

## HIV Biomedical Prevention Efforts in Los Angeles County

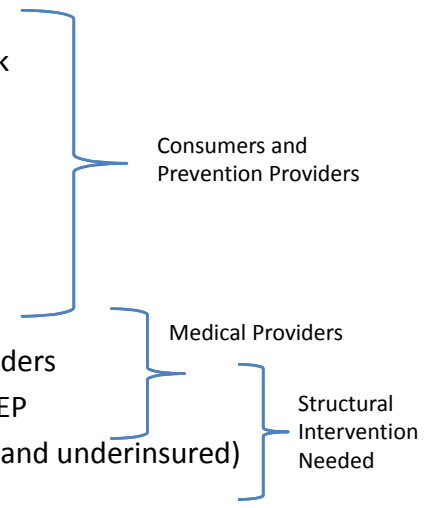
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 Commission on HIV  
 February 9, 2017



### 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?

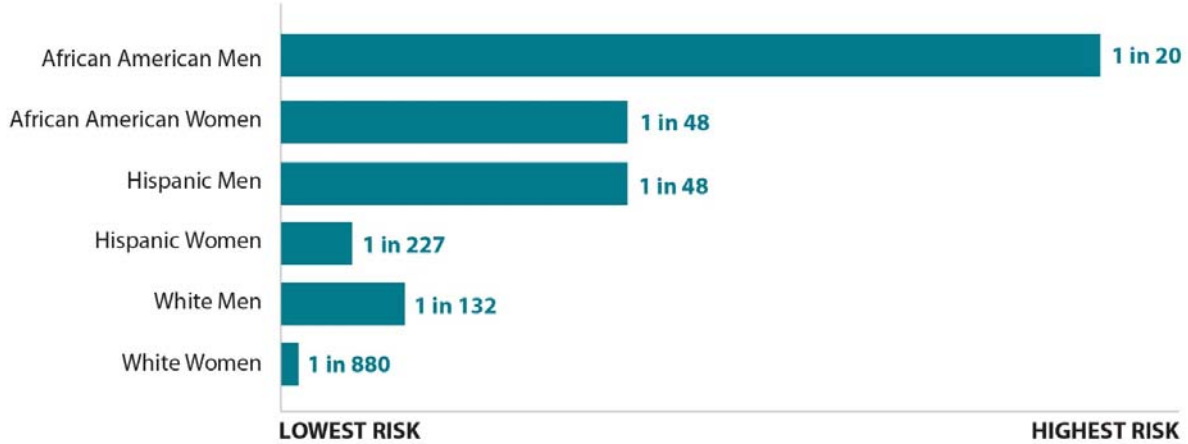
- Lack of knowledge about PrEP
  - People (esp youth) may underestimate their HIV risk
  - Perceptions about PrEP cost and affordability
  - People may be afraid to talk to their doctor about it
  - Stigma about ...
    - Gender identity or sexual orientation
    - Sexual behaviors and sexuality in general
    - 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)
- 
- Consumers and Prevention Providers
- Medical Providers
- Structural Intervention Needed

## PrEP Implementation Strategy (2015):

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

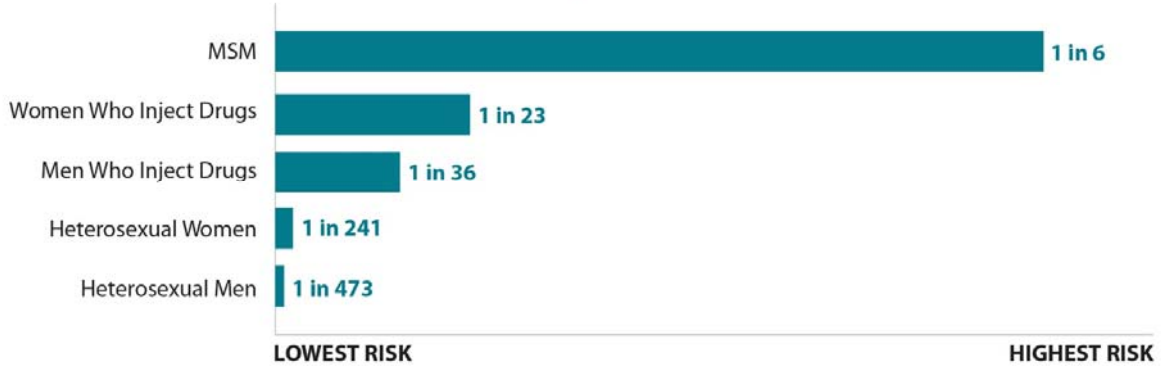
Target populations: African American and Latino gay and bisexual men, trans women, women at elevated risk

### Lifetime Risk of HIV Diagnosis by Race/Ethnicity



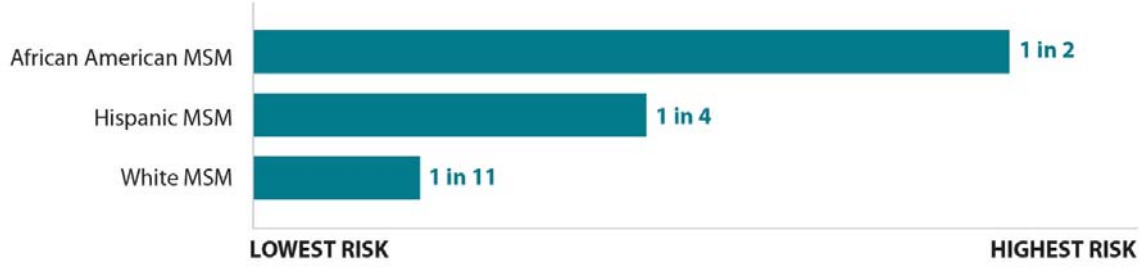
Source: Centers for Disease Control and Prevention

### Lifetime Risk of HIV Diagnosis by Transmission Group



Source: Centers for Disease Control and Prevention

### Lifetime Risk of HIV Diagnosis among MSM by Race/Ethnicity



Source: Centers for Disease Control and Prevention

### PrEP Implementation Efforts



## PrEP Implementation Strategy:

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



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## 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


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**THE PROTECTORS**  
**GET PrEP LA**  
PREP IS A DAILY PILL THAT HELPS YOU STAY HIV NEGATIVE  
#GETPREPLA

 **Protect yourself from HIV every day**

PrEP (Pre-exposure Prophylaxis) is a daily medicine (taken as a pill) that helps you stay HIV-negative.


**Prevent HIV after exposure**

 PEP (Post-exposure Prophylaxis) is an emergency medicine you take right after you are exposed to HIV.

COUNTY OF LOS ANGELES  
**Public Health**

## 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](mailto:prepinfo@ph.lacounty.gov)



## Outreach and Social Marketing

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

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



## 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](http://www.ph.lacounty.gov/cme/prep)

## PrEP Clinical Tools

**PrEP Service Delivery Checklist**

**PrEP Initiation Visit**

- Perform an HIV risk assessment to determine whether PrEP is indicated for patient.
- Provide basic education about PrEP.
- Obtain past medical history. Query specifically about history of kidney and liver (e.g., hepatitis B) disease, bone disease, and fractures. For women of child bearing age, assess pregnancy desires.
- Review current and recent symptoms. Assess for symptoms of acute HIV infection.
- Order all laboratory tests to assess for contraindications. If laboratory tests were already performed, review at this visit.
  - HIV test: 4<sup>th</sup> generation Ag/Ab test (or HIV viral load) to rule out acute HIV
  - STD (GC/CT urine, GC/CT rectum, GC pharynx, RPR)
  - Serum Creatinine to calculate CrCl
  - HBsAg and HBSAb and HCV Ab
  - Check patient weight for CrCl
  - Pregnancy test (if applicable)
- Provide prescription for Truvada (850 tabs)
- Provide PrEP education/counseling to patient, ask questions to elicit patient understanding. Ensure all questions answered regarding substance abuse and mental health needs and that referrals are made as appropriate.
- Review importance of regular clinic follow-up and ask patient about the best method of communication for reminders (call, email, text). Schedule follow-up visit for 1-month and provide appointment card.
- Start Hepatitis B vaccine series, administer meningococcal vaccine and HPV vaccination, as indicated.
- Review, as needed, any lab results after the visit, and calculate CrCl if patient is HIV positive or

**1 Month Follow-Up Appointment**

- Assess the following at this visit:
  - Patient's desire to continue PrEP
  - Side effects
  - Medication adherence
  - Signs/symptoms of acute HIV
  - Possibility of pregnancy (if applicable)
- Provide prescription for Truvada (850 tabs)
- Provide medication adherence counseling.
- Schedule follow-up visits. Provide reminder card with appointment and contact information.

**3, 6, 9, 12 Month Follow-Up Appointments**

- Assess the following at each visit:
  - Patient's desire to continue PrEP
  - Side effects
  - Medication adherence
  - Signs/symptoms of acute HIV
  - Possibility of pregnancy (if applicable)
- Order laboratory tests at each visit:
  - HIV test: 4<sup>th</sup> generation Ag/Ab test is best, if not available, 3<sup>rd</sup> generation test is sufficient as long as concern for acute HIV or seroconversion is low
  - STD (GC/CT urine, GC/CT rectum, GC pharynx, RPR)
  - Serum Creatinine to calculate CrCl (every 3-6 months)
  - Pregnancy test (if applicable)
- Provide prescription for Truvada (850 tabs)
- Provide risk reduction counseling.
- Provide medication adherence counseling.
- Assess for substance abuse and mental health needs and make referrals as needed.
- Schedule follow-up visits. Provide reminder card

**Los Angeles County Pre-Exposure Prophylaxis (PrEP) Guidelines**

**Identifying Persons in Whom to Consider PrEP**

- Public Health recommends that medical providers routinely ask all adolescent and adult patients if they have sex with men, women or both men and women.
- Providers should ensure that all of their patients who are MSM or transgender persons who have sex with men know about PrEP.

**Guidelines for Initiating PrEP in HIV-Uninfected Persons**

**Medical providers should recommend that patients initiate PrEP if they meet the following criteria:**

- MSM or transgender persons who have sex with men if the patient has any of the following risks:
  - Diagnosis of rectal gonorrhea or early syphilis in the prior 12 months.
  - Methamphetamine or popper use in the prior 12 months.
  - History of providing sex for money or drugs in the prior 12 months.
- Persons in ongoing sexual relationships with an HIV-infected person who is not on antiretroviral therapy (ART) OR is on ART but is not virologically suppressed OR who is within 6 months of initiating ART.

**Medical providers should discuss initiating PrEP with patients who have any of the following risks:**

- MSM and transgender persons who have sex with men if the patient has either of the following risks:
  - Condomless anal sex outside of a long-term
  - Diagnosis of urethral gonorrhea or rectal chlamydia infection in the prior 12 months.
- Persons in HIV-serodiscordant relationships in which the female partner is trying to get pregnant.
- Persons in ongoing sexual relationships with HIV infected persons who are on antiretroviral therapy and are virologically suppressed.
- Women who provide sex for money or drugs.
- Persons who inject drugs that are not prescribed by a medical provider.
- Persons seeking a prescription for PrEP.
- Persons completing a course of antiretrovirals for nonoccupational exposure (PrEP) to HIV infection.

As with all medical therapies, patients and their medical providers ultimately need to decide what treatments and preventive measures are best for them. Providers should evaluate patients' knowledge and readiness to initiate PrEP prior to prescribing tenofovir and emtricitabine, and should counsel and educate patients to facilitate their success taking PrEP. Medical providers should refer to national guidelines (see below) for information on how to prescribe PrEP and monitor persons on PrEP.<sup>1</sup>

CDC's PrEP Clinical Guidelines are available at: <http://www.cdc.gov/hiv/pdf/prereguidelines2014.pdf>  
 Manufacturer copayment assistance and medication assistance programs are available. More information is available at: <http://www.truvada.com/truvada-patient>.

## 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 6<sup>th</sup>

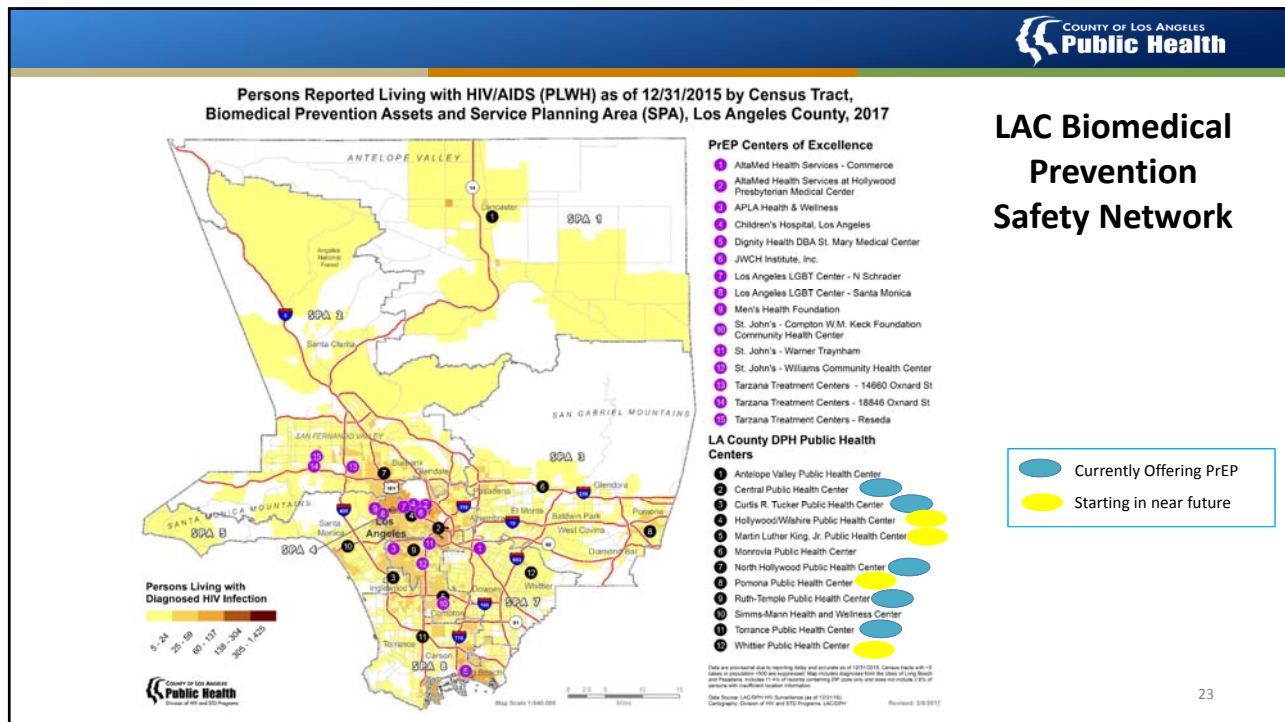


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## Goal #3: Increase safety net access to PrEP

- 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

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**County of Los Angeles Public Health**

## PrEP at DPH STD Clinics

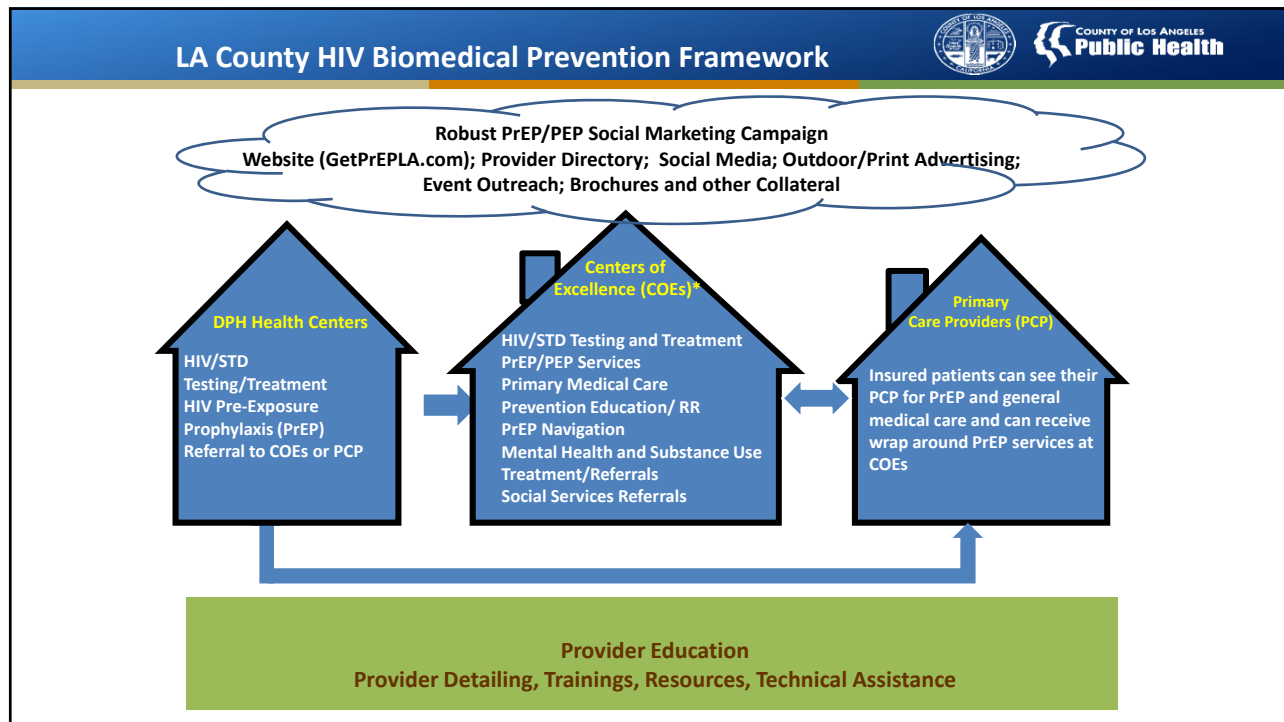
- 241 clients assessed for PrEP across 3 STD clinics
  - Median Age 21 (range 17-69)
  - Both provider (44%) and patient initiated (56%)
  - PrEP uptake was high whether providers or patients initiated the discussion
- 210 clients (87%) initiated PrEP
  - Median months of follow up=3 (range 0-14)
  - Median 4-day adherence=4 (range 0-4)

### DPH STD Clinic Patients: Indicators for PrEP Use

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

### 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

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## 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



	TOTAL
<b>TOTAL ENROLLED</b>	332
<b>Current Gender</b>	
Male	310
Female	10
Transgender	
Transgender M-F	12
Transgender F-M	0
<b>Race/Ethnicity</b>	
Latino	145
White	110
Black or African American	44
Asian	23
Native Hawaiian/PI	3
Native AM/AK Native	3
Race, Unspecified	0
Unknown	4



## 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



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### Summary of Key Findings

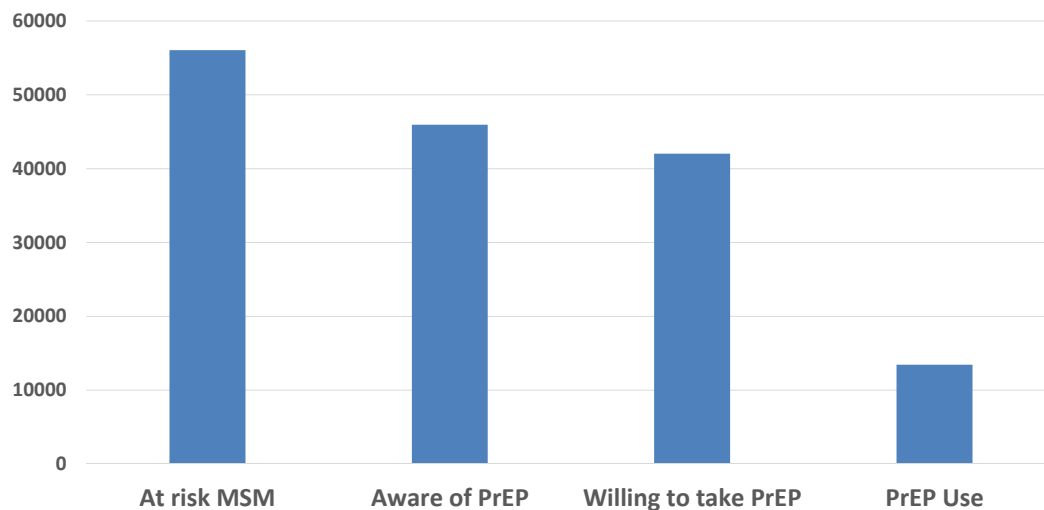
- PrEP among HIV- MSM in LAC (based on our app survey):
  - **Awareness:** ~85%-89% overall
  - **Willingness:** ~75%-77% overall; suggests a general acceptance of PrEP among MSM
  - **Use:** ~18%-25% overall; substantial increase since 2014, but considerable room for improvement

## 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.

	App Survey (April 2016)	App Survey (Sept 2016)	Natl HIV Behav Surv (2014)
White	93.1%	92.8%	76.1%
Black	88.9%	93.7%	67.0%
Latino (English)	82.4%	88.3%	54.0%
Latino (Spanish)	60.4%	72.4%	42.9%

## 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, 3\* (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).

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## 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

### Executive Office

Mario J. Pérez

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### Clinical and Quality Management

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### Research and Innovation

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### Program Evaluation and Data Management

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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!**

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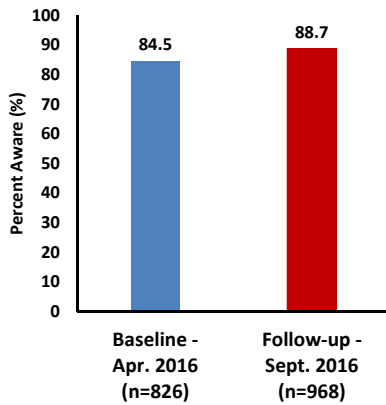
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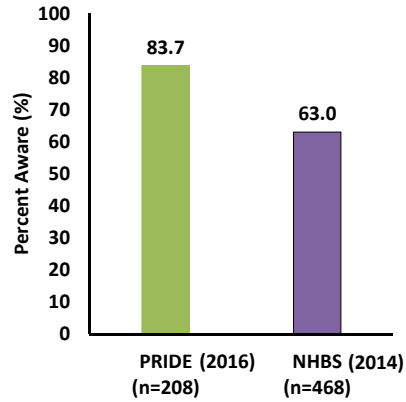
[lmoore@ph.lacounty.gov](mailto:lmoore@ph.lacounty.gov)

## PrEP Awareness among HIV- MSM in LAC

### App Surveys



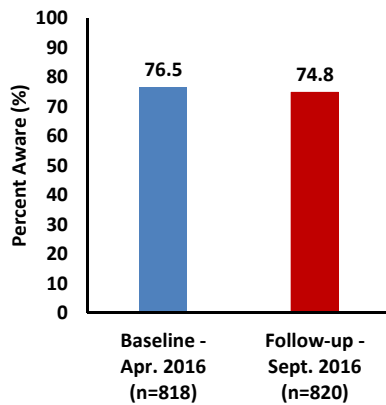
### Other Surveys\*



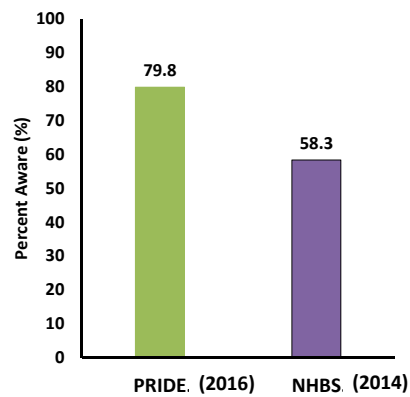
\*A 2015 CHRP online survey of California residents found 73% of PrEP naïve MSM were aware of PrEP.

## PrEP Willingness among HIV- MSM

### App Surveys



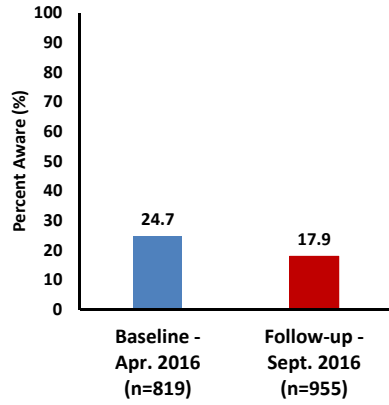
### Other Surveys\*



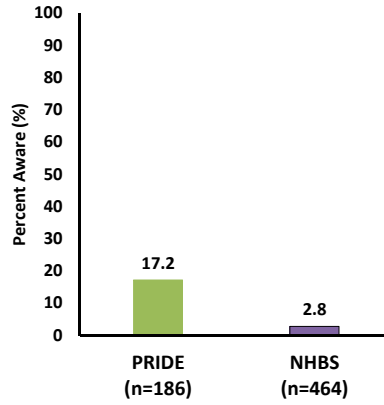
\*A 2015 CHRP online survey of California residents found 56% of PrEP naïve MSM said they would be likely to take PrEP, if it was available to them.

### PrEP Use (past 12 months) among HIV- MSM

#### App Surveys



#### Other Surveys\*



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