



PrEP panel

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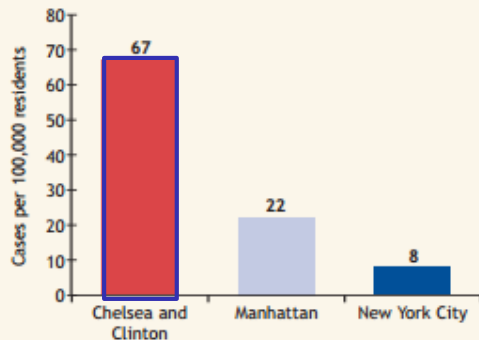
8/26/2015

Demographics: Neighborhood

2006 New York City Community Health Profiles

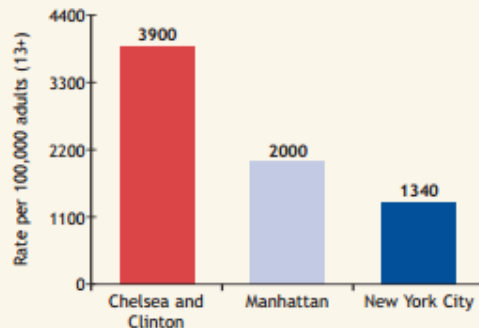
Neighborhood Health Highlight: Sexually Transmitted Infections

The rate of primary and secondary syphilis diagnoses is higher in Chelsea and Clinton



Data Source and Analysis: Bureau of STD Control, NYC DOHMH, 2004

The rate of people living with HIV/AIDS is higher in Chelsea and Clinton



Rates are age-adjusted.

Data Source and Analysis: Bureau of HIV/AIDS Prevention and Control, HIV Epidemiology Program, 2003

Every New York City neighborhood has different health concerns. Here we highlight sexually transmitted infections in Chelsea and Clinton.

Chelsea and Clinton have high rates of sexually transmitted infections (STIs), and since 2000, there has been an increase in syphilis, a serious STI. Together, primary and secondary (P&S) syphilis represent the best measure of this STI.

In 2004, Chelsea and Clinton had the highest rate of P&S syphilis — 8 times the rate in NYC overall. All cases in Chelsea and Clinton were among men, reflecting the current syphilis outbreak among men who have sex with men. Syphilis is a bacterial infection that can be treated and cured when diagnosed early. The initial stage of syphilis causes ulcers, which may be painless and go unnoticed but can increase the transmission of HIV by up to 5 times. In Chelsea and Clinton, more than twice as many adults are living with HIV/AIDS as in New York City overall.

TAKING ACTION

Combating STIs in a community requires both individual preventive behavior and community-level support. In Chelsea and Clinton, less than half (49%) of adults with two or more sex partners in the past year used a condom at their last sexual encounter. **Condom use significantly reduces the risk of contracting HIV and other STIs.** Organizations can order free male condoms at www.nycondom.org. In addition, testing for HIV and other STIs is crucial for early detection and treatment. Only less than one quarter (22%) of adults in Chelsea and Clinton were tested for HIV in the past year. Residents can reduce the consequences of STIs by **encouraging sexual partners to get tested and treated.** For more information on STIs and HIV, call 311.

Chelsea's Syphilis Infection Rate Is 6 Times Citywide Average, City Finds



By Rosalind Wiseman



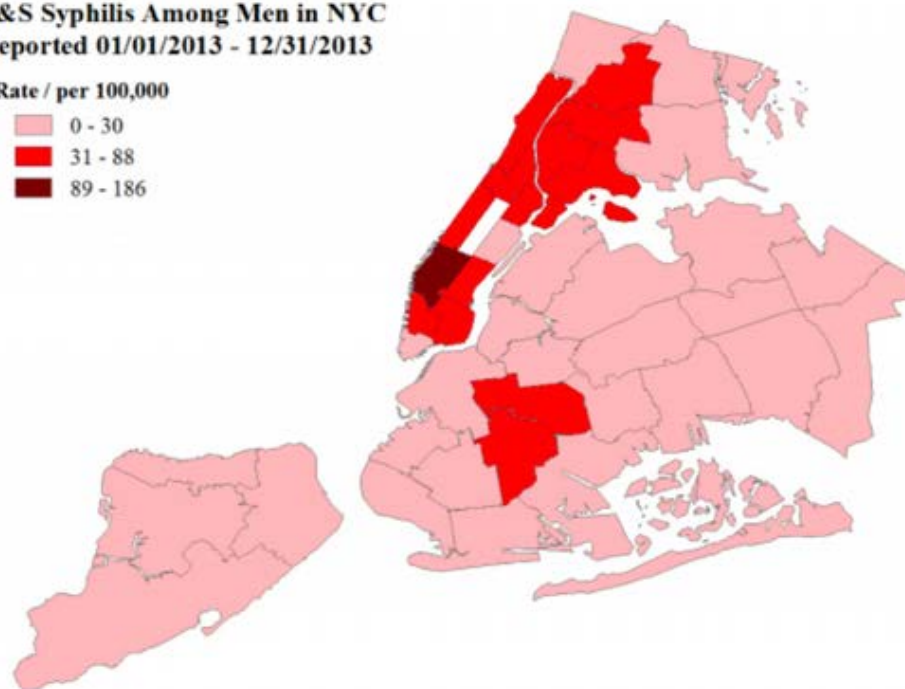
CHELSEA — Syphilis cases in Chelsea have climbed to six times the city's average rate amid a citywide surge that has continued to grow for a decade, the city's health department warned.

The health department recorded 138 new reported cases in Chelsea in 2013 — an infection rate of **93.3 cases per 100,000** people, far higher than the city's average 14 cases per 100,000.

P&S Syphilis Among Men in NYC
Reported 01/01/2013 - 12/31/2013

Rate / per 100,000

- 0 - 30
- 31 - 88
- 89 - 186



Chelsea has the highest syphilis infection rates in the city.

NYC Department of Health and Mental Hygiene



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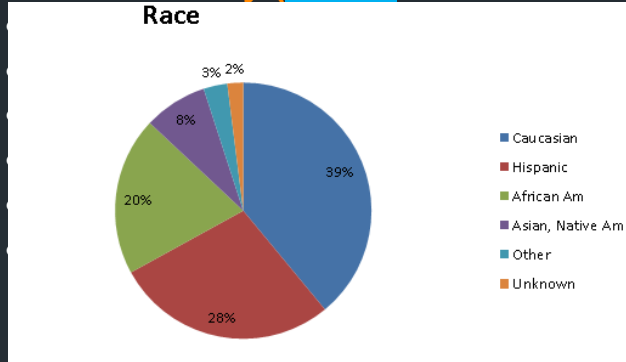
Artist Jenny Holzer Design AIDS Memorial in West Village

[CHELSEA »](#)

Pharmacy Specializing in HIV and Cancer Drugs Moving and

Program demographics (STI Screening Services)

Race/Ethnicity (N=673 between 2013-2015)



Current Gender

- Male 94%
- Female 5%
- Transgender 1%

Age Group

- 18-24 21%
- 25-34 52%
- 35-44 19%
- 45+ 8%

Country of origin

- US-born (including Puerto Rico and other US dependencies) 65%
- Foreign-born 32%
- Declined to answer 3%

Demographics Utilization/ Service model

1. **359 total patients** on PrEP (estimated)
2. Of these 29 are on PrEP-AP.
3. More than 80% do not have a healthcare provider at time of intake.
4. Approximately 54% are linked to other services

STI Screening Services Provided under program

Active Clients and Treatment

Mount Sinai	2013 - 2014	
	N	%
Clients active in Period*	504	
Syphilis screening (at least one)	481	95%
Screen positive for syphilis (at least once)	36	7%
Initiate on-site Rxmt (at least one)	24	67%
Chlamydia screening (at least one)	492	98%
Screen positive for Chlamydia (at least once)	56	11%
Initiate on-site Rxmt	48	86%
Gonorrhea screening (at least one)	492	98%
Screen positive for Gonorrhea (at least once)	51	10%
Initiate on-site Rxmt	47	92%

STI Screening Site

MSM active during time period	429	
Gonorrhea screening conducted on MSM during time period	429	
Urine	420	98%
Pharyngeal	381	89%
Anorectal	394	92%

Health Education

Effective communication with sexual partners about HIV status, testing history, condom use, and other elements of safer sex practice	570	99%
Sexual risk reduction strategies including correct condom use [male and female (FC2 or insertive)] and correct condom storage, as well as information about finding free condoms in	566	98%
Importance of frequent HIV testing and significance of window period	573	99%
Role of nPEP (and PrEP, optionally) and its availability*	561	97%

Service model

Behavioral Interventions – Individual Level

- ❑ **Client-centered, one-on-one intervention**
- ❑ **Science-based interventions with**
 - Research findings that show efficacy
 - Program evaluation that shows effectiveness in the “real world”



- ❑ **Individual Level Interventions (ILIs) should be evidence-based & if not, then science- or theory-based, e.g.,**
 - Stage of Change/Transtheoretical Model of Behavior Change Theory
 - Health Belief Model
 - Theory of Gender and Power
 - Theory of Reasoned Action
 - AIDS Risk Reduction Model
 - Information-Motivation-Behavioral Skills Model (IMB)
- (continued)

- St Lawrence, JS & Fortenberry, JD in Aral, SO & Douglas, JM (Eds). (2007). *Behavioral Interventions for Prevention and Control of STDs*
- www.cdc.gov/hiv/topics/research/prs/compendium-evidence-based-interventions.htm
- www.effectiveinterventions.org

Subjective (PrEP-AP)

Cc: PREP-AP (HIV negative)

History:

Test Test Test Test is a 105 y.o. Data Unavailable male presents for PrEP-AP (HIV negative medicaid) (today 08/24/2015).

PrEP history: Patient continues to be at increased risk for HIV given his ***. We have reviewed the symptoms of AHI and the need for adherence to daily medication. Patient knows he needs repeat HIV testing quarterly and we have arranged follow up. Communication with patient will include *** to allow ease of conveying concerns and symptoms. Current creatinine is ***. ***% adherence to PrEP. Adherence discussed in detail. Risk -reduction reviewed in detail. Patient offered condoms. *** side effects noted. Agrees to HIV test today.

PrEP Quarterly Eval: In the last 3 months has used condoms with (**) out of the last 5 sex partners for anal sex. After starting on PrEP I am (**/10) inclined to have unprotected anal intercourse with selected sex partners. With regards to STDs I am (**/10) aware about the potential risks of transmission, and feels (**/10) assured about being screened every 3 months. Reveals (**/10) to everyone that he is on PrEP. Showed his most recent labs to (**/5) last sex partners. Feels that he can interpret STD results (**/10) with respect to his own health in light of the window period for HIV and STD transmission. Pt continues to demonstrate awareness with regards to potential STDs, their associated signs and symptoms, the window period and risk for HIV transmission, and risks of substance use with regards to sexual health decisions. These were reviewed in clinic today along with his labwork.

Risk assessment:

Prior h/o nPEP? ***

Sex w/ both men & women, identifies as gay bi heterosexual.

Engages in insertive receptive anal intercourse.

Condoms for anal sex with *** out of the last 5 sex partners.

Referred from ***

ROS:

Gen: Denies warts, lesions, rashes. No fever/chills.

Throat: Denies throat pain.

GU: Denies penile d/c, dysuria, pyuria.

GI: Denies rectal pain itching, bleeding, d/c, diarrhea.

Baseline Risk Behaviors:

STD History: {STD HISTORY:27233}

Last rectal std screen?

Oral Sex: uses condoms? No

Substance use: {SUBSTANCE HISTORY:27226}

Sexual Risks: {HIV RISK:27231}

PrEP Quarterly Assessment (example):

In the last 3 months used condoms with **(0 out of the last 5)** sex partners for anal sex. After starting on PrEP he feels **(8/10)** inclined to have unprotected anal intercourse with selected sex partners. With regards to STDs I am **(9/10)** aware about the potential risks of transmission. After starting on PrEP feels **(8/10)** assured about being screened every 3 months for STDs and HIV. Reveals **(10/10)** to everyone that he is on PrEP . Showed most recent lab results to **(0/5)** last sex partners. Feels that he can interpret STD results **(0/10)** after seeing them posted online. Understands the window period for HIV transmission and concurrent risks of STDs **(9/10)**. Adherence to PrEP (100%).

Male GU: circumcised penis w/ no lesions, chancres, d/c. Testicles w/ no masses.

Rectal: Rectum with normal tone. No lesions, warts, or d/c visualized.

Labs:

Labs: *cmp, cbc w/ diff, hav ab, hbv sAg/sAb, hcv ab, rpr, full 3 site screen (see below).*

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Cultures today:

PHARYNGEAL naat (labelled "pharynx"):

URINE naat:

RECTAL naat for gc/ct (labelled "rectal"):

RPR:

Medical Decision Making

ASSESSMENT/PLAN:

105 y.o. male with

1. PrEP (through ADAP)

Note:

Plan:

2. STD Screening

Note: 3 site screen performed as above.

Plan:

3. Vaccination assessment

Note: Screen for HAV, HBV, HCV. Pt offered meningococcal vaccine.

Plan:

4. Motivational interview / therapeutic communication

Behavior identified:

Willingness to change behavior (0-10):

Harm reduction stage:

Triggers:

Interventions discussed:

Willingness to change behavior after discussion (0-10):

By Montuno Software, LLC

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 Updated: Jul 07, 2015
 Version: 9.0.5
 Size: 29.0 MB
 Languages: English, French, German
 Seller: Montuno Software, LLC
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[Rated 4+](#)

Compatibility: Requires iOS 6.0 or later. Compatible with iPhone, iPad, and iPod touch. This app is optimized for iPhone 5, iPhone 6, and iPhone 6 Plus.

Customer Ratings

Description

Dosecast is the most flexible and easy-to-use app for the iPhone, iPod Touch, and iPad to help you remember to take your medications, vitamins, or birth control pills on time.

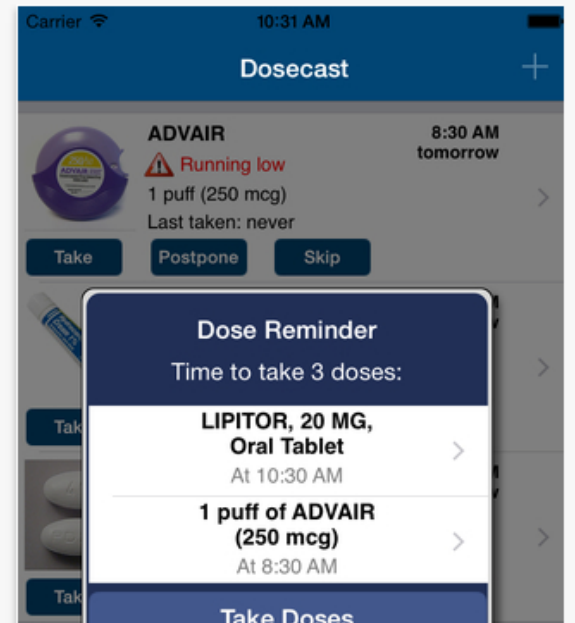
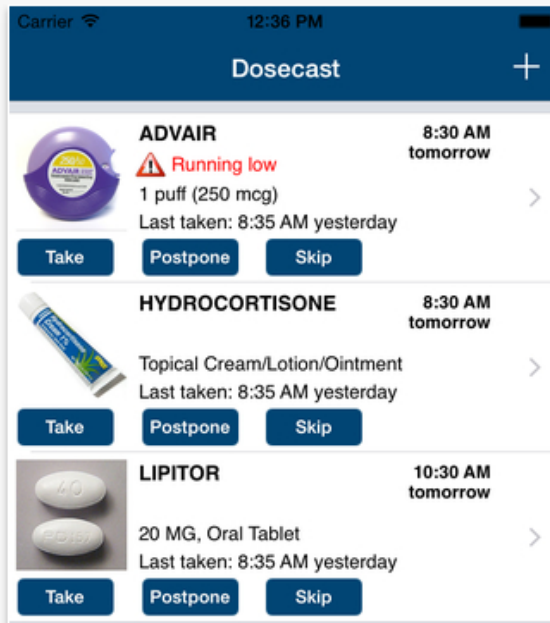
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What's New in Version 9.0.5

- Bug fixes.

Screenshots

iPhone | iPad



Successes

- Targeted outreach to high risk individuals at bath houses, sex clubs and sex parties (HIV and STI screening events 4 nights weekly).
- Provide HIV and STI testing for insured, underinsured and uninsured.
- Provide linkage to testing, treatment, and insurance access to PrEP.
- Staff consists of entitlement coordinator, health educator, and mental health counselor.
- Liaison with collaborating CBO's in underserved areas.
- Handle increased inquiries regarding PrEP in 2015 among CBO's because of grant opportunities.
- Provider rapid accessibility and acknowledge the importance of PrEP within the institution.
- Developing reliable Specialty Pharmacy assistance with respect to PEP and PrEP, blister packaging, etc.

Future Challenges

What challenges do you face in implementing PrEP?

- Institutional commitment to PrEP services and access?
- Provider commitment to STD screening and prevention?
- Staff capacity?
- Provider knowledge and comfort on PrEP, STDs, and HIV.
- Patient Assistance Programs.
- Treating STDs not covered under PrEP AP?? (HSV, syphilis with PCN allergies?)