HIV Biomedical Prevention Efforts in Los Angeles County

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Commission on HIV
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Early Biomedical Prevention Work (2011-15)

• Non-occupational post-exposure prophylaxis (nPEP) program in place since 2011
• Formation of LAC PrEP/PEP Workgroup in late 2013
  – Organized summits to educate each other and agencies serving high risk individuals about PrEP and PEP throughout 2014-15
  – DHSP participated and strongly encouraged our funded prevention providers to attend
• Presentation to Commission on HIV in Fall 2014 on landscape of biomedical prevention in LAC
• Brief to the County Board of Supervisor’s (BOS) Health Deputies in March 2015
• BOS passed a motion broadly supporting improved access to PrEP and LAC’s efforts in June 2015
Assessment: What is limiting PrEP uptake?

- Lack of knowledge about PrEP
- People (esp youth) may underestimate their HIV risk
- Perceptions about PrEP cost and affordability
- People may be afraid to talk to their doctor about it
- Stigma about ...
  - Gender identity or sexual orientation
  - Sexual behaviors and sexuality in general
  - PrEP
- Lack of knowledge about PrEP among medical providers
- Doctor may have own biases or anxieties around PrEP
- Reality of PrEP cost and affordability (for uninsured and underinsured)


- #1 Increase consumer awareness of PrEP
- #2 Increase medical provider awareness and use of PrEP
- #3 Increase safety net access to PrEP

Target populations: African American and Latino gay and bisexual men, trans women, women at elevated risk
**Lifetime Risk of HIV Diagnosis by Race/Ethnicity**

- African American Men: 1 in 20
- African American Women: 1 in 48
- Hispanic Men: 1 in 48
- Hispanic Women: 1 in 227
- White Men: 1 in 132
- White Women: 1 in 880

Source: Centers for Disease Control and Prevention

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**Lifetime Risk of HIV Diagnosis by Transmission Group**

- MSM: 1 in 6
- Women Who Inject Drugs: 1 in 23
- Men Who Inject Drugs: 1 in 36
- Heterosexual Women: 1 in 241
- Heterosexual Men: 1 in 473

Source: Centers for Disease Control and Prevention
PrEP Implementation Efforts

Lifetime Risk of HIV Diagnosis among MSM by Race/Ethnicity

- African American MSM: 1 in 2
- Hispanic MSM: 1 in 4
- White MSM: 1 in 11

Source: Centers for Disease Control and Prevention
PrEP Implementation Strategy:

• #1 Increase consumer awareness of PrEP
• #2 Increase medical provider awareness and use of PrEP
• #3 Increase safety net access to PrEP

Target populations: African American and Latino gay and bisexual men, trans women, women at elevated risk

Goal #1: Increase Consumer Awareness about PrEP

• PrEP educational materials
  – Pamphlets and website that includes PrEP/PEP Directory (27 clinics)

• Direct Outreach
  – Community events, PrEP summits/forums
  – Pride events - booth with interactive, street team, branded shirts

• Social marketing strategy
  – Includes mass and targeted market approaches
DHSP Social Marketing Materials Available

- Current Pamphlets
- Future Pamphlet with more detailed information coming soon!
  - “Get PrEP in Five Easy Steps”
    - More details regarding access
    - Map and contact information for all DHSP-funded sites
- “The Protectors” - new characters will be unveiled soon, and will include new collateral material
PrEP Materials

Targeted client education materials (wallet brochures)

Available via online order

Email prepinfo@ph.lacounty.gov

Outreach and Social Marketing

In 2016 “The Protectors” were involved in the following events, among others:

- Kingdom Day Parade
- Skinny’s Lounge
- Art Walk
- CineArt
- OutFest
- PEP/PrEP & LGBTQ Health Fair
- DragQueen World Series
- DragCon
- Long Beach Pride
- Love, PrEP and Happiness
- Rainbow Unity Ball
- LA Pride
- Juneteenth
- Men’s Health Fair
- Trans Pride
- National HIV Testing Day
- Are You Doing It?
- Outfest Pride Pop UP
- R3VNG
- Parks after Dark
- DTLA Proud Festival
- Hard Heroes
- Puteria
- Powerfest
- 2017 - MLK Day Parade
Social Marketing

Social marketing platforms include:

- Billboards
- Community Events
- Print Advertising
- Event Sponsorship
- Press Releases
- Editorials
- Bus Tails
- Radio Spots

Social Media including:
- Facebook
- Google
- Dating Apps
- Twitter

Goal #2: Increase medical staff awareness and use of PrEP

- Medical Provider Education through physician groups, CMEs, technical assistance
- PrEP Clinical Tools
- Public Health Detailing for providers who diagnosed high risk STD cases
- PrEP 101 training for community prevention providers
- PrEP training for DPH DIS/PHI
PrEP Educational Resources for Providers

PrEP CME available at
- www.ph.lacounty.gov/cme/prep

PrEP Clinical Tools

Both documents available at ph.lacounty.gov/dhsp
Who to PrEP? Los Angeles County PrEP Guidelines

• Providers should:
  – Ensure that all male and transgender patients who have sex with men know about PrEP
  – Recommend PrEP to their MSM and transgender patients with:
    • Diagnosis of rectal gonorrhea or early syphilis
    • Methamphetamine or popper use
    • Have provided sex for money or drugs
  – Recommend PrEP to any patients in a sexual relationship with a person living with HIV who is not virally suppressed
  – Discuss PrEP with patients at elevated risk of HIV to determine if it’s right for them

Public Health Detailing

• Medical provider visits
  – Will reach over 400 medical providers who have diagnosed patients with syphilis or rectal gonorrhea in past year
  – Brief visits, initial and follow-up visits over a 6-week period
  – 4 Key Messages:
    1) Take a thorough sexual history
    2) Screen and treat sexually active patients
    3) Talk about PrEP and PEP
    4) Prescribe PrEP and PEP
PrEP Provider Action Kit

- “Provider Action Kit” developed
  - Includes both patient and provider resources
  - Provider resources: LAC Guidelines, PrEP FAQs, PEP FAQs, quick reference cards
  - Patient resources: Posters, Information sheets, tear off “Is PrEP right for you?”

- Launched February 6th

Goal #3: Increase safety net access to PrEP

- DPH STD clinics (5)
  - Increase capacity of STD clinicians to identify patients at high risk of HIV and start them on PrEP ASAP
  - Eliminate barriers to PrEP for the highest risk individuals in LAC

- Contracted community providers for PEP/PrEP (9)
  - Increase capacity of community providers to meet the need
  - Support navigation and benefits enrollment to maximize third party payment for PrEP
  - Increase PrEP patients engagement in medical care in general
Currently Offering PrEP

LAC Biomedical Prevention Safety Network

PrEP at DPH STD Clinics

- 241 clients assessed for PrEP across 3 STD clinics
  - Median Age 21 (range 17-69)
  - Both provider (44%) and patient initiated (56%)
  - PrEP uptake was high whether providers or patients initiated the discussion

- 210 clients (87%) initiated PrEP
  - Median months of follow up=3 (range 0-14)
  - Median 4-day adherence=4 (range 0-4)
## DPH STD Clinic Patients: Indicators for PrEP Use

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Male (n (%)</th>
<th>Transgender (n (%))</th>
<th>Female (n (%))</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reports HIV+ Partner</td>
<td>55 (23.8%)</td>
<td>2 (66.7%)</td>
<td>3 (42.9%)</td>
</tr>
<tr>
<td>Anogenital STD in past 12-months</td>
<td>77 (33.3%)</td>
<td>1 (33.3%)</td>
<td>1 (14.3%)</td>
</tr>
<tr>
<td>Multiple partners with unknown HIV status</td>
<td>123 (53.3%)</td>
<td>2 (66.7%)</td>
<td>1 (14.3%)</td>
</tr>
<tr>
<td>Report UAI</td>
<td>123 (53.3%)</td>
<td>2 (66.7%)</td>
<td>1 (14.3%)</td>
</tr>
<tr>
<td>Other (ex: transactional sex)</td>
<td>24 (10.4%)</td>
<td>1 (33.3%)</td>
<td>2 (28.6%)</td>
</tr>
<tr>
<td>Prescribed PEP previously and continues high risk behavior</td>
<td>15 (6.5%)</td>
<td>1 (33.3%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Believes partner has sex with other men</td>
<td>9 (3.9%)</td>
<td>0 (0.0%)</td>
<td>1 (14.3%)</td>
</tr>
<tr>
<td>History of syphilis in past 12-months</td>
<td>10 (4.3%)</td>
<td>0 (0.0%)</td>
<td>1 (14.3%)</td>
</tr>
<tr>
<td>Shared injection equipment</td>
<td>9 (3.9%)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
</tr>
<tr>
<td>Uses stimulants</td>
<td>12 (5.2%)</td>
<td>0 (0.0%)</td>
<td>0 (0.0%)</td>
</tr>
</tbody>
</table>

## Los Angeles County STD Clinic: Evolving Role

- Moving STD clinics to a model with focus on identification and initiation of PrEP and then referral to PrEP Centers of Excellence or PCP
  - Warm hand-offs to PrEP navigators at COE
  - Providing a letter with copy of labs to PCP
DHSP’s HIV Biomedical Prevention Contracts

- Awarded to 10 agencies
- Commitment to creating a sustainable system that relies on multiple payor sources to fund PrEP
- Goals of the HIV Biomedical Prevention Contracts
  - Improved access to PrEP/PEP medical services for county’s highest risk residents
  - Improved access to PrEP/PEP navigation services for county’s highest risk residents
    - Specific focus on uninsured and underinsured, those new to PrEP
    - Increased number engaged in regular medical care
    - Increased number enrolled in health insurance through program
    - Increased number linked to mental health and substance abuse services through program
PrEP/PEP Services Overview

- What constitutes a PrEP “Center of Excellence”?  
  - Cultural competency to increase uptake in target population  
  - Clinical expertise in HIV prevention and treatment  
  - Support services tailored to the needs of clients  
  - Sustainability through the use of insurance/third party billing/PAPs

Contracted community providers for PEP/PrEP

- PrEP/PEP contracts in place since Fall 2017  
- Includes reimbursement for  
  - Screening, education, support services  
  - Benefits navigation and enrollment (PAPs, insurance)  
  - Medical visits and labs (if uninsured or underinsured)  
- Medications covered through insurance and PAPs
Support Services

• Risk Behavior Screening and Brief Intervention
• Program Intake and Assessment
• Combination Prevention Education
• Benefits Navigation and Enrollment
• Referral to Services
• Non-Medical Visits
• MAP Follow-up
• Program Reassessment
• Referral and Linkage to Primary Care

1. HIV Biomedical Prevention Services Scope of Work

Sustainability

• PrEP/PEP Eligibility Key Principles
  – All Clients must
    • Have income ≤ 500% Federal Poverty Level
    • Be an LA County Resident

  – Services Elements: Medical Services vs. Non-Medical Services
    • Medical Services
      – Only “uninsured/underinsured” clients eligible for Medical Services to be billed to DHSP
    • Non-Medical Services
      – All clients eligible for Non-Medical Services, regardless of insurance status, so long as income is ≤ 500% FPL and LAC resident
### PrEP/PEP Centers of Excellence Enrollment to Date

<table>
<thead>
<tr>
<th></th>
<th>TOTAL</th>
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<tbody>
<tr>
<td><strong>TOTAL ENROLLED</strong></td>
<td>332</td>
</tr>
<tr>
<td><strong>Current Gender</strong></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>310</td>
</tr>
<tr>
<td>Female</td>
<td>10</td>
</tr>
<tr>
<td>Transgender</td>
<td></td>
</tr>
<tr>
<td>Transgender M-F</td>
<td>12</td>
</tr>
<tr>
<td>Transgender F-M</td>
<td>0</td>
</tr>
<tr>
<td><strong>Race/Ethnicity</strong></td>
<td></td>
</tr>
<tr>
<td>Latino</td>
<td>145</td>
</tr>
<tr>
<td>White</td>
<td>110</td>
</tr>
<tr>
<td>Black or African American</td>
<td>44</td>
</tr>
<tr>
<td>Asian</td>
<td>23</td>
</tr>
<tr>
<td>Native Hawaiian/PI</td>
<td>3</td>
</tr>
<tr>
<td>Native AM/AK Native</td>
<td>3</td>
</tr>
<tr>
<td>Race, Unspecified</td>
<td>0</td>
</tr>
<tr>
<td>Unknown</td>
<td>4</td>
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### Evaluation and Summary
PrEP Evaluation Plan:

• Cross sectional online surveys to obtain estimates of PrEP awareness, willingness, and use
  – Allows assessment of trends in LAC over time
  – Can compare to other surveys (NHBS, CHRP)
  – Can identify disparities between groups (age, race, zip code)
• Supplemental survey to assess the reach and response to LAC’s PrEP “Protectors” Campaign

Summary of Key Findings

• PrEP among HIV- MSM in LAC (based on our app survey):

  – **Awareness:** ~85%-89% overall
  
  – **Willingness:** ~75%-77% overall; suggests a general acceptance of PrEP among MSM
  
  – **Use:** ~18%-25% overall; substantial increase since 2014, but considerable room for improvement
PrEP Awareness by Race/Ethnicity

- Similar patterns between groups across surveys
- Improvements in awareness for all groups
- But PrEP awareness lowest among Latinos with a notable gap between Latinos responding in English compared with Spanish.

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<tbody>
<tr>
<td>White</td>
<td>93.1%</td>
<td>92.8%</td>
<td>76.1%</td>
</tr>
<tr>
<td>Black</td>
<td>88.9%</td>
<td>93.7%</td>
<td>67.0%</td>
</tr>
<tr>
<td>Latino (English)</td>
<td>82.4%</td>
<td>88.3%</td>
<td>54.0%</td>
</tr>
<tr>
<td>Latino (Spanish)</td>
<td>60.4%</td>
<td>72.4%</td>
<td>42.9%</td>
</tr>
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</table>

Los Angeles County PrEP Continuum of Care for MSM, May 2016

*At risk LAC MSM population established by determining the number of virally unsuppressed HIV positive MSM and multiplying by the average number of annual unique HIV–ve sex partners of HIV positive MSM. *^* NHBS, 2014. Aware of PrEP, willing to take PrEP, and use of PrEP in past 12 months based on MSM response to meet up app based survey, May 2016, of 82%, 75%, and 24% respectively (Los Angeles County Division of HIV and STD programs internal data).
Case

• 20-something yo African American man from AV presents to Curtis Tucker HC in late January with widespread rash on torso consistent with secondary syphilis.
• He had originally presented two weeks earlier to a primary care clinic in Inglewood where he was diagnosed and had labs drawn including RPR, HIV, GC/CT testing.
• Office does not stock PCN so he was referred to Curtis Tucker STD clinic for treatment;
• Took him two weeks to come in; brought his partner as well
• Partner is 20-something yo African American man with previous history of syphilis in 2016, also has similar rash
• Neither had heard of PrEP, interested and want to start next week
• Fail to return to appt; Multiple calls and finally return this PM

Acknowledgements: DHSP PrEP Team

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David Pieribone
Aletha Wild

Research and Innovation
Wendy Garland
Ryan Murphy
Shoshanna Nakelsky

Program Evaluation and Data Management
Mike Janson
Janice Casil
LAC PrEP/PEP Workgroup and LACPEN Group

- Consumers and representatives from over 20 different organizations
- Frequent meetings an opportunity to discuss DHSP progress on PrEP Implementation Strategy and to coordinate efforts
- Three sub workgroups that align with DPH’s efforts
- LACPEN group to increase capacity of PrEP navigators and exchange best practices

Thank you!

Contact information:

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PrEP Awareness among HIV-MSM in LAC

App Surveys

Other Surveys*

*A 2015 CHRP online survey of California residents found 73% of PrEP naïve MSM were aware of PrEP.

PrEP Willingness among HIV-MSM

App Surveys

Other Surveys*

*A 2015 CHRP online survey of California residents found 56% of PrEP naïve MSM said they would be likely to take PrEP, if it was available to them.
PrEP Use (past 12 months) among HIV- MSM

App Surveys

<table>
<thead>
<tr>
<th></th>
<th>Baseline - Apr. 2016 (n=819)</th>
<th>Follow-up - Sept. 2016 (n=955)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Aware (%)</td>
<td>24.7</td>
<td>17.9</td>
</tr>
</tbody>
</table>

Other Surveys*

<table>
<thead>
<tr>
<th></th>
<th>PRIDE (n=186)</th>
<th>NHBS (n=464)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percent Aware (%)</td>
<td>17.2</td>
<td>2.8</td>
</tr>
</tbody>
</table>

*A 2015 CHRP online survey of California residents found 10% of MSM had used PrEP.