spring 2013**: 3% (In-Person), 2% (Online)
- **Fall 2013**: 2% (In-Person), 2% (Online)
- **Spring 2014**: 3% (In-Person), 3% (Online)
- **Fall 2014**: N/A

* Aged 18-40 years, sexually active, self-reported HIV status as negative/unknown
** Data not collected In-person in Fall 2014

Mensah et al. (unpublished), NYC DOHMH, 2014
PrEP and PEP Detailing/Action Kit
Public Health Detailing: Description

• DOHMH representatives visited clinical facilities to present targeted messages using the PrEP and PEP Action Kit for Providers

• 692 sites & 1433 prescribing providers visited
  – Focused on primary care & ID specialty practices diagnosing HIV among priority populations
  – Phase 2: Feb 2015-April 2015

• Key messages:
  – Take a thorough sexual history
  – Screen sexually active patients for STIs
  – Talk about PrEP/PEP to patients (as appropriate)
  – Prescribe PrEP/PEP according to guidelines (or refer)
PrEP Implementation Workshop
Description and Evaluation

• Full-day work session for clinic administrators & medical directors

• Developed with academic partner Dr. Sarit Golub

• Covers components of optimal PrEP program; sample protocols and implementation tools

• Since October 2014, 3 workshops held, 85 attendees

• Attendees rated confidence in PrEP implementations skills before vs. after workshop; significant increases in all skills measured

• Follow-up survey planned; will evaluate successes and challenges to PrEP implementation
Medical Records Monitoring

**PrEP Prescription per 100,000 Patients**

Seen at Ambulatory Care Practices (n=542), NYC, 2012-2014

Logarithmic scale

- Chelsea-Village
- Other NYC
- All NYC

PrEP Prescriptions at 542 Ambulatory Care Practices, by UHF, NYC, Q4 2014

PrEP prescriptions per 100,000 patients

- 0
- 0 - <5
- 5 - <10
- 10 - <50
- 50 - <100
- 100 - <500
- ≥500
- Non-residential
- Chelsea-Village

Emergency Department Surveillance

Proportion of PEP-related visits per 100,000 NYC ED visits, 2002-2013

0 5 10 15 20 25

Male
Female
Total

Emergency Department Surveillance

Proportion of PEP-related visits per 100,000 NYC ED visits, 2013; By Patient Residence

To help stop HIV and other STIs, choose a combination that works for you:

1. Take medicines to treat or prevent HIV
   If you have HIV, HIV medicines help keep you healthy and make it harder to pass HIV to your partners.
   If you do not have HIV, daily PrEP and emergency PEP can help you stay HIV-negative.
   (These medicines only stop HIV, not other STIs.)

2. Use condoms as often as possible
   Consistent condom use helps prevent HIV and other STIs.

3. Use plenty of water-based or silicone-based lube
   Either is safe on latex condoms.

You can enjoy your sex life and still protect yourself from HIV and STIs. Be sure. Play safe.

Protection against HIV, and other sexually transmitted infections (STIs) isn’t “one size fits all.”
City Health Information: Comprehensive Care for MSM and People of Trans Experience

• Provide a welcoming environment for MSM and Trans People
• Take a sexual history as a routine part of primary care
• Routinely screen for alcohol, drug use, depression, HIV and other STIs
• Counsel on consistent condom use as well as PEP and PrEP
• CME Credit—Clinical Symposium: Providing Comprehensive Health Care to Men who have Sex with Men
The One Stop Model
HIV and STD Together
New HIV Diagnosis
Referred by BSTD

PrEP Candidate
Referred by BSTD

PEP Start
Referred by BSTD

Established HIV
Referred by BSTD/Surveillance?

Navigating to BSTD Dose #1
- Insurance check
- Screen for ACA/Medicaid with focus on plans that cover PrEP
- Test run Rx for co-pay
- PAP paperwork
- Referral assistance

Skip to Navigation if done
- HIV/STD Screen
- PEP Labs
- Same day PEP start
- PrEP/Condom Education
- Mental Health/SUD Assessment

Assess & Start
- STD Screen & Management
- CD4 and VL
- Same day Medication
  - Renewals, Restarts, and New Starts
  - Genotype for Naïves
  - STD Screen
  - Stage need for prophylaxis
  - Mental Health/SUD Assessment

Assess & Start
- Provider navigation
- Assemble Clinic Package
- Link to provider
- Mental Health/SUD Referral
- Confirm Connection
- Confirm adherence
- Health Promotion/Self-care—Condoms/PrEP
  - Harm reduction

Assess & Start
- Provider navigation
- Assemble Clinic Package
- “White glove” delivery to care-
  - RW Program/FSU
- Mental Health/SUD Referral
- Health Promotion/Self-care—Condoms/disclosure
  - Harm reduction

Assess & Start
- Provider navigation
- Appointment assist
- Assemble Clinic Package
- “White glove” delivery to care-
  - RW Program/FSU
- Confirm connection
- Mental Health/SUD Referral
- Health Promotion/Self-care—Condoms/Adherence
  - Harm reduction

Navigate
- Insured
  - and PAP
- Navigate
  - to BSTD

Service Check
- Insurance check
- Screen for ACA/Medicaid with focus on plans that cover PrEP
- Test run Rx for co-pay
- PAP paperwork
- Referral assistance

Service Check
- Insurance check
- Initiate insurance paperwork
  - ADAP
  - Medicaid
  - ACA/other
- ARV PAP
- Referral assistance
- RW program referral

Service Check
- Insurance check
- Troubleshoot provider/patient link—Surveillance Check for Engagement in Care
- Maximize benefits
  - Housing
  - Food
- Screen for ACA/Medicaid
- Referral assistance
- RW program referral

Navigate
- Insured
  - and PAP
- Navigate
- to BSTD

HIV ONE STOP
THANK YOU