



Evolving Role of HIV Biomedical Prevention in Los Angeles County

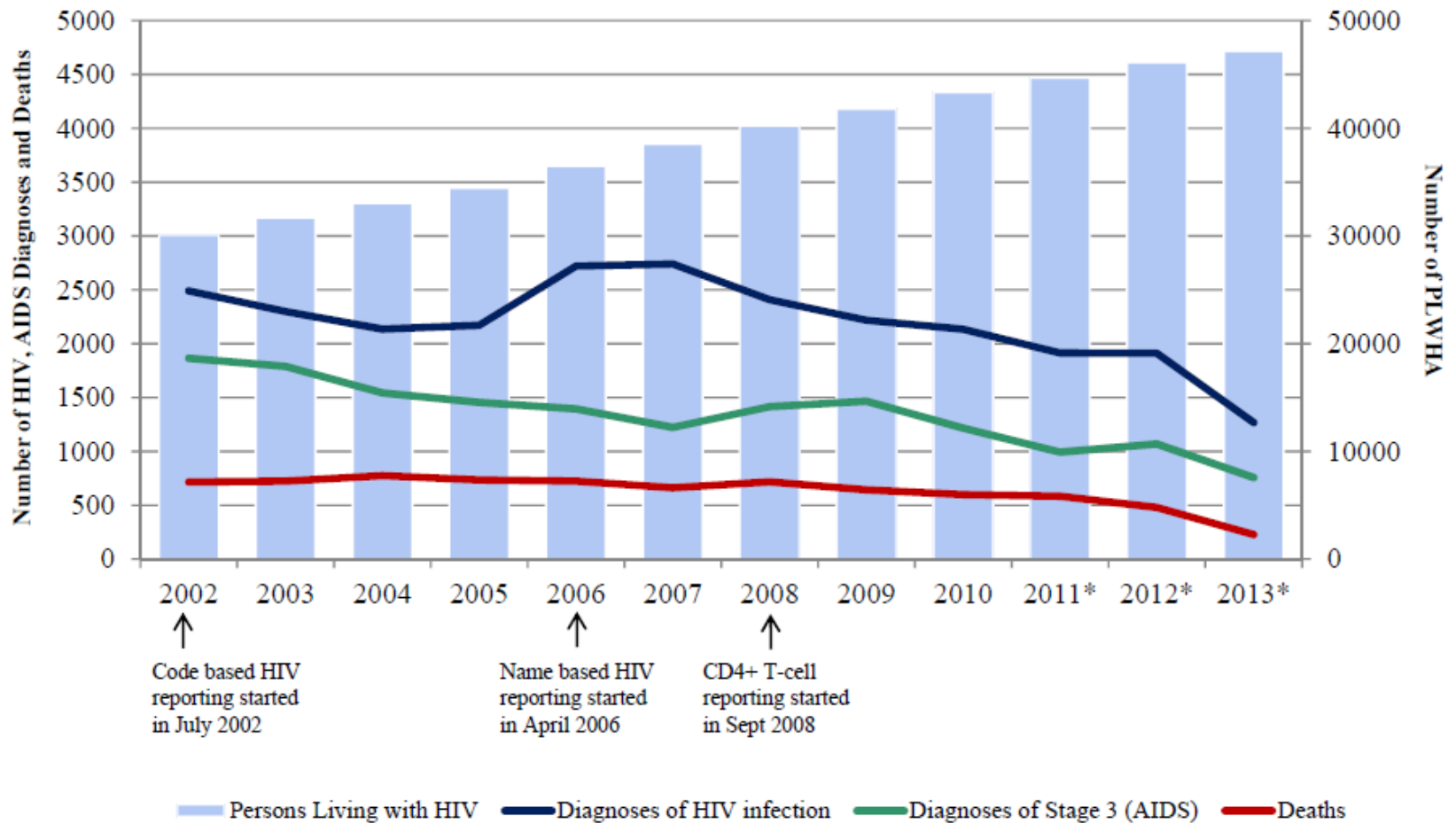
***¡PrEPárate! Summit
August 29, 2014***

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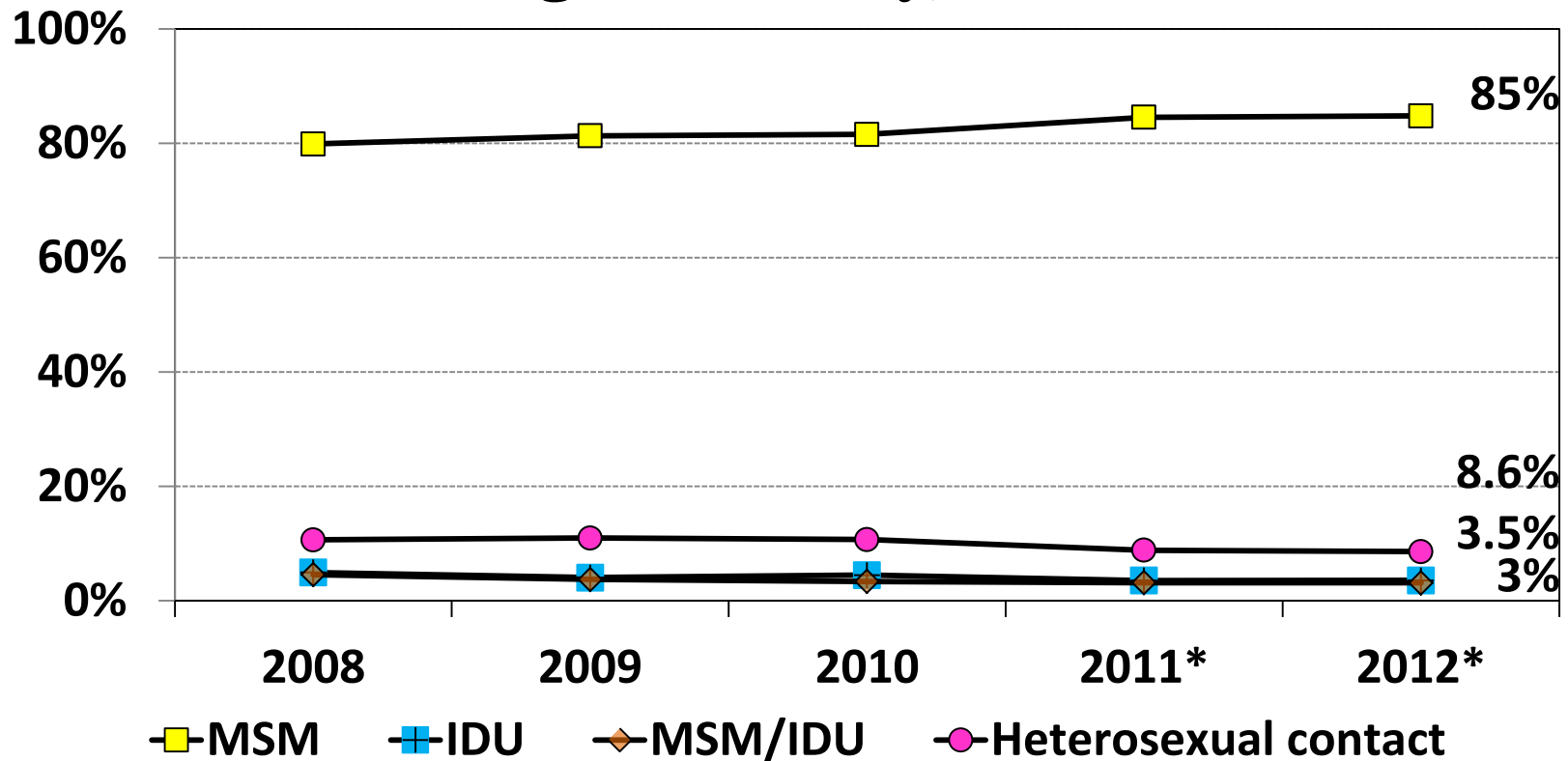
ANNUAL DIAGNOSES OF HIV INFECTION¹, STAGE 3 HIV, PERSONS LIVING WITH HIV AND DEATHS² AMONG PERSONS DIAGNOSED WITH HIV INFECTION, LAC 2002-13



1. Based on named reports for persons with a diagnosis of HIV infection regardless of the disease stage at time of diagnosis.
2. The number of deaths among persons with HIV infection is based on the date of death report when the actual year of death is unknown.
* Data are provisional due to reporting delay.



Percentage of HIV Diagnoses Among Adults/Adolescents By Transmission Category* and Year of Diagnosis, Los Angeles County, 2008-2013



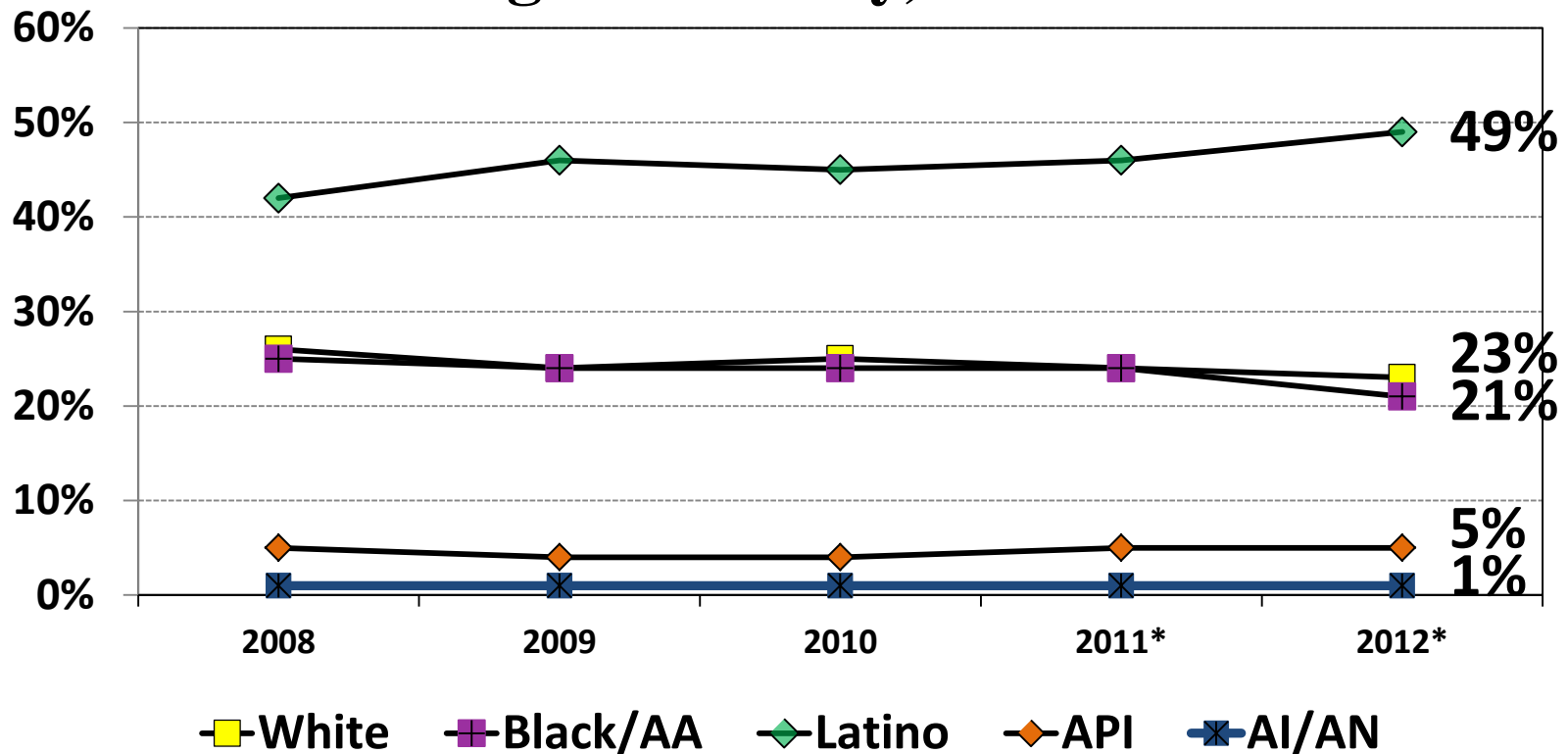
* Persons without an identified risk factor are assigned a risk factor using multiple imputation (MI) methods (see technical notes in Annual HIV Surveillance Report). Other risks include hemophilia or coagulation disorder, blood transfusion, perinatal exposure, and confirmed other risks.

** Data are provisional due to reporting delay.

Source: HIV Surveillance Report, data as of December 2013.



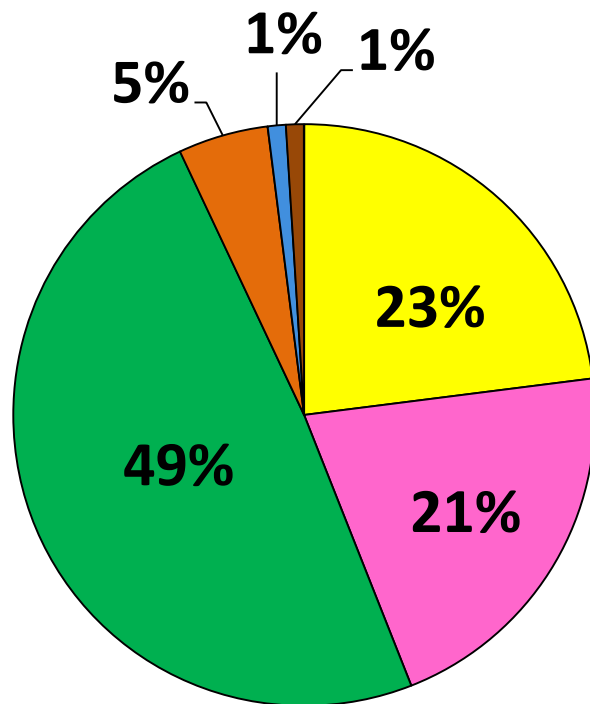
Percentage of HIV Diagnoses Among Adults/Adolescents By Race/Ethnicity And Year of HIV Diagnosis, Los Angeles County, 2008-2012



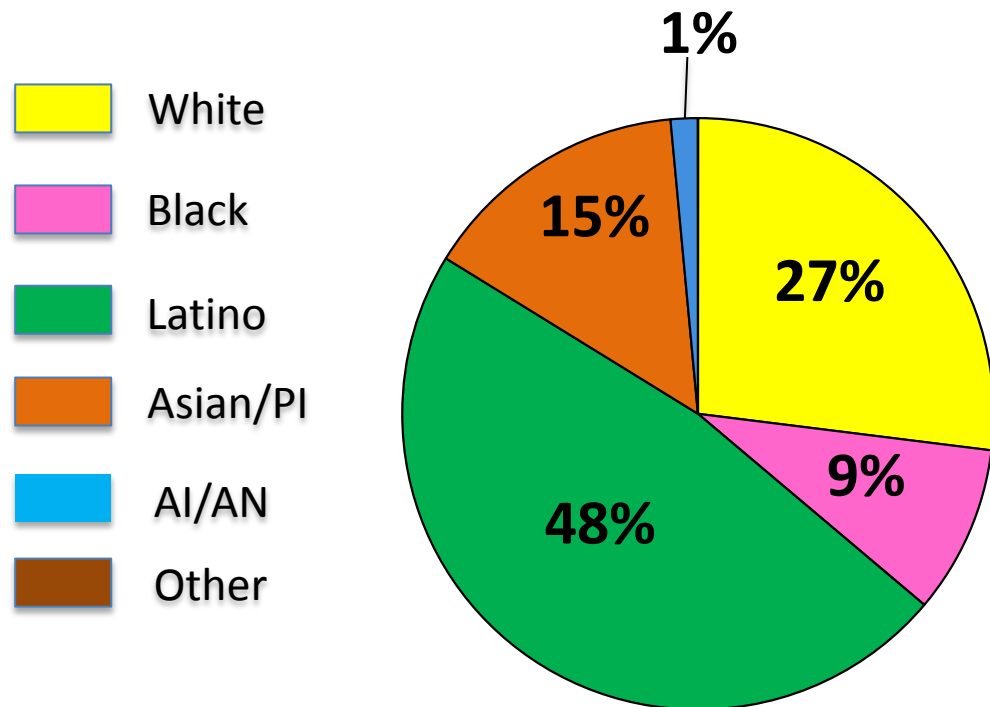
* Data provisional due to reporting delay.

Comparison of LAC Population with HIV Diagnoses in 2012, by Race/Ethnicity

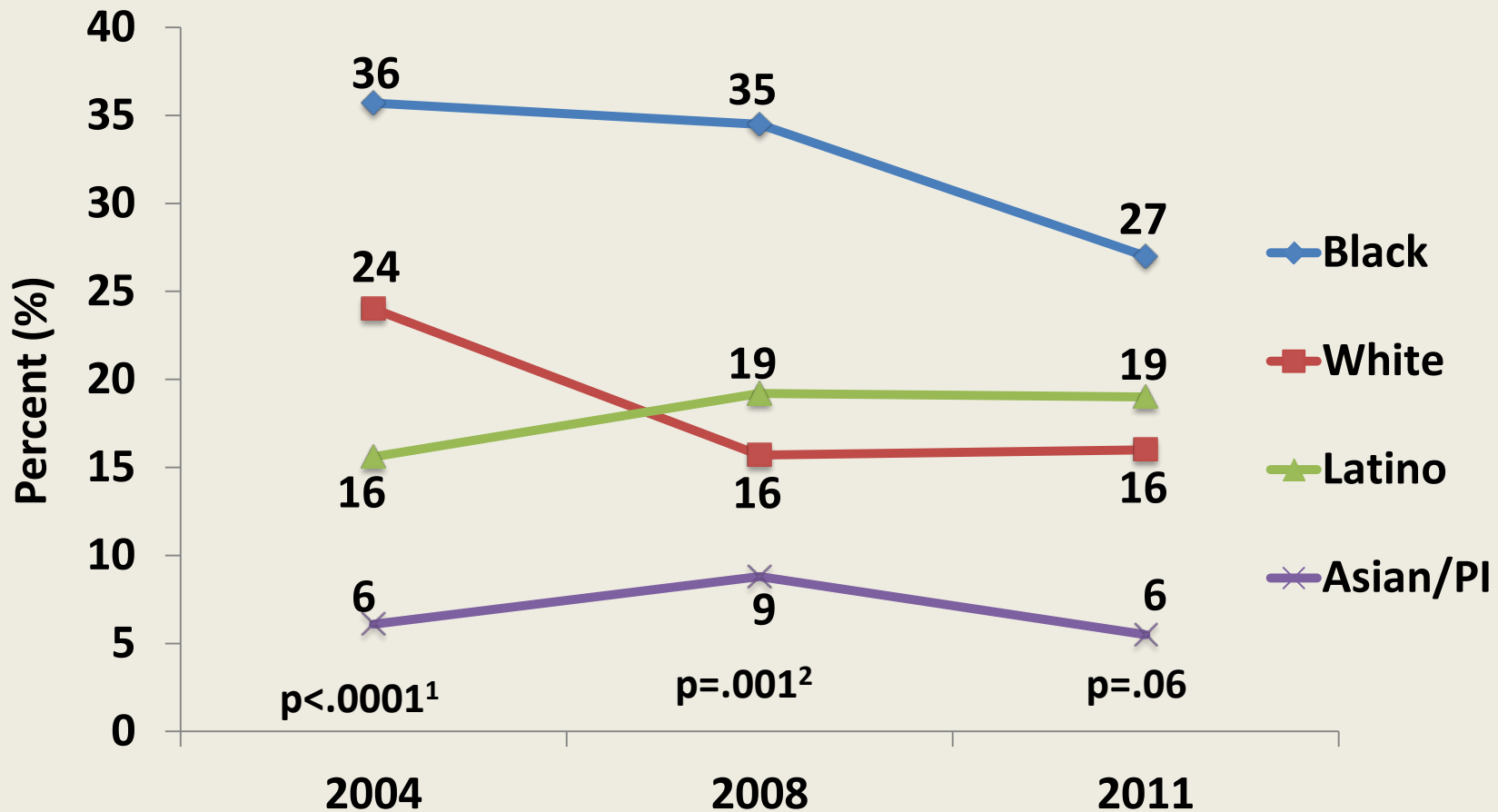
HIV Diagnosed in 2012



LAC Population in 2012



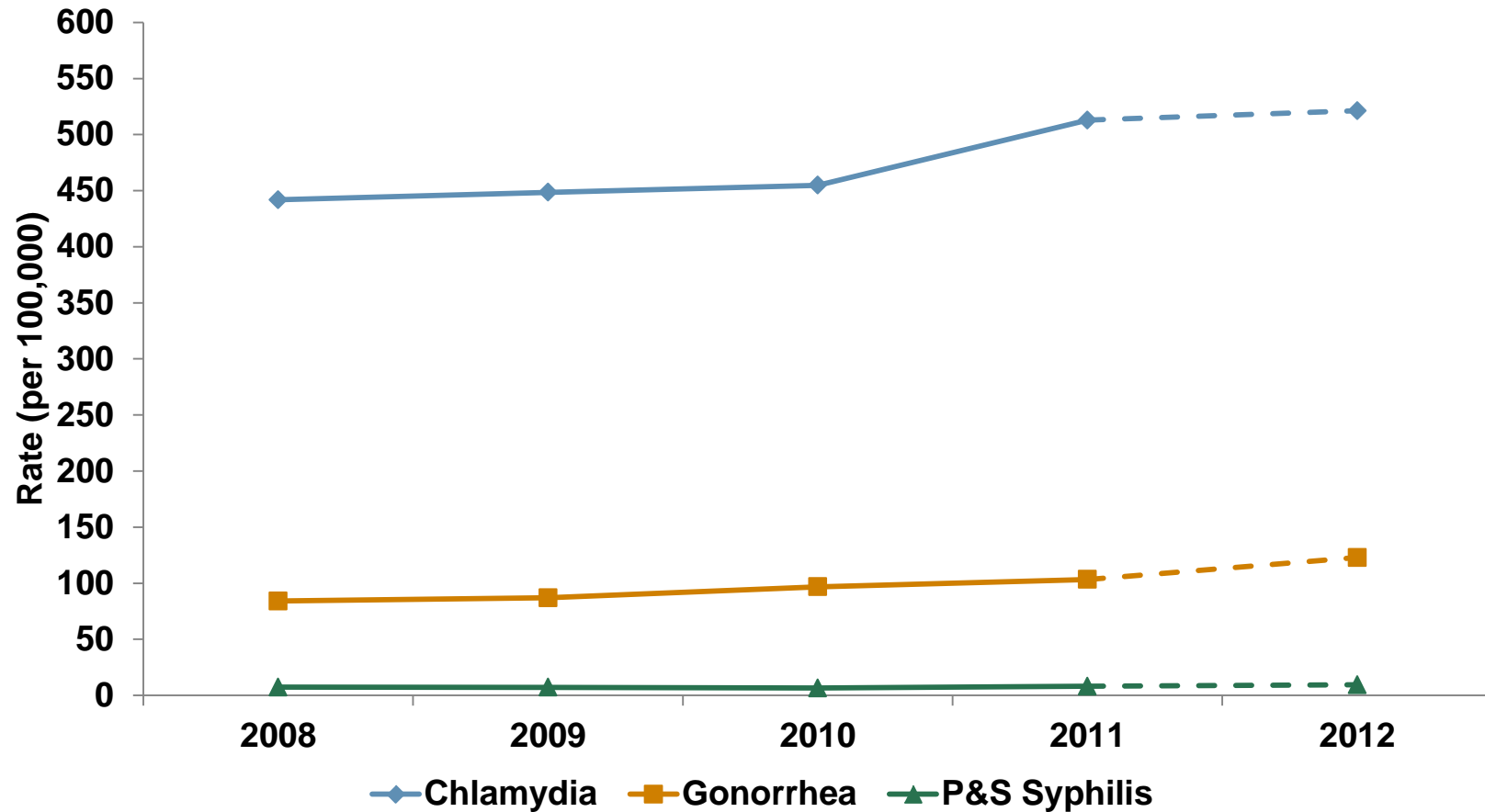
HIV Prevalence in MSM, by Race/ Ethnicity – Los Angeles County, NHBS



¹ Significant differences between blacks and Latinos, blacks and APIs and whites and APIs

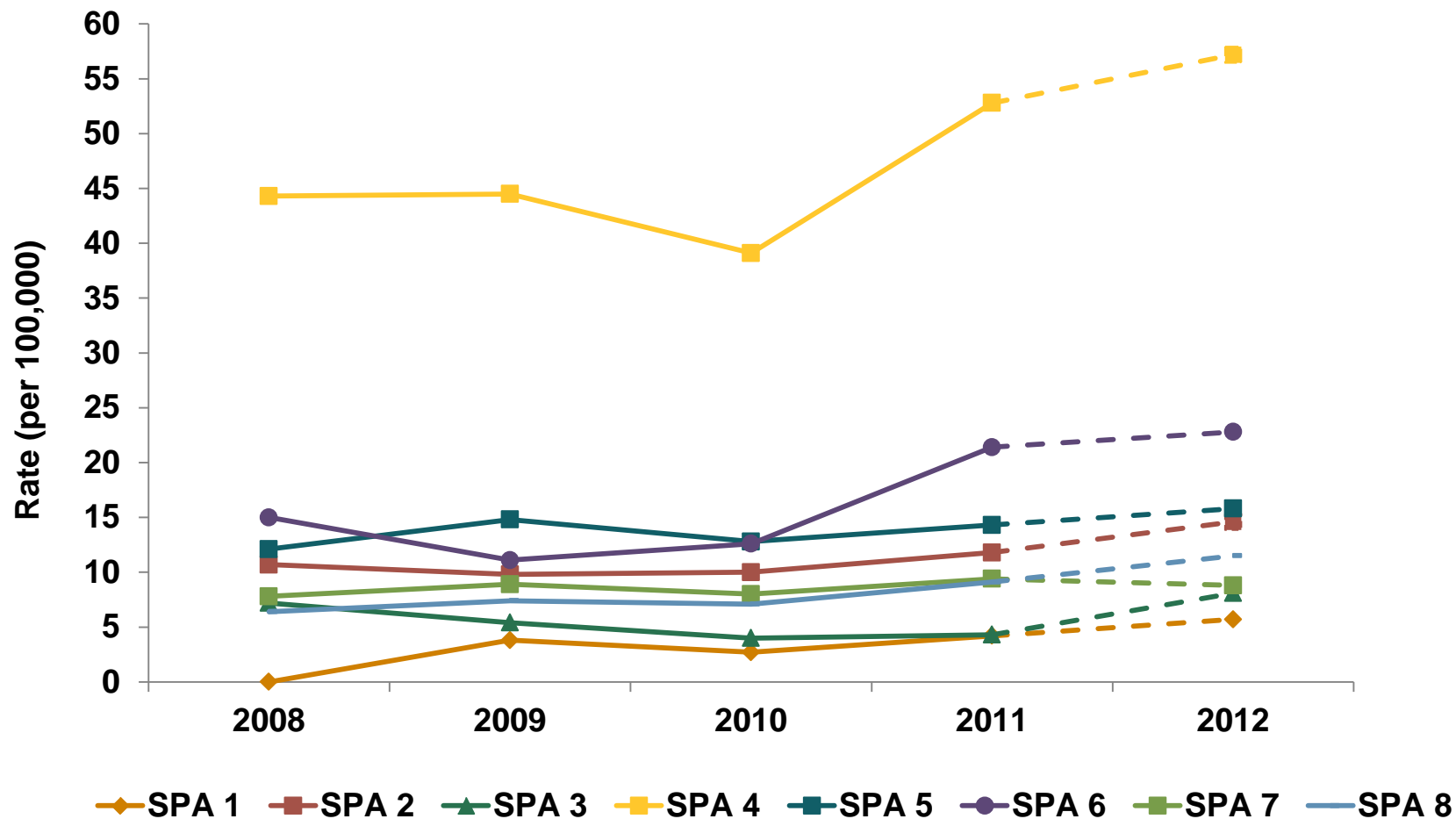
² Significant differences between blacks and whites, and blacks and APIs

Chlamydia, Gonorrhea and P&S Syphilis Rates, Los Angeles County, 2007-2012¹



¹ Data are from STD Casewatch; excludes cases in Long Beach and Pasadena; 2010-2012 data are provisional due to reporting delay

Primary and Secondary Syphilis Rates Among Males, by SPA, LAC, 2008-2012¹



¹ Data are from STD Casewatch as of September 2013; excludes cases in Long Beach and Pasadena; 2012 data are provisional due to reporting delay



Evolving Role of Biomedical Prevention

- Concept originating with prevention of Mother-to-Child transmission and Occupational Post-exposure Prophylaxis (PEP)
- Translated into Non-occupational PEP
 - Morbidity and Mortality Weekly Report, CDC 2005
- 2011: Definitive data to support Treatment as Prevention
 - Updated US PHS Treatment Guidelines 2012
- 2012-14: PrEP clinical trials showed reduced risk of HIV infection
 - Up to 92% lower risk for participants who took medicines consistently than for those who did not take the medicines
 - CDC's PrEP Clinical Guidelines



CDC's New PrEP Materials- May 2014

- **For Providers**

- PrEP for Prevention of HIV in the US: Clinical Practice Guideline
- Clinical Providers' Supplement
- Provider information sheet- PrEP during conception, pregnancy, and breastfeeding

- **For Patients**

- PrEP Information Sheet: PrEP for HIV Prevention (FAQs)
- Truvada Medication Information Sheet
- Acute HIV: Information about Acute HIV and PrEP

CHECKLIST FOR INITIATING PREEXPOSURE PROPHYLAXIS (PrEP)

Print name of provider

Print name of patient

Today's date (month/day/year)

Provider Section

I have provided this patient with the following: (check all as completed):

- Assessment for possible acute HIV infection
- Indicated laboratory screening to determine indications for these medications
- An HIV risk assessment to determine whether PrEP is indicated for this patient
- A medication fact sheet listing dosing instructions and side effects
- Counseling or a referral for counseling on condom use and any other HIV risk-reduction methods this patient may need
- Advice on methods to help the patient to take medication daily as prescribed
- Information about PrEP use during conception and pregnancy (when indicated)
- A prescription for Truvada (300 mg tenofovir disoproxil fumarate, 200 mg emtricitabine)
- A follow-up appointment date

As the provider, I will:

- Limit refill periods to recommended intervals for repeat HIV testing (at least every 3 months)
- Conduct follow-up visits at least every 3 months that include the following:
 - Assessment of HIV status (including signs or symptoms of acute HIV infection)
 - Assessment of side effects and advice on how to manage them
 - Assessment of medication adherence and counseling to support adherence
 - Assessment of STI symptoms, HIV risk behavior and counseling support for risk-

Patient Section

It has been explained to me that:

- Taking a dose of PrEP medication every day may lower my risk of getting HIV infection
- This medicine does not completely eliminate my risk of getting HIV infection, so I need to use condoms during sex
- This medicine may cause side effects so I should contact my provider for advice by calling _____ if I have any health problems
- It is important for my health to find out quickly if I get HIV infection while I'm taking this medication, so
 - I will contact my provider right away if I have symptoms of possible HIV infection (fever with sore throat, rash, headache, or swollen glands)
- My provider will test for HIV infection at least once every 3 months

Therefore, I will:

- Try my best to take the medication my provider has prescribed every day
- Talk to my provider about any problems I have in taking the medication every day
- Not share the medication with any other person
- Attend all my scheduled appointments
- Call _____ to reschedule any appointments I cannot attend

- HIV Testing
- Living With HIV
- Prevention Research
- Policies and Programs
- Guidelines and Recommendations
- HIV Screening & Testing
- Preventing New HIV Infections**
- Persons with HIV: Prevention & Care
- Prevention with Partners of Persons with HIV
- HIV Case Reporting & Surveillance
- Program Management
- Training and Conferences
- Statistics Center
- Resource Library

Preventing New HIV Infections



The listed documents provide guidance about behavioral and biomedical methods to prevent new HIV infections. This guidance is intended for clinicians, HIV testing and prevention providers working outside of healthcare facilities, health departments, and persons at risk for HIV infection. Currently, CDC is updating recommendations about use of pre-exposure prophylaxis, non-occupational post-exposure prophylaxis, and male circumcision to prevent HIV acquisition. These recommendations will be posted on this page in the future.

Pre-exposure Prophylaxis English

- NEW!** [Preexposure Prophylaxis for the Prevention of HIV in the United States: A Clinical Practice Guideline](#) (May 2014)
- NEW!** [Preexposure Prophylaxis for the Prevention of HIV in the United States: Clinical Providers' Supplement](#) (May 2014)
- NEW!** [Provider Information Sheet – PrEP During Conception, Pregnancy, and Breastfeeding](#)
- NEW!** [Patient Information Sheet – Acute HIV Infection: Information about Acute HIV Infection and PrEP](#)
- NEW!** [PrEP Information Sheet: Pre-exposure Prophylaxis \(PrEP\) for HIV Prevention](#)
- NEW!** [Truvada Medication Information Sheet: Truvada Medication Information Sheet for Patients](#)

Spanish

- NEW!** [Hoja informativa sobre la PrEP: Profilaxis preexposición \(PrEP\) para prevenir el VIH](#)
- NEW!** [Hoja informativa para el proveedor: PrEP durante la concepción, el embarazo y la lactancia: Información para médicos. Cómo aconsejar a pacientes acerca del uso de la PrEP durante la concepción, el embarazo y la lactancia](#)
- NEW!** [Hoja informativa sobre el medicamento Truvada: Hoja informativa para pacientes sobre el medicamento Truvada](#)
- NEW!** [Hoja informativa para el paciente: Infección aguda por el VIH: Información acerca de la](#)

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CDC Guidance for PrEP Use

Men Who Have Sex with Men

- Sex partner with HIV
- Recent bacterial STD
- High # of sex partners
- History of inconsistent or no condom use
- Commercial sex workers

Heterosexual Women and Men

- Sex partner with HIV
- Recent bacterial STD
- High # of sex partners
- History of inconsistent or no condom use
- Commercial sex workers
- Lives in high-prevalence area or network

Injection Drug Users

- HIV positive injecting partner
- Sharing injection equipment (6mo)
- Recent drug treatment (but not currently injecting)

Key Clinical Considerations

Before Starting

- Documentation of negative HIV test before prescribing PrEP
- No signs or symptoms of acute HIV infection
- Normal kidney function, no contraindicated medications
- Documented Hepatitis B status and vaccination status

During PrEP

- Daily dose of TDF/FTC
- ≤ 90 day supply
- Follow-up every 3 mo
 - HIV testing q3 mo
 - STD testing q6 mo
 - Kidney function
 - Side effect assessment
 - Adherence counseling
 - Risk reduction support
 - Pregnancy testing
 - Clean needles/drug tx



Access to Biomedical Prevention in LAC

DHSP fully supports and endorses use of biomedical interventions as critical components of LAC's overall HIV prevention strategy.

- DHSP actively support for PEP-LA Program and PrEP Demonstration Project (CHRP) in Metro and South LA
 - Currently 8 PrEP demonstration project sites in LAC
- Working with Commission on HIV and community planners to incorporate biomedical interventions into our local HIV prevention response
 - Diversity of access points
 - Centralized vs. decentralized access points



Thank You!

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<http://publichealth.lacounty.gov/dhsp>