

Webcast 2.2

Who Might Benefit from PrEP? Individual-Level Assessments

PRESENTED BY:

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Overview

- Sexual health discussions
- Understanding and assessing individual-level risk
- Risk-assessment tools
- The context for sexual health discussions: who does them?
- What do the PrEP guidelines say?

Case Study

Patient: 35-year-old gay HIV-negative barista

- In a long-term relationship with a 36-year-old man with HIV on ART; viral load repeatedly undetectable
- Asks, while pouring your venti latte with an extra shot, "How much do I need to worry about getting HIV?"
- His partner tells him that HIV transmission risk is low with an undetectable viral load
- Barista wonders if he needs to keep using condoms

Case Study

What would you recommend?

- Given his partner's undetectable viral load, it is safe for them to stop using condoms?
 - He should support his partner in maintaining an undetectable viral load, as keeping it undetectable is likely the most important factor to him staying HIV-negative.
 - He should consider pre-exposure prophylaxis (PrEP).
 - They should wear a condom every time they have anal sex.

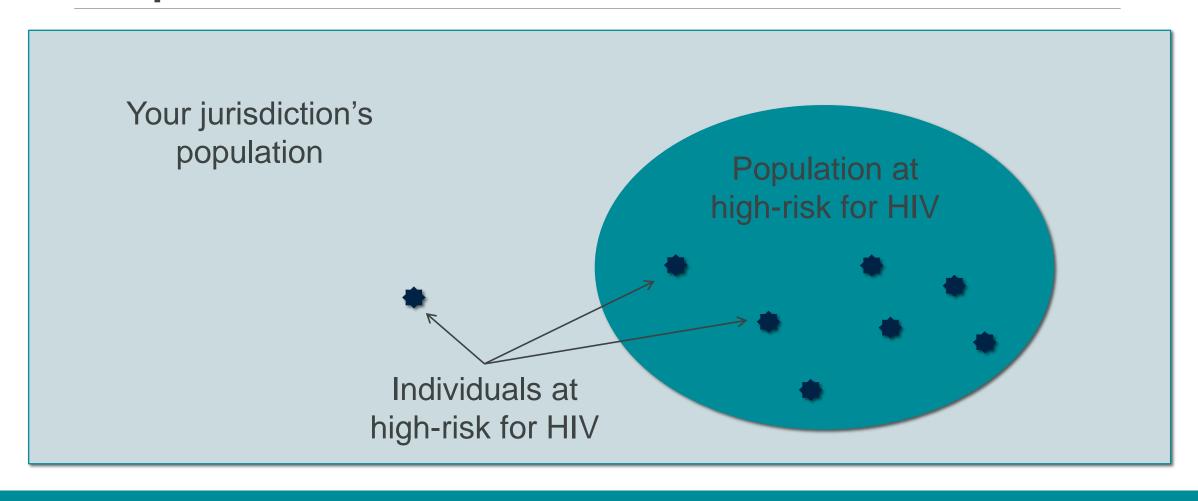
Population versus Individual Risk

Your jurisdiction's population

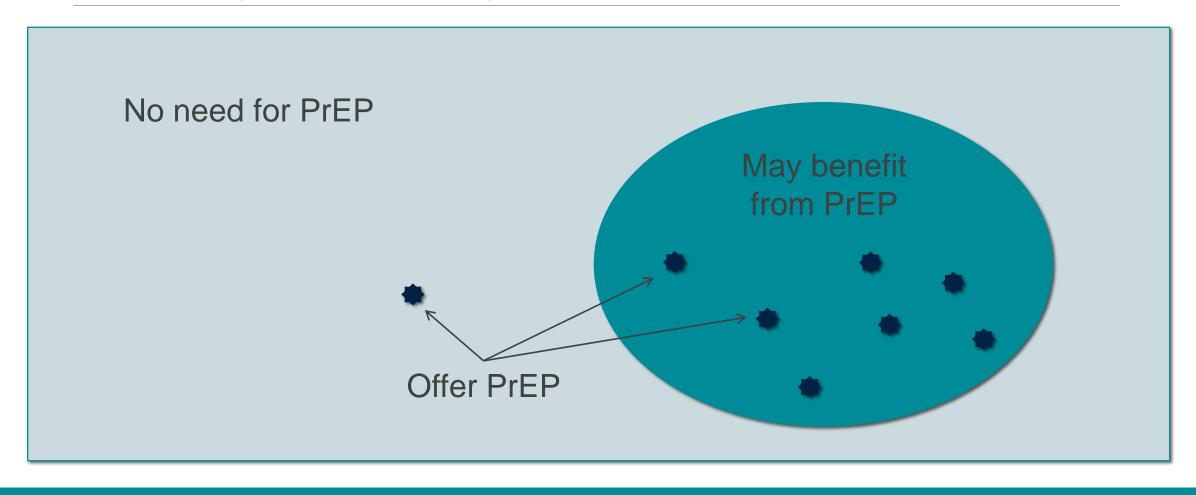
Population versus Individual Risk

Your jurisdiction's population Population at high-risk for HIV

Population versus Individual Risk



Pulling it All Together



Engaging in Sexual Health Discussions

- Create and maintain an open, trusting, and confidential environment for discussion of sexual behaviors, as well as substance use.
- Build an ongoing dialogue with the patient regarding their risk behavior.
- Reinforce the fact that PrEP is not always effective in preventing HIV infection, particularly if used inconsistently, but that consistent use of PrEP – particularly when used together with other prevention methods – confers very high levels of protection.

Employ a Sexual Health Framework

- Sexual health is an element of overall health
- Place behaviors in the context of having a healthy sex life
- Frame messaging in a supportive light
 - Not "I am sorry that you have chlamydia."
 - Rather "I am so glad you came in so we could take care of this for you."
- Open the door for disclosure and ongoing dialogue
- Understand patient desires and goals

Sexual Health Topics to Discuss

- Sexual orientation and gender identity
- Relationship status and support systems
- Sexual risk behaviors and prior sexual history (including STDs)
- Prior use of post-exposure prophylaxis (PEP)
- Substance-using risk behaviors
- Behavioral health needs

Specific Topics to Cover

From the U.S. Public Health Service Clinical Practice Guidelines for PrEP

Men Who Have Sex with Men	Heterosexual Women and Men	Injection Drug Users
 Sexual partner with HIV Recent bacterial STD High number of sex partners History of inconsistent or no condom use Commercial sex work 	 Sexual partner with HIV Recent bacterial STD High number of sex partners History of inconsistent or no condom use Commercial sex work Lives in high-prevalence area or network 	 HIV-positive injecting partner Sharing injection equipment Recent drug treatment (but currently injecting)

Consider Using an Objective Tool to Assess Risk

Example 1: MSM Risk Index from the US Public Health Service Clinical Provider's Supplement to the PrEP Guidelines

	MSM Risk Index	25	
1	How old are you today?	If <18 years, score 0 If 18-28 years, score 8	
		If 29-40 years, score 5	
		If 41-48 years, score 2	
		If 49 years or more, score 0	
2	In the last 6 months, how many men have you had sex with?	If >10 male partners, score 7	
		If 6-10 male partners, score 4	
		If 0-5 male partners, score 0	
3	In the last 6 months, how many times did you have receptive anal sex	If 1 or more times, score 10	
	(you were the bottom) with a man without a condom?	If 0 times, score 0	
4	In the last 6 months, how many of your male sex partners were HIV- positive?	If >1 positive partner, score 8 If 1 positive partner, score 4 If <1 positive partner, score 0	
5	In the last 6 months, how many times did you have insertive anal sex (you were the top) without a condom with a man who was HIV- positive?	If 5 or more times, score 6 If 0 times, score 0	
5	In the last 6 months, have you used methamphetamines such as crystal	If yes, score 6	
	or speed?	If no, score 0	
		Add down entries in right column	
		to calculate total score	
			TOTAL SCORE*

^{*} If score is 10 or greater, evaluate for intensive HIV prevention services including PrEP. If score is below 10, provide indicated standard HIV prevention services.

Example 2: Denver HIV Risk Score

The Refined Denver HIV Risk Score

Patient age 22-25 or 55-60 26-32 or 47-54 33-46		Score
Male gender	+ 21	
Patient self-report Black Hispanic	ed race/ethnicity + 9 + 3	
Does the patient h Men or both	ave sex with men, women, or both? + 22	
Has the patient ev Yes	er injected drugs? + 9	
Has the patient ev Yes	er been tested for HIV? - 4	
	Total Score	

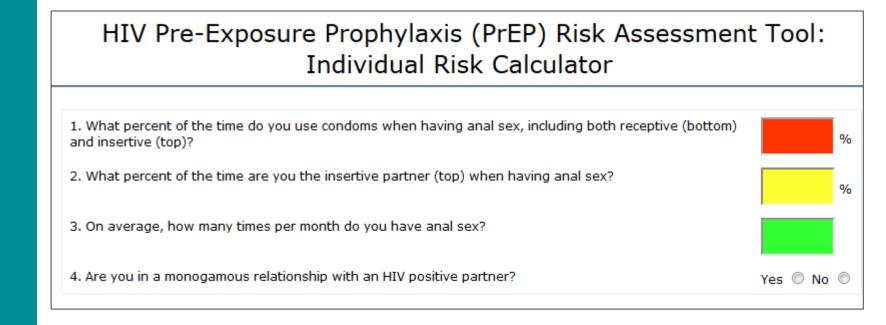
Patients who score 30 points or greater should be considered at increased risk for having undiagnosed HIV infection and should be routinely offered HIV testing.

Very Low	Low	Moderate	High	Very High
Risk	Risk	Risk	Risk	Risk
<20	20-29	30-39	40-49	≥50
points	points	points	points	points

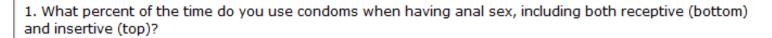
Haukoos, American Journal of Epidemiology, 2012; 175(8):838-46
Haukoos, Annuals of Emergency Medicine, 2013:61(3)353-61

Example 3: Online Risk Calculator

- A decision-analytic model of PrEP for MSM.
- Tool available online at <u>https://ictrweb.johnshopkins.edu/ictr/utility/prep.cfm</u>.
- Population Cost-Effectiveness Calculator also developed and available at same web address.



HIV Pre-Exposure Prophylaxis (PrEP) Risk Assessment Tool: Individual Risk Calculator





2. What percent of the time are you the insertive partner (top) when having anal sex?



3. On average, how many times per month do you have anal sex?



4. Are you in a monogamous relationship with an HIV positive partner?



4b. What is the HIV prevalence in your community? (click <u>here</u> for CDC estimates of HIV prevalence among MSM by metropolitan area, age, and race/ethnicity. If left blank, the national average of 19% will be used)

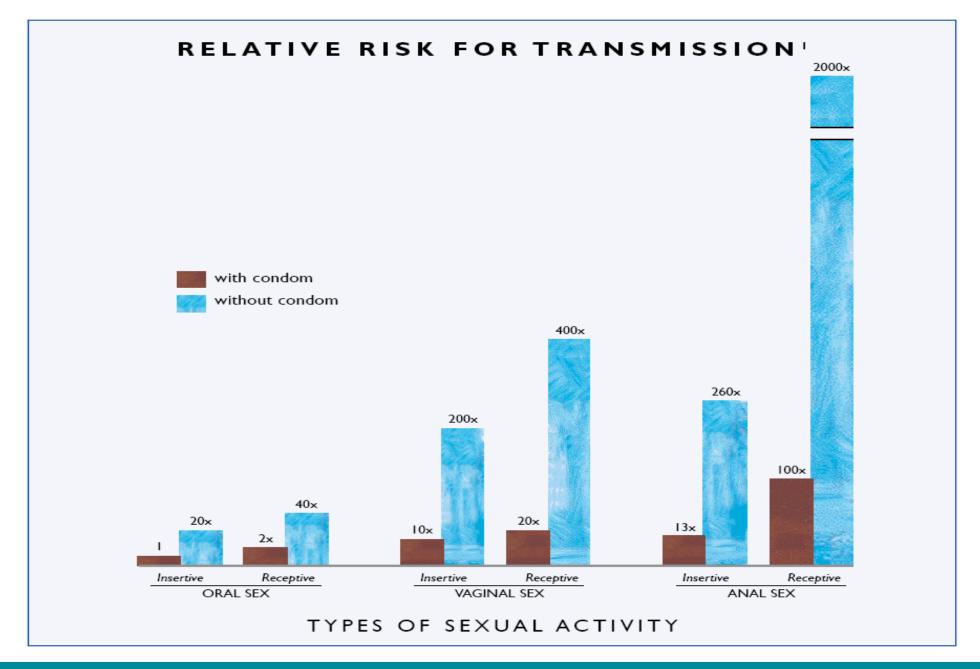


Risk of acquiring HIV this year:			
Without PrEP	1 in 44 (2.3%)		
PrEP, expected adherence ¹	1 in 77 (1.3%)		
PrEP, expected adherence + increase in risky behavior ²	1 in 59 (1.7%)		
PrEP, high adherence ³	1 in 538 (0.2%)		
PrEP, high adherence and 100% condom use	1 in 1614 (0.1%)		

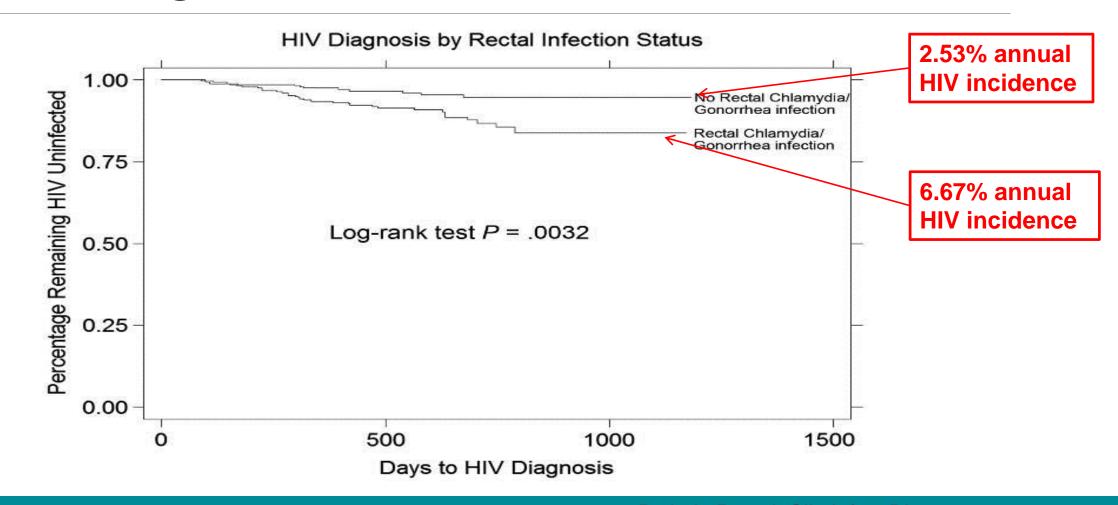
Place Risk Information into HIV Transmission Context

Estimated per act risk for acquisition of				
HIV-1 by exposure route				
Infections per 10,000 exposures to HIV				
9,250 (93%)				
2,255 (23%)				
63 (0.63%)				
23 (0.2%)				
Sexual risk				
138 (1.4%)				
11 (0.11%)				
8 (0.08%)				
4 (0.04%)				
Low				
Low				
* Assuming no condom use				

Estimated nor act risk for acquisition of



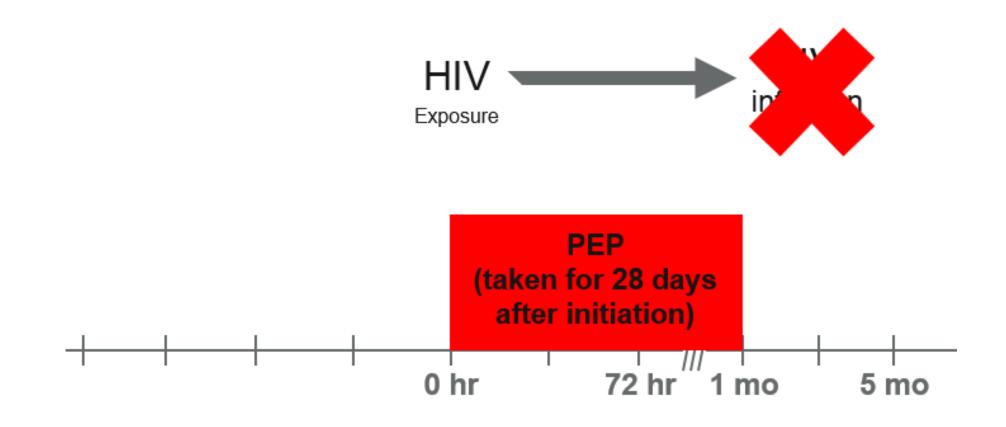
Ask about STDs: HIV Incidence Increased Following Rectal Bacterial Infections in MSM



Ask about STDs: HIV Incidence Increased in MSM with Prior Syphilis

- Results from the iPrEx study of PrEP in MSM:
 - 2.8 cases of HIV per 100 person-years follow up for those with no incident syphilis
 - 8.0 cases of HIV per 100 person-years follow up for those with *incident syphilis*
- Hazard ratio of 2.6 for acquiring HIV for those with syphilis

Persons Presenting for PEP May Be Ideal Candidates for PrEP



Discussions Should Take Into Consideration Context Provided by Local Prevalence Data

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Refer to Webcast 2.1 on population-level risk assessments for additional information.

Primary care provider or other medical provider

- Primary care provider or other medical provider
- Sexual health/STD clinician

- Primary care provider or other medical provider
- Sexual health/STD clinician
- Family planning practitioner

- Primary care provider or other medical provider
- Sexual health/STD clinician
- Family planning practitioner
- Health department clinical/educational outreach staff

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- Health department clinical/educational outreach staff
- Disease intervention specialist

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- Sexual health/STD clinician
- Family planning practitioner
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- Disease intervention specialist
- Anyone else who interacts with persons at risk for HIV in the community

What do the US Public Health Service Clinical Practice Guidelines for PrEP say?

Assessing Risk in MSM

In the past 6 months:

- Have you had sex with men, women, or both?
- If men or both sexes, how many men have you had sex with?
- How many times did you have receptive anal sex (you were the bottom) with a man who was not wearing a condom?
- How many of your male sex partners were HIVpositive?
- If any positive, with these HIV-positive male partners, how many times did you have insertive anal sex (you were the top) without you wearing a condom?
- Have you used methamphetamines (such as crystal or speed)?

Assessing Risk in Heterosexual Men and Women

In the past 6 months:

- Have you had sex with men, women, or both?
- If opposite sex or both sexes, how many men/women have you had sex with?
- How many times did you have vaginal or anal sex when neither you nor your partner wore a condom?
- How many of your sex partners were HIVpositive?
- If any positive, with these HIV-positive partners, how many times did you have vaginal or anal sex without a condom?

Assessing Risk in Injection Drug Users

- Have you ever injected drugs that were not prescribed to you by a clinician?
- If yes, when did you last inject unprescribed drugs?
- In the past 6 months, have you injected by using needles, syringes, or other drug preparation equipment that had already been used by another person?
- In the past 6 months, have you been in a methadone or other medication-based drug treatment program?

International AIDS Society Guidelines

Daily PrEP should be recommended for:

- Persons at high risk for HIV based on background incidence (> 2%) or
- Recent diagnosis of incident STIs, especially syphilis, gonorrhea, or chlamydia.
- Individuals who have used post-exposure prophylaxis (PEP) more than twice in the past year.
- People who inject drugs and who share injection equipment, inject 1 or more times a day, or inject cocaine or methamphetamines.

Conclusions

- Create the opportunity for open and honest risk discussions and disclosure
- Assess risk and potential PrEP benefit using objective measures, if possible
 - Risk scale (provider- or patient-implemented)
 - Prior PEP use
 - STDs: rectal bacterial infections or syphilis in MSM
- Place risk and potential use of PrEP in larger context of sexual health
- Consider local epidemiologic data (see webcast 2.1 for additional information, resources, and tools)

NACCHO's Educational Series on PrEP and Local Health Departments

Module 1

PrEP for HIV Prevention: An Introduction

Beyond the Basics: The Science of PrEP

US Public Health Service Clinical Practice Guidelines for PrEP

Module 2

Who Might Benefit from PrEP: Population-level Assessments

Who Might Benefit from PrEP: Individual-level Assessments

Module 3

Increasing PrEP Awareness and Knowledge in Your Jurisdiction Incorporating PrEP into Comprehensive HIV Prevention Programs

PrEP Poses Many Questions

After watching the webcasts in Modules 1 and 2, join us for a live webinar discussion on

Friday, November 21, 2014

from 1:00-2:00 PM ET.

Register at http://www.naccho.org/topics/HPDP/hivsti/prep.cfm.

The webinar will be archived and made available via naccho.org.