

2020 FAMILY MEDICINE MIDWEST CONFERENCE



A practical guide to incorporate Pre-Exposure Prophylaxis (PrEP) for HIV prevention into your clinical practice



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THE FLEXIBILITY OF FAMILY MEDICINE IN A CHANGING WORLD
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Disclosures

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Outline

- What is PrEP?
- Truvada vs Descovy
- Who benefits the most from PrEP?
- Prescribing PrEP
- Rapid start and on-demand PrEP
- Cost of PrEP
- Public health disparities
- Where are we headed?
- Incorporating PrEP into your practice
- Cases



Quick survey

- Have you ever heard about PrEP?
- Have you discussed PrEP with a patient in the last 5 years?
- Have you discussed PrEP with a patient in the last 1 year?
- Have you prescribed PrEP?

Pre-exposure Prophylaxis (PrEP)

- PrEP is strategy to help prevent HIV acquisition and is intended for HIV negative individuals who are at high risk of infection

PrEP:
***HIV PREVENTION
WITH JUST
1 PILL A DAY***



Ending the HIV Epidemic: A Plan for America

The U.S. Department of Health and Human Services (HHS) has launched Ending the HIV Epidemic: A Plan for America. The cross-agency initiative leverages critical scientific advances in HIV prevention, diagnosis, treatment, and outbreak response by coordinating the highly successful programs, resources, and infrastructure of many HHS agencies and offices.

GOAL:

reaching
75%
reduction
in new HIV
infections
by 2025
and at least
90%
reduction
by 2030.



HHS will work with each community to establish local teams on the ground to tailor and implement strategies to:



Diagnose all people with HIV as early as possible after infection.

Treat the infection rapidly and effectively to achieve sustained viral suppression.



Prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs (SSPs).

Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.



What is PrEP?

- 2 FDA approved drugs for PrEP
 - Truvada (2012) and Descovy (2019)
 - Both contain emtricitabine and tenofovir
 - HIV medications in NRTI (Nuke) class, commonly used as 'backbone' in HIV treatment regimens in combination with at least 1 other drug
- Taking medications daily helps prevent HIV acquisition if exposed to the virus
- Used for prevention (NOT after exposure or for treatment)
- With daily adherence, lowers the risk of individuals getting HIV by up to 99%
- Does not protect against any other STIs besides HIV
- Revolutionized HIV prevention strategies
- With proper training and continued education, can be easily incorporated into primary care practice

Truvada vs Descovy

- Truvada = tenofovir disoproxil (TDF) 300mg + emtricitabine (FTC) 200mg
- Descovy = tenofovir alafenamide (TAF) 25mg + emtricitabine (FTC) 200mg
- TAF is a prodrug of TDF
 - Spends more time in cells and less time in plasma
 - Less toxic to bones and kidney
- Descovy can be used with CrCl >30, Truvada CrCl >60
- TAF (in Descovy) associated with more weight gain (1-2kg) than TDF (in Truvada)
- Truvada approved for all patients (age 13+)
- Descovy currently only approved for cisgender men and transgender women (individuals assigned the male gender at birth)
 - Studies ongoing to approve Descovy for cisgender women/ transgender men
- Truvada going generic soon, insurances often deny Descovy without indication



Recommendation Summary

Population	Recommendation	Grade
Persons at high risk of HIV acquisition	The USPSTF recommends that clinicians offer preexposure prophylaxis (PrEP) with effective antiretroviral therapy to persons who are at high risk of HIV acquisition. See the Clinical Considerations section for information about identification of persons at high risk and selection of effective antiretroviral therapy.	A

Who benefits the most from PrEP (USPSTF):

- **Men who have sex with men, are sexually active, and have 1 of the following characteristics:**
 - A serodiscordant sex partner (partner is HIV+)
 - Inconsistent use of condoms during receptive or insertive anal sex
 - STI (syphilis, gonorrhea, or chlamydia) within the past 6 months
- **Heterosexually active women and men who have 1 of the following characteristics:**
 - A serodiscordant sex partner
 - Inconsistent use of condoms during sex with a partner whose HIV status is unknown and who is at high risk (eg, having a sex partner who injects drugs or a man who has sex with men and women)
 - STI (syphilis or gonorrhea) within the past 6 months
- **Persons who inject drugs and have 1 of the following characteristics:**
 - Shared use of drug injection equipment
 - Risk of sexual acquisition of HIV (see above)

Who benefits most from PrEP (CDC):

- **Have had anal or vaginal sex in the past 6 months and:**
 - Have a sexual partner with HIV (especially if the partner has an unknown or detectable viral load)
 - Have not consistently used a condom
 - Have been diagnosed with an STD in the past 6 months
- PrEP is also recommended for **people who inject drugs and**
 - Have an injection partner with HIV
 - Share needles, syringes, or other equipment to inject drugs
- PrEP should also be considered for **people who have been prescribed non-occupational post-exposure prophylaxis (PEP) and**
 - Report continued risk behavior, or
 - Have used multiple courses of PEP.

Prescribing PrEP

- **Contraindications**

- HIV +
- HIV exposure <72 hours - offer PEP (Post-Exposure Prophylaxis)
- Renal disease - CrCl <30 (Descovy) CrCl <60 (Truvada)

- **Cautions**

- Acute viral syndrome in last month – delay if clinically suspect HIV infection and testing negative but start otherwise if risk of HIV is ongoing
- Hepatitis B infection
- At risk for kidney disease (DM, HTN, etc. Consider monthly Cr monitoring at start)
- Osteoporosis or hx non-traumatic fracture
- Pregnancy or breastfeeding – recommend starting/continuing if risk for HIV is high

- **Side effects – very well tolerated**

- Overall, PrEP is very safe and well tolerated. Common to have mild GI discomfort for the first few weeks that will resolve with continued adherence
- 1/200 have renal dysfunction (most all reverse when PrEP discontinued)
- 1% average loss of bone mineral density

Prescribing PrEP

- **First appointment**
 - Thorough sexual history (receptive/ insertive anal sex), counsel on safe sex and harm reduction practices, PrEP does not protect against other STIs besides HIV, discuss importance of medication adherence and follow up.
 - Time until effectiveness: 7 days for anal sex, 20 days for vaginal sex.
 - **Initial labs**: (recommend creating an orders preference list in your EMR)
 - HIV Ag/Ab
 - Hep B surface Ag, Hep B surface Ab, Hep B core Ab
 - Hep C Ab
 - CMP
 - Syphilis Ab or RPR
 - GC/CT (consider 3 sites: urine/ cervical, throat, rectal based on risk)
 - Pregnancy test (for all reproductive age ciswomen/ transmen)

Prescribing PrEP

- Send to pharmacy after HIV negative, CrCl >30 (Descovy), CrCl >60 (Truvada) or after POC HIV negative (Rapid Start)
- If Hep B s Ag, Hep B c Ab, or Hep C Ab are +, can start PrEP but need further work up (consider referral to Infectious Disease/ Hepatology)



Prescribing PrEP

- Follow up appointments
 - Follow up every 3 months
 - Follow up labs:
 - HIV Ag/Ab
 - BMP
 - RPR or syphilis Ab (if indicated)
 - GC/CT (if indicated, recommend urine/cervical, throat, rectal based on risk)
 - Repeat BMP 3 months after starting then can space to every 6 months if normal and no other risk factors for renal disease
 - Continued counseling adherence, safe sex and harm reduction practices
 - Rx Truvada or Descovy x 90 day supply (no refills)
 - Remember to vaccinate against HPV and Hep B (if indicated)

Pre-Exposure Prophylaxis (PrEP) Quick Reference Guide

PrEP is strategy to help prevent HIV infection for HIV negative individuals at high risk of infection. Taken daily, Descovy and Truvada lower the risk of getting HIV by up to 99%. PrEP for HIV prevention is a USPSTF Grade A recommendation. (updated 10/15/20)

Indications (USPSTF)

- **Men who have sex with men who have 1 of the following characteristics:**
 - A serodiscordant sex partner (partner is HIV+)
 - Inconsistent use of condoms during receptive or insertive anal sex
 - STI (syphilis, gonorrhea, or chlamydia) within the past 6 months
- **Heterosexually active women and men who have 1 of the following characteristics:**
 - A serodiscordant sex partner
 - Inconsistent use of condoms during sex with a partner whose HIV status is unknown and who is at high risk (eg, having a sex partner who injects drugs or a man who has sex with men and women)
 - STI (syphilis or gonorrhea) within the past 6 months
- **Persons who inject drugs and have 1 of the following characteristics:**
 - Shared use of drug injection equipment
 - Risk of sexual acquisition of HIV (see above)

Contraindications

- HIV+
- **CrCl <30 (Descovy), CrCl <60 (Truvada)**
- HIV exposure <72 hours (consider Post-Exposure Prophylaxis)

Cautions

- Acute viral syndrome in last month (take detailed sexual history, consider HIV viral load)
- Hepatitis B or C infection (consider ID/ Hepatology consult)
- At risk for kidney disease (DM, HTN, consider monthly Cr)
- Osteoporosis or hx non-traumatic fracture
- Pregnancy or breastfeeding (discuss risks/ benefits)

Side effects

- Overall, PrEP is very safe and well tolerated
- Common to have mild GI discomfort for the first few weeks that will resolve with continued adherence
- 1/200 have renal dysfunction (most all reverse when PrEP discontinued)
- 1% average loss of bone mineral density

First appointment

- Thorough sexual history (receptive/ insertive anal sex), counsel on safe sex and harm reduction practices, PrEP does not protect against other STDs besides HIV, discuss importance of medication adherence and follow up.
- Time until effectiveness: 7 days for anal sex, 20 days for vaginal sex
- **Initial labs:**
 - HIV Ag/Ab
 - Hep B surface Ag, Hep B core Ab, Hep B surface Ab
 - Hep C Ab
 - CMP
 - RPR or Syphilis Ab
 - GC/CT (consider 3 sites: urine/ cervical, throat, rectal based on risk)
 - Pregnancy test (for all reproductive age ciswomen/ transmen)
- **Prescriptions**
 - **All patients:**
 - **Truvada (emtricitabine 200mg/ tenofovir disoproxil 300mg), 1 tab PO daily**
 - **Cisgender men/ transgender women:**
 - **Descovy (emtricitabine 200mg/ tenofovir alafenamide 25mg), 1 tab PO daily**

- Send to pharmacy after HIV negative, CrCl >30 (Descovy), CrCl >60 (Truvada) or after POC HIV negative (Rapid Start)
- If concern for Hep B or C infection, consider referral to ID/ Hepatology

Follow up appointments

- Every 3 months
- **Follow up labs:**
 - **Every 3 months: HIV Ag/Ab, BMP, RPR or syphilis Ab, GC/CT**
 - Can defer GC/CT and syphilis screening if no risk of exposure since last screening
 - Can space BMP to q6 months after first 3 month labs if normal and no risk factors for kidney disease
- Continued counseling adherence, safe sex and harm reduction practices
- Remember to vaccinate against HPV and Hep B, if needed

Additional Resources

- PrEP hotline, 855-448-7737, 11 am – 8pm EST, Monday - Friday
- PEP hotline, 888-488-4911, 9 am - 9 pm EST, 7 days/ week

Rapid start PrEP

- Complete rapid HIV test in clinic (3rd gen HIV Ab)
- Prescribe PrEP on same day once rapid HIV negative
- Patients must still complete other PrEP labs on same day
- Discontinue PrEP if CrCl <30 (Descovy) CrCl <60 (Truvada)
- Why rapid start?
 - Avoids delayed PrEP initiation due to lab completion issues or time needed to respond to labs
 - Patient's know they are HIV negative on same day
 - Rare cases of needing to discontinue PrEP (renal impairment or in HIV window period) but very few negative outcomes
 - Many clinics now using this approach

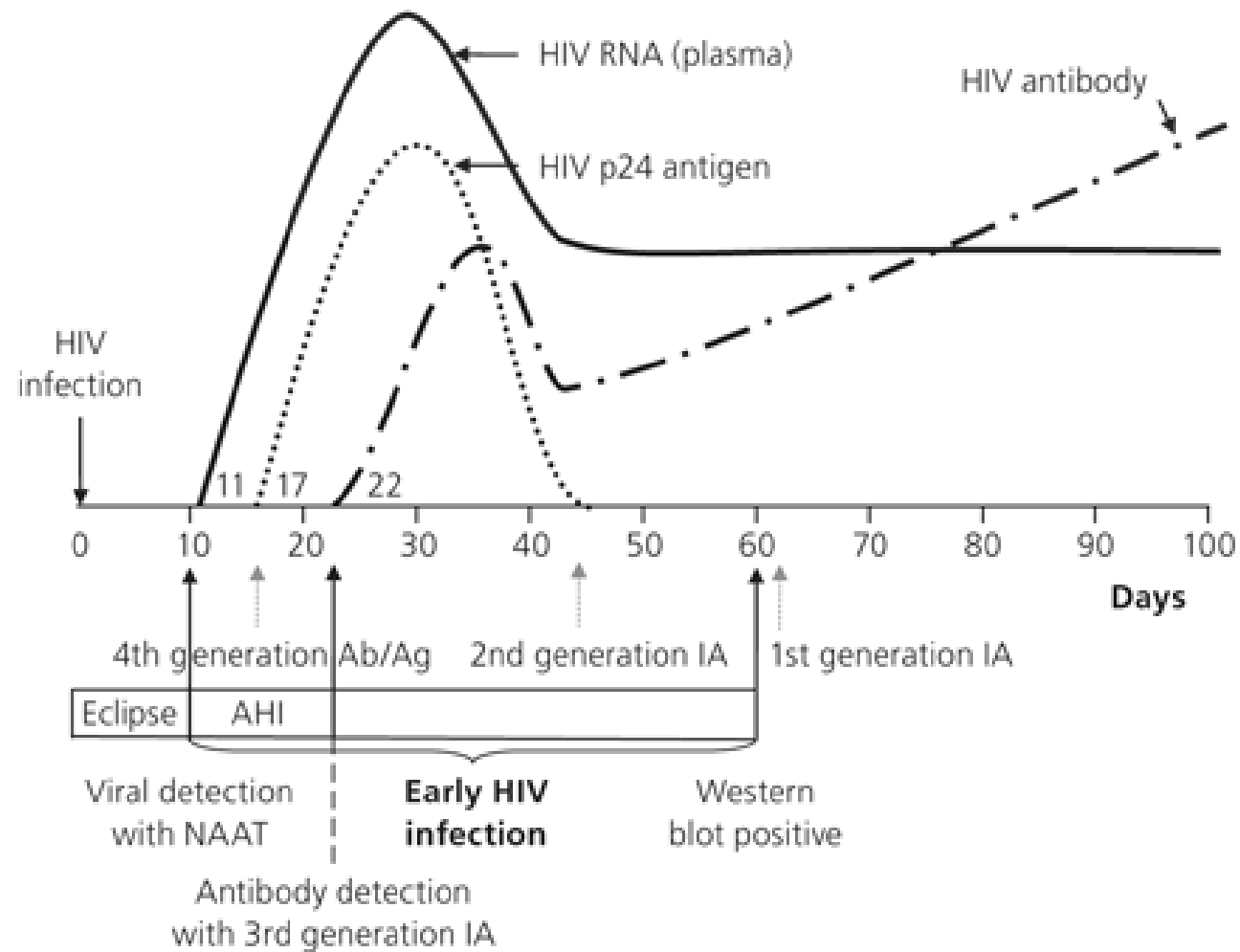


Source: <https://galusaustralis.com/wp-content/uploads/2020/09/Hiv-Rapid-Test-Kit.jpg>

HIV testing

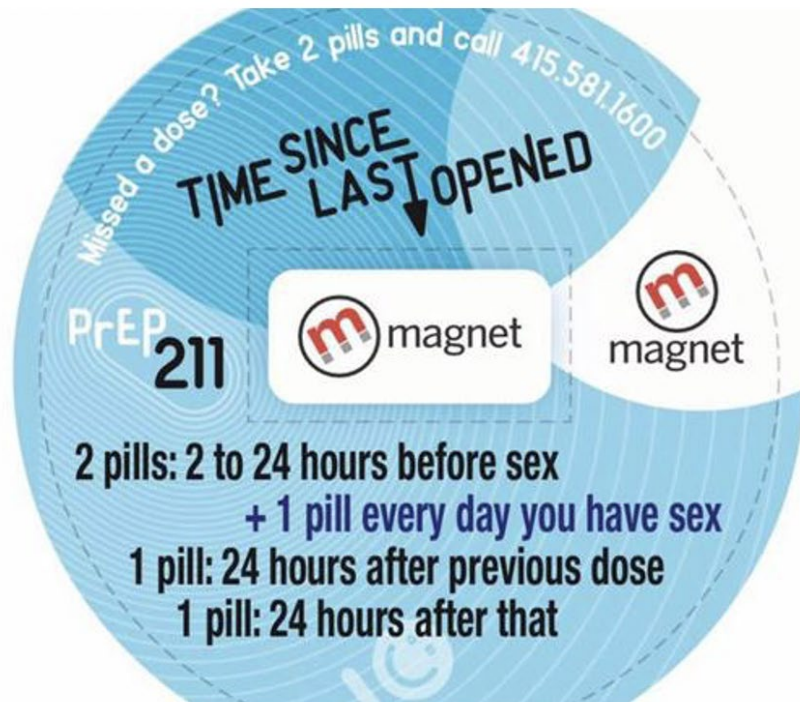
Test	Target of detection	Approximate time to positivity (days)
Enzyme-linked immunoassay		
First generation	IgG antibody	35 to 45
Second generation	IgG antibody	25 to 35
Third generation	IgM and IgG antibody	20 to 30
Fourth generation	IgM and IgG antibody and p24 antigen	15 to 20
Western blot		
	IgM and IgG antibody	35 to 50 (indeterminate)
		45 to 60 (positive)
HIV viral load test		
Sensitivity cut-off 50 copies/mL	RNA	10 to 15
Ultrasensitive cut-off 1 to 5 copies/mL	RNA	5

HIV labs over time



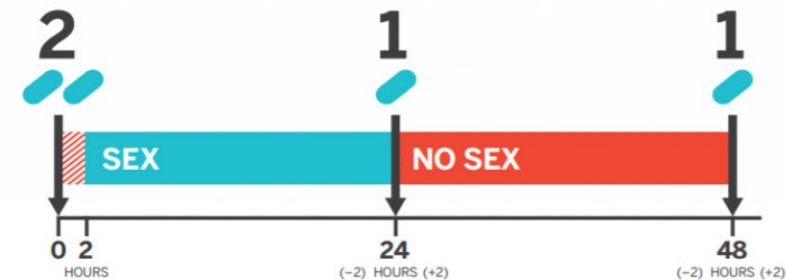
On demand PrEP (2-1-1)

- Best for individuals having less frequent sex and those who can anticipate when they will have sex
- Only indicated for patients engaging in anal sex

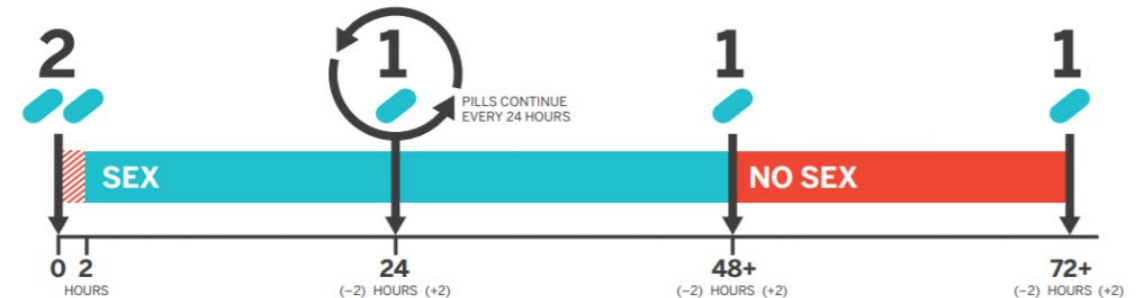


Soriuce: <https://www.ebar.com/news/news//272877>

SEX WITHIN 24 HOURS OF THE FIRST DOSE



SEX BEYOND 24 HOURS AFTER THE FIRST DOSE



Source: <https://www.sfaf.org/resource-library/qa-prep-2-1-1-for-anal-sex/>

Breaking news!

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HPTN 083 Study Demonstrates Superiority of Cabotegravir for the Prevention of HIV

Jul 7, 2020

Both cabotegravir and oral tenofovir/emtricitabine (TDF/FTC) have high efficacy for pre-exposure prophylaxis (PrEP)

- Cabotegravir (new integrase inhibitor) has been formulated into a long acting injection
- Compared to Truvada in cisgender men and transgender women who have sex with men
- Study stopped early due to the **SUPERIORITY** of the cabotegravir (fewer transmissions in the cabotegravir group) - pending FDA approval
- The cabotegravir was injected every 8 weeks

Cost of PrEP

- Studies have shown PrEP is cost effective, if used in high risk groups
- Covered by most all insurance plans (Truvada > Descovy)
- Medications cost prohibitive without insurance or support program
- Truvada going generic soon
- Often run into problems with high deductible plans
- Patient assistance programs
 - [Gilead Copay Assistance Program](#)
 - [Ready, Set, PrEP](#)
 - [Additional PrEP resources](#)
- With proper knowledge and utilization of support programs, cost is rarely a barrier to starting PrEP

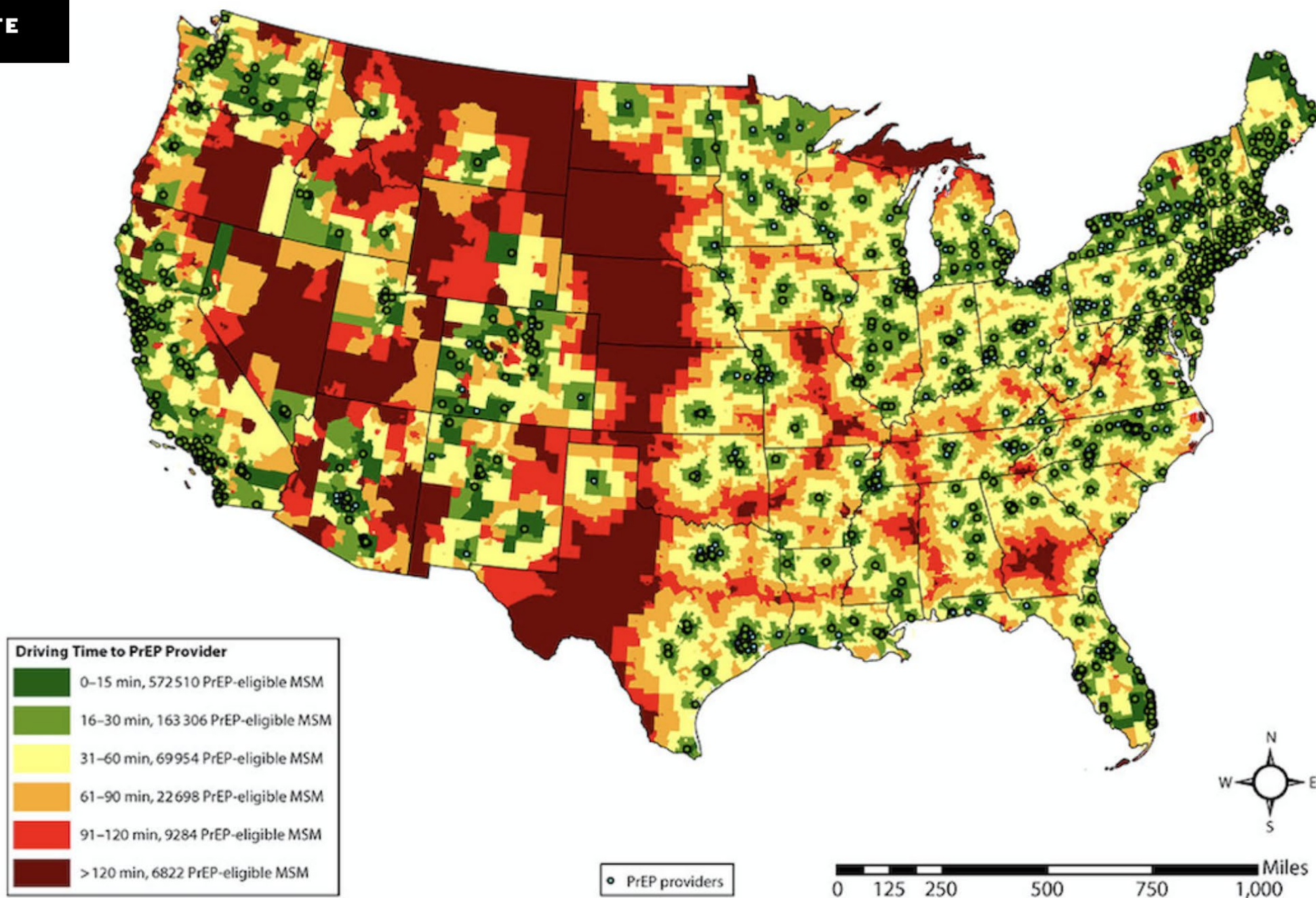
PrEP at KU Family Medicine

- 4 FM patients on PrEP in April 2016 (program started)
- Currently see ~90 PrEP patients in FM clinic
- Helped start PrEP program at local Health Department
- Educate medical students and Residency programs (FM, OB/Gyn)
- Ongoing PrEP research projects
- Importance of PrEP Nurse Care Coordinator
 - Vital to our success!
 - Maintains PrEP database
 - Completes Prior Authorizations/ Co-Pay assistance programs
 - Point person for patient questions
 - New 6 month follow up program

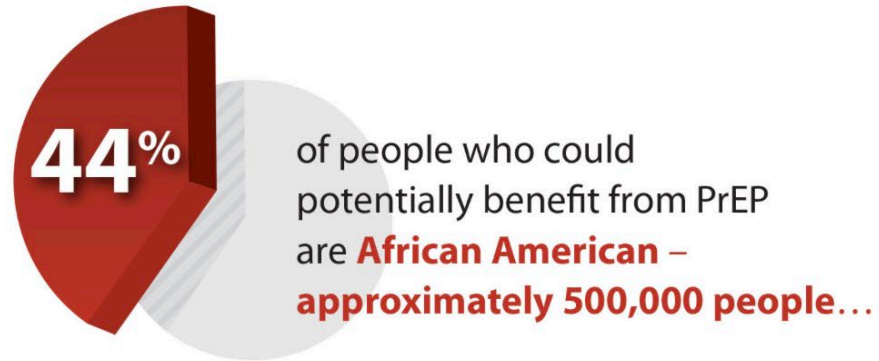


PrEP disparities (our opportunities for improvement!)

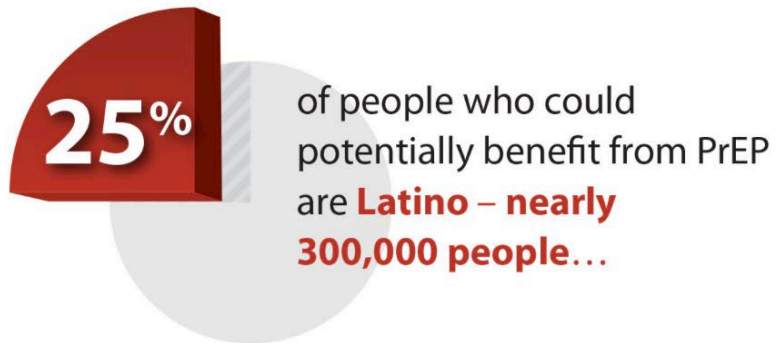
- PrEP deserts (any rural docs out there?)
- People of color
- Women
- Youths
- People who inject drugs (PWID)
- HIV providers vs PCPs



HIV prevention pill is not reaching most who could potentially benefit – especially African Americans and Latinos



...but only **1%** of those – **7,000 African Americans** – were prescribed PrEP*



...but only **3%** of those – **7,600 Latinos** – were prescribed PrEP*

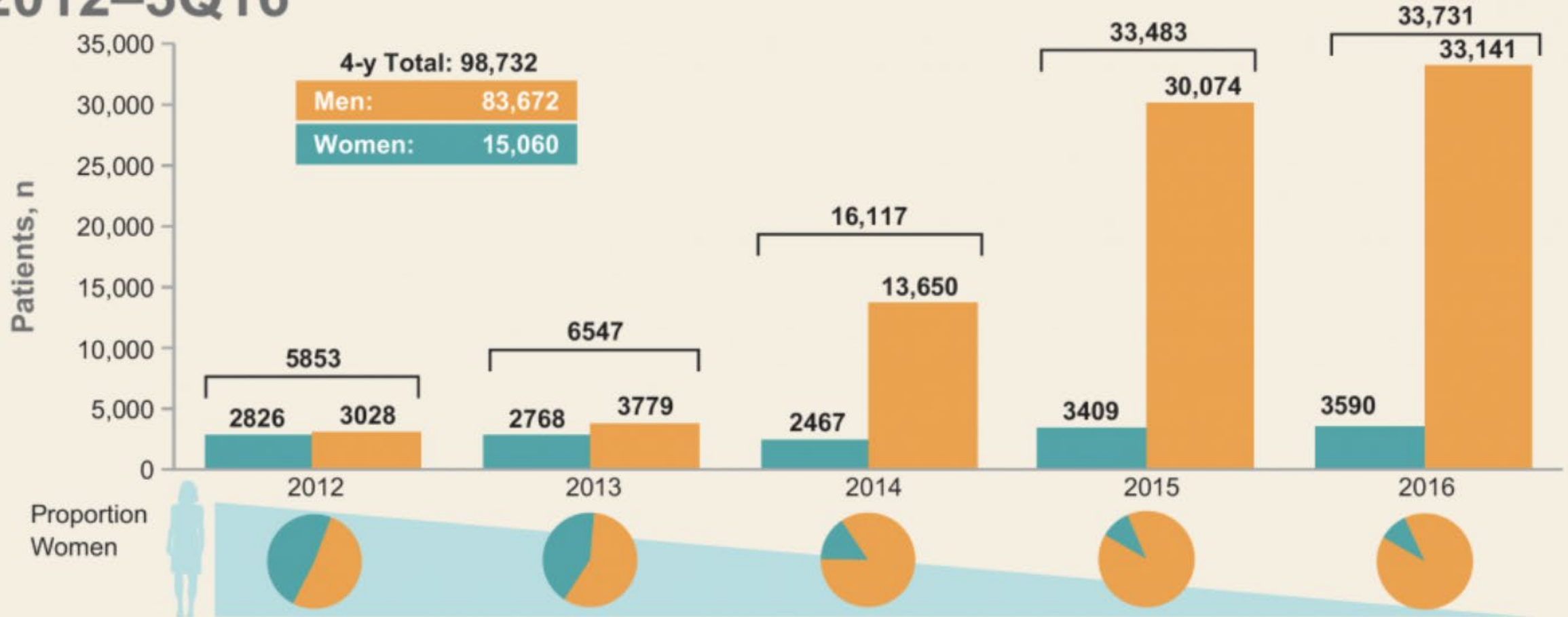


*Prescription data in this analysis limited to those filled at retail pharmacies or mail order services from September 2015 – August 2016; racial and ethnic information not available for one-third of the prescription data

Source: <https://www.hiv.gov/blog/hiv-prevention-pill-not-reaching-most-americans-who-could-benefit-especially-people-color>

Men and Women Starting TVD for PrEP

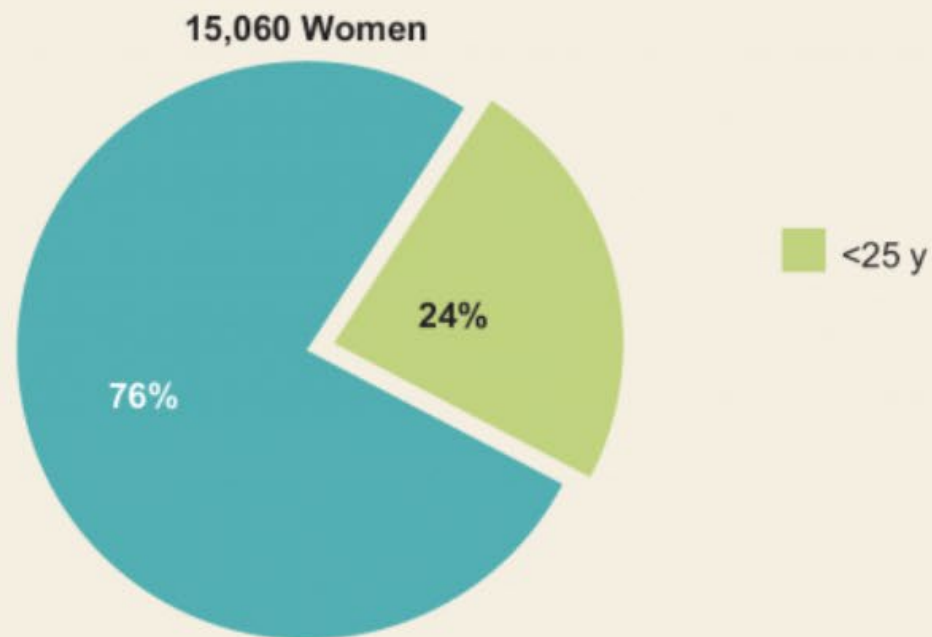
2012–3Q16



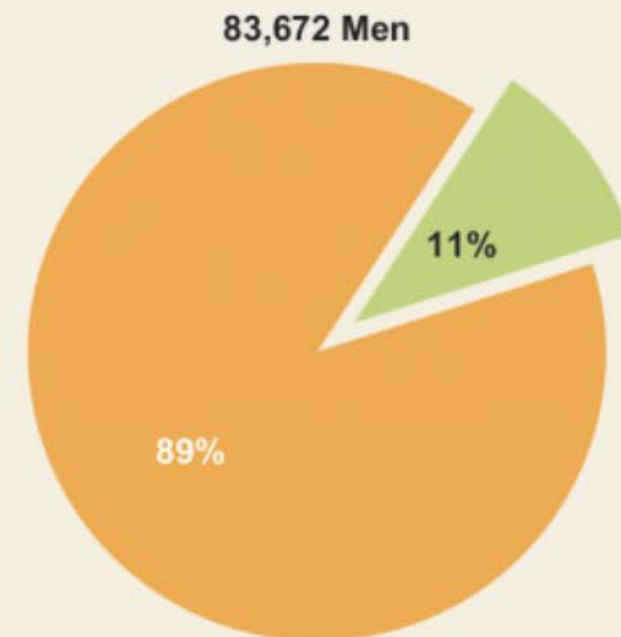
Breakdowns in PrEP starts per year according to sex. (“TVD” is short for Truvada.)

Mera, Magnuson, Hawkins, Bush, Rawlings and McCallister, Gilead poster presentation, IAS 2017.

Age of TVD for PrEP Users 2012–6



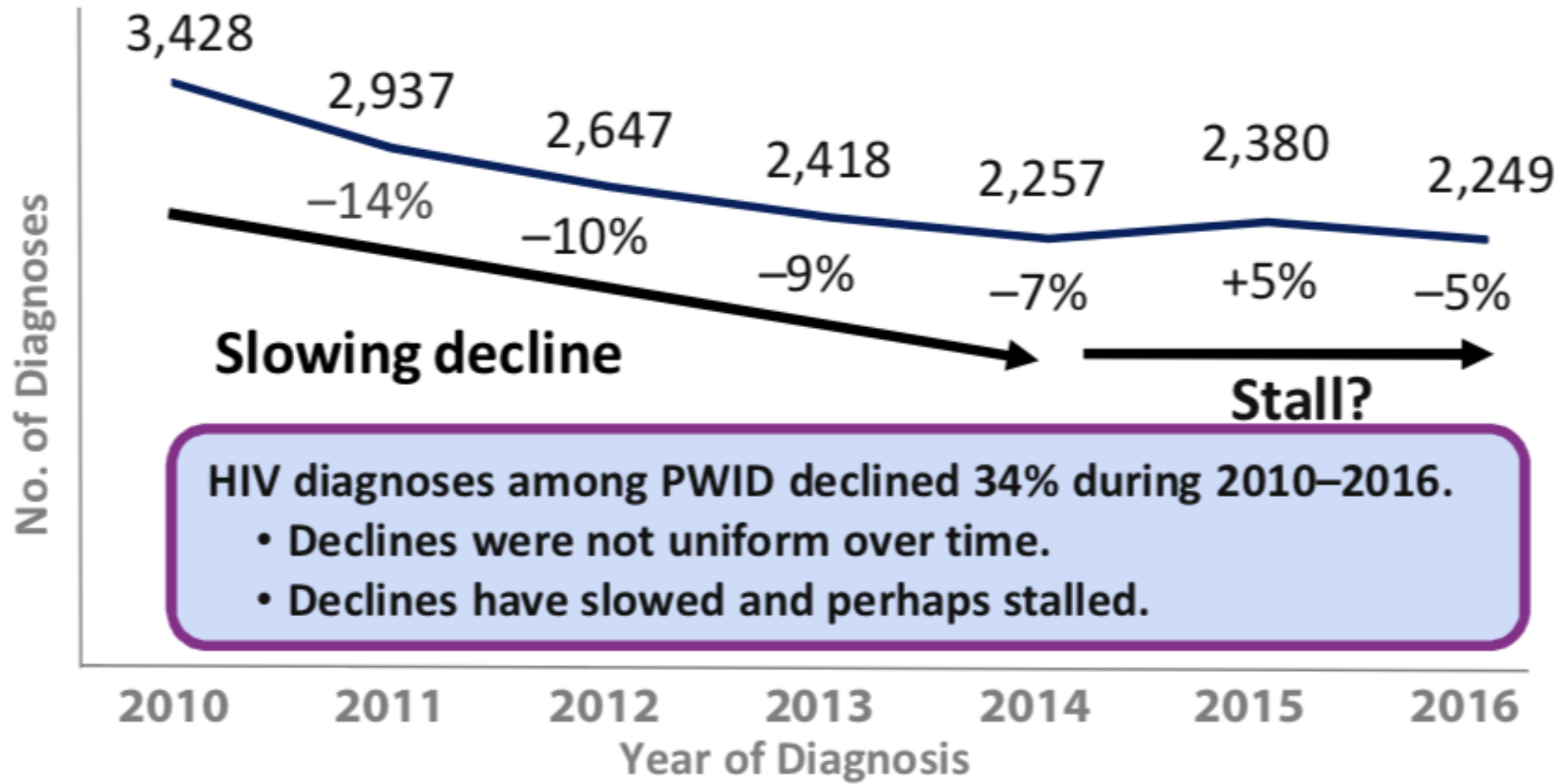
Average Age	35.0 y
2012	34.5 y
2016	36.7 y



Average Age	37.7 y
2012	39.4 y
2016	37.1 y

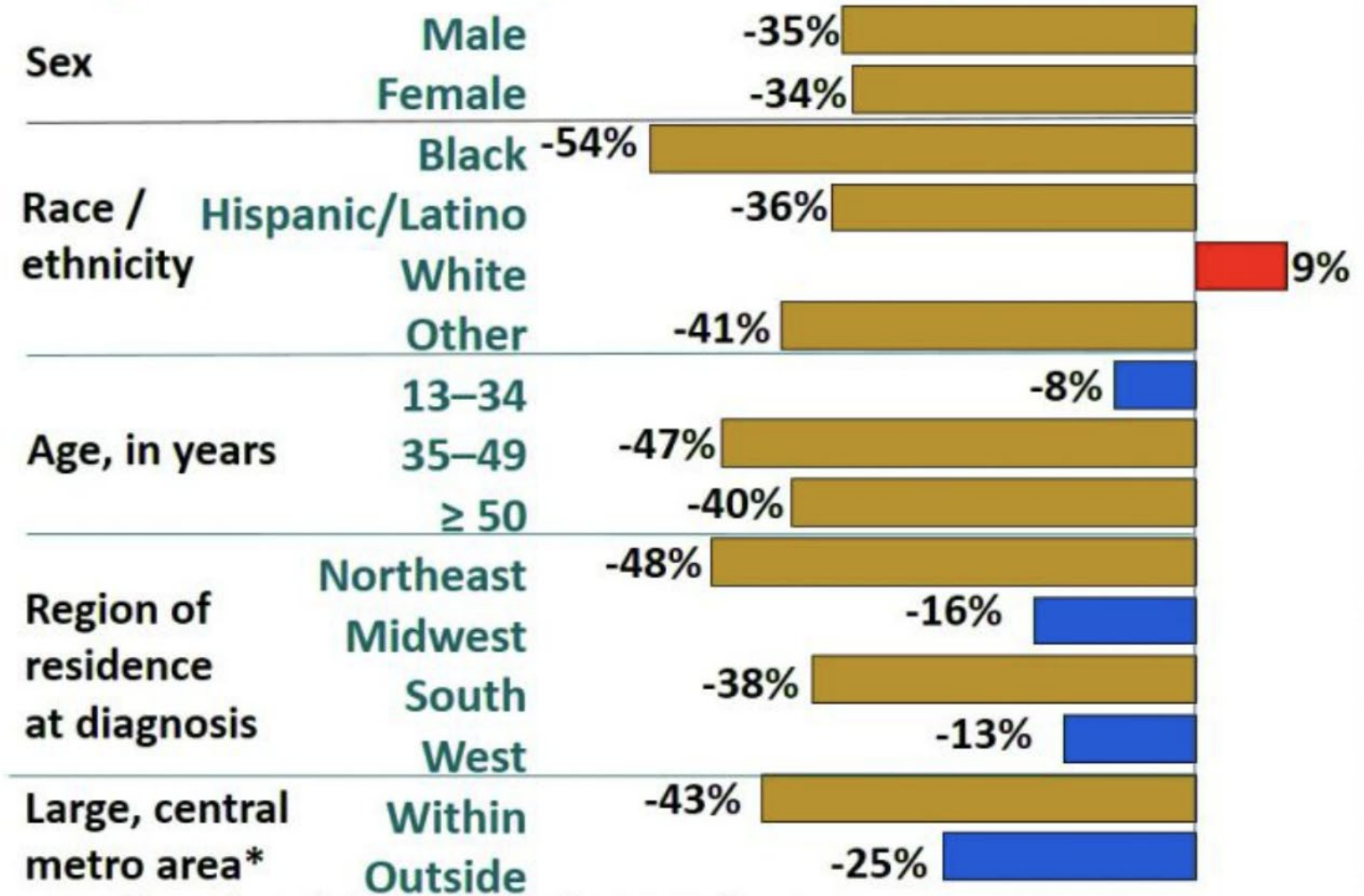
Breakdown in those who have started PrEP according to age and sex. (“TVD” is short for Truvada.)
Mera, Magnuson, Hawkins, Bush, Rawlings and McCallister, Gilead poster presentation, IAS 2017.

HIV Diagnoses Among PWID—United States, 2010–2016



Differential Changes in HIV Diagnoses Among PWID

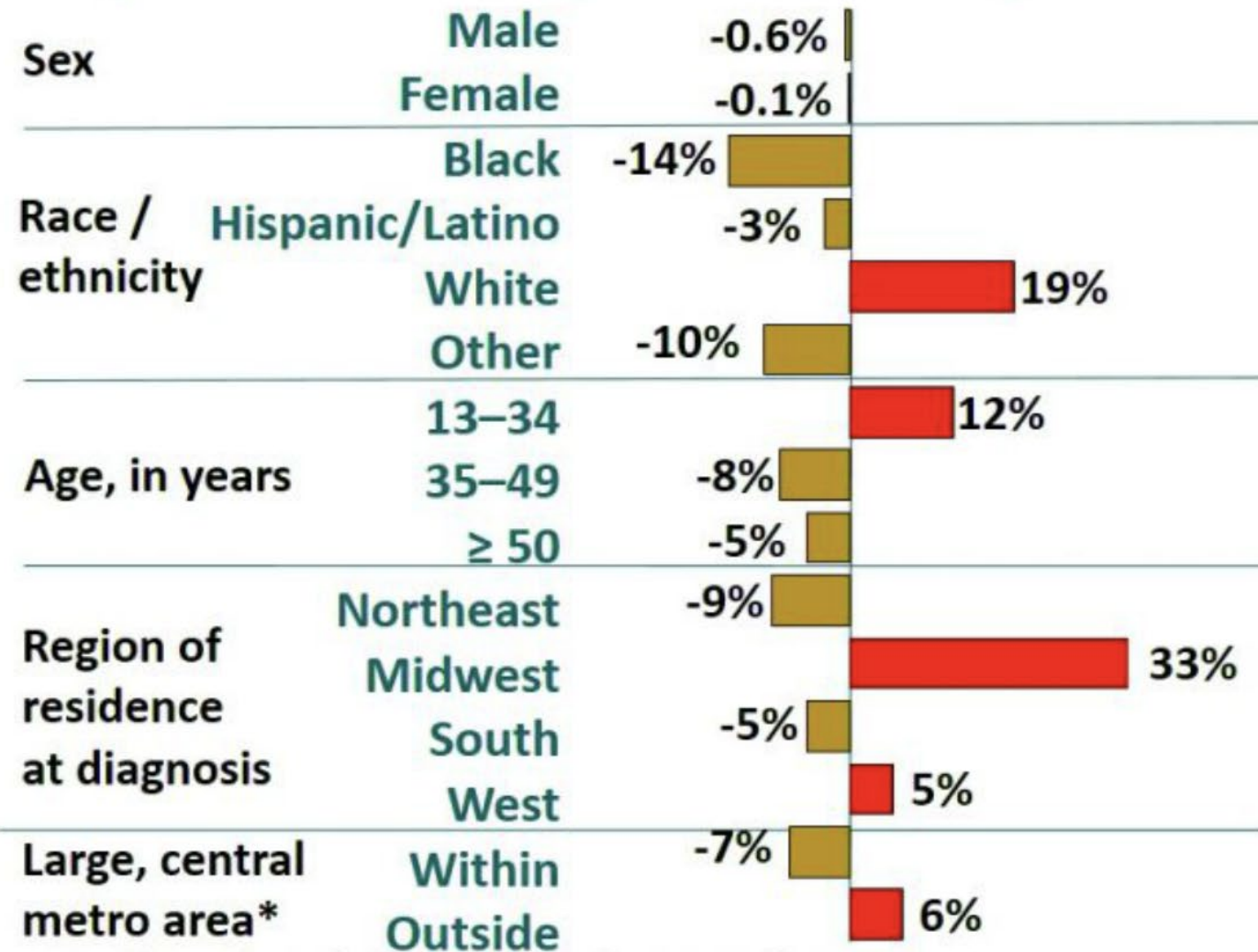
2010
vs.
2016



* Counties that contain the urban core of large (population ≥1 million) metropolitan areas

Differential Changes in HIV Diagnoses Among PWID

**2014
vs.
2016**



* Counties that contain the urban core of large (population ≥1 million) metropolitan areas

HIV among PWID

Differential Changes Have Led to New Patterns

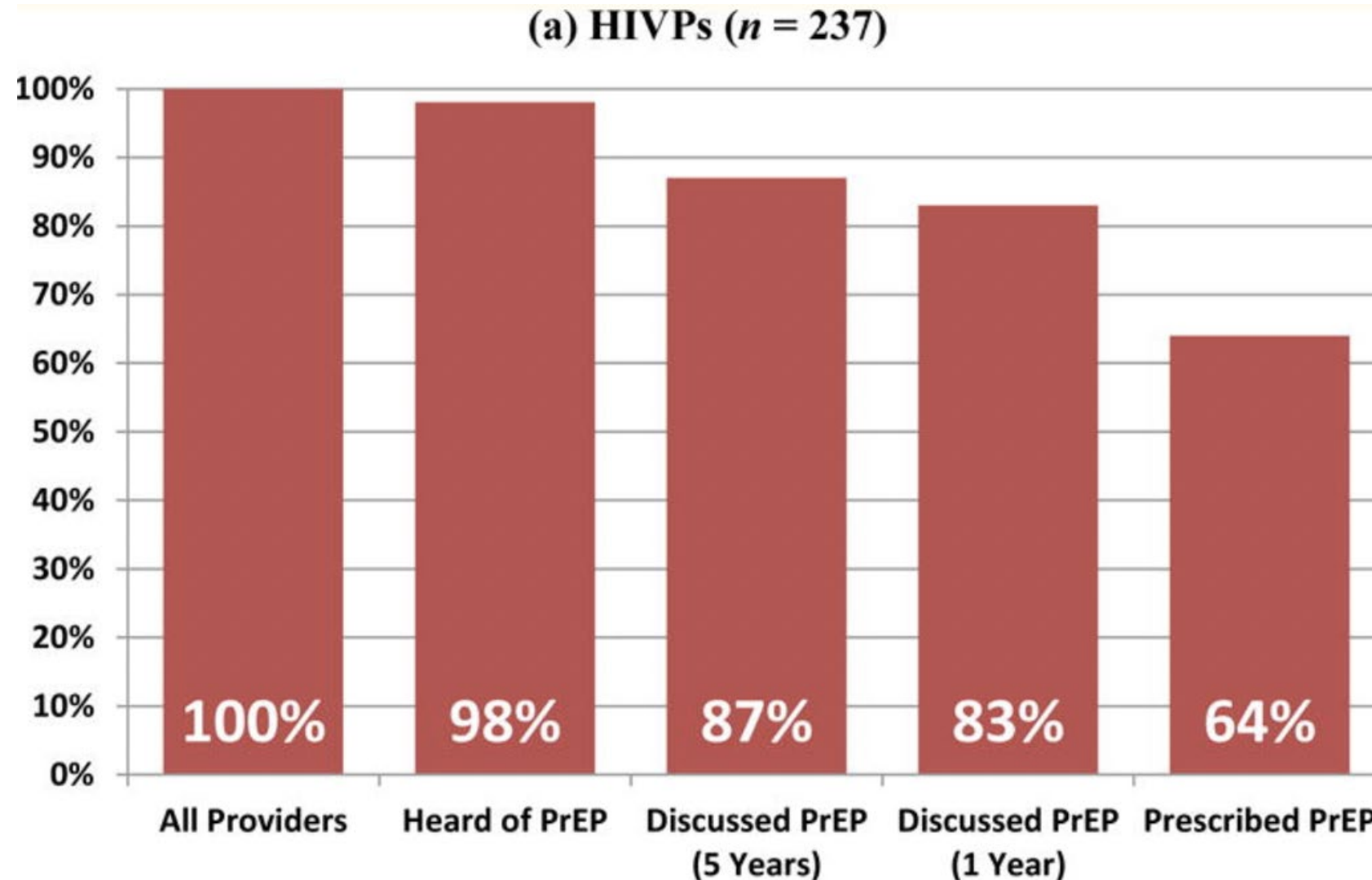
More HIV diagnoses now occur among PWID who:

- **Are white than black**
- **Are aged 13–34 years than 35–49 or ≥50 years**
- **Reside outside of rather than within large, central metropolitan areas**

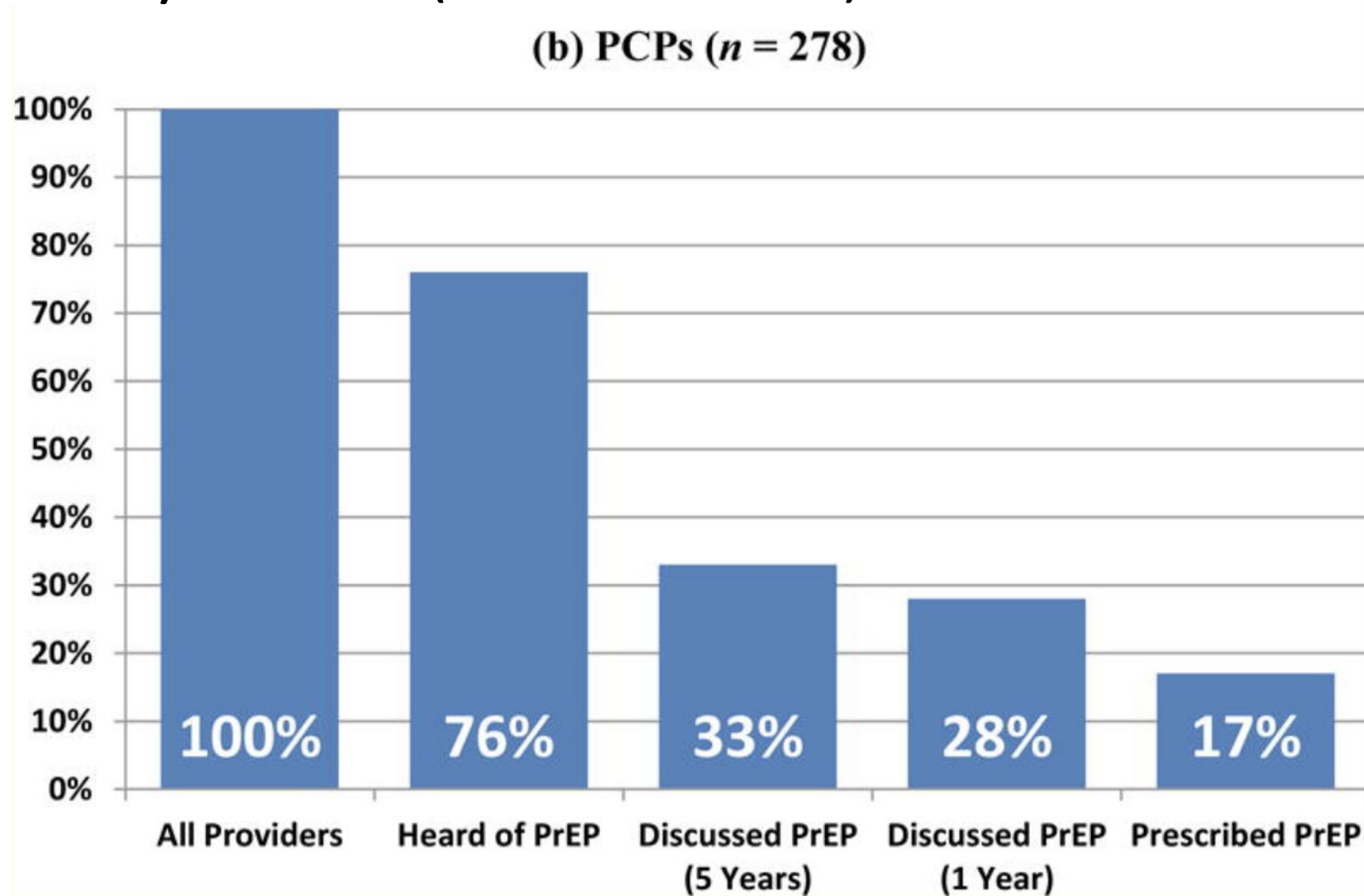
Changes in patterns require changes in our response

- **Outbreak planning**
- **Careful monitoring**
- **Rapid, multi-modal interventions**

PrEP by HIV providers (2017 data)



PrEP by PCPs (2017 data)



PrEP in primary care

- Stigma associated with HIV and sexual health
- Patient discomfort discussing these topics
- Lessened by having established relationship with a physician and more likely to adhere by seeing the same person over time
- Our responsibility to incorporate this important opportunity for prevention into our practice
- Strongly recommend PrEP to patients with indications to start

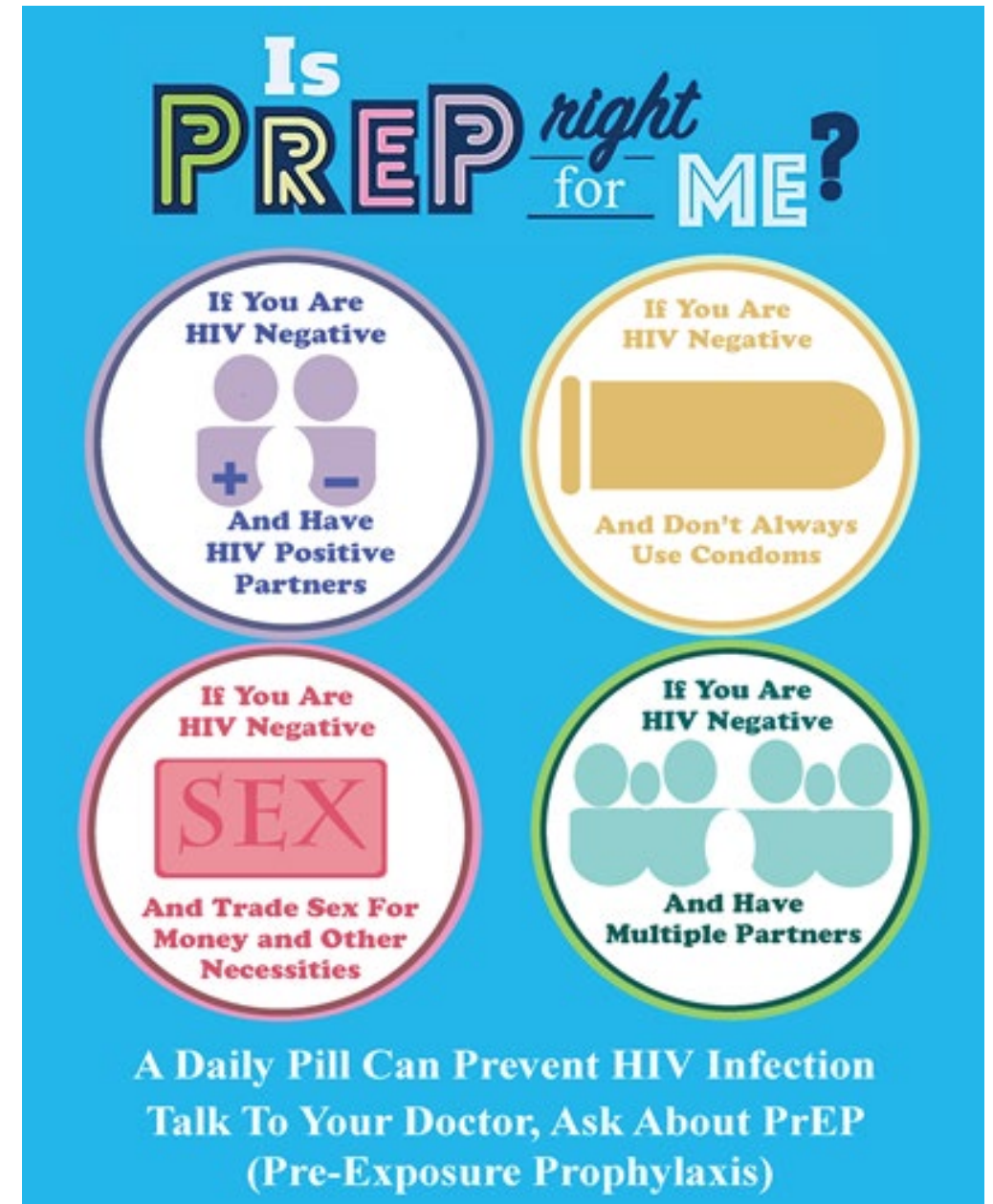


Where is PrEP headed?

- Greater focus on younger individuals, women, people of color, PWID, and sex workers
- Improved access and knowledge about PrEP in rural communities
- Increased training and knowledge by PCPs
- More same day PrEP starts and on-demand PrEP (2-1-1)
- Reduce barriers to staying on PrEP (telemedicine, PrEP by mobile van, pharmacy led programs)
- Further research and advancements in drug delivery systems
 - Ongoing studies looking at injections, vaginal rings, gels, and arm implants for PrEP (many parallels to contraception)

PrEP summary

- Revolutionized HIV prevention strategies
- Key pillar in ending the HIV epidemic
- Very effective, well tolerated
- Adherence is key to prevention
- Requires labs every 3 months
- Cost effective when used in high risk groups
- Public health disparities
- Future advancements to come

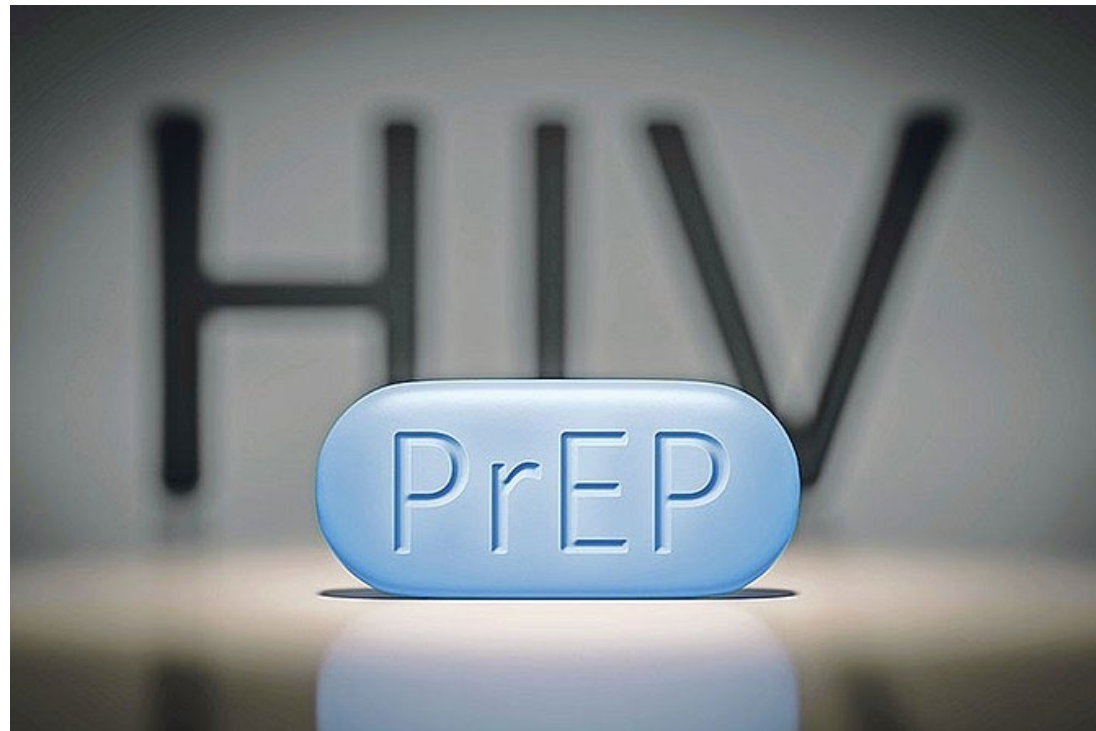


What you can do?

- Take information learned here (+ PrEP Quick Reference Guide) and start prescribing PrEP
- Continue your education:
 - MATEC (Midwest AIDS Training & Education Center): <https://www.matec.info>
 - AETC (AIDS Education & Training Center): <https://aidseduc.org/topic/pre-exposure-prophylaxis>
 - CDC: <https://www.cdc.gov/hiv/risk/prep/index.html>
- Incorporate sexual health discussion, including HIV risk and PrEP into your preventive health visits
- Becoming a PrEP champion at your clinic, university, community

Questions?

- Thoughts on incorporating PrEP into your practice?
- Applicability, barriers, limitations, logistics?



Case 1

- 23yo cisgender male presents to establish care in your clinic and is also requesting STD screening.

On further questioning, you learn:

- Current sexually active with 2-3 partners
- About 10 partners in the last 6 months
- Last unprotected sex was 1 week ago – no current symptoms of acute viral illness
- Partners are men only, oral and anal sex, receptive and insertive anal sex
- Inconsistent condom use, less likely to use when drinking or with a partner he knows
- Does not talk about HIV status regularly with his partners
- Previously diagnosed and treated for chlamydia (rectal) 6 months ago
- Last tested for HIV 6 months ago, negative at that time

Does he qualify for PrEP?

- Men who have sex with men, are sexually active, and have 1 of the following characteristics:
 - A serodiscordant sex partner
 - Inconsistent use of condoms during receptive or insertive anal sex
 - STI (syphilis, gonorrhea, or chlamydia) within the past 6 months
- Heterosexually active women and men who have 1 of the following characteristics:
 - A serodiscordant sex partner
 - Inconsistent use of condoms during sex with a partner whose HIV status is unknown and who is at high risk (eg, a person who injects drugs or a man who has sex with men and women)
 - STI (syphilis or gonorrhea) within the past 6 months
- Persons who inject drugs and have 1 of the following characteristics:
 - Shared use of drug injection equipment
 - Risk of sexual acquisition of HIV (see above)

You begin a discussion about PrEP and he has some questions for you...

- I've heard about PrEP from some friends, what is it?
 - PrEP is method to help prevent you from becoming infected with HIV. There are currently 2 once daily medications approved for PrEP and it is intended for HIV negative individuals who are potentially at higher risk of infection.
- **How effective is PrEP?**
 - PrEP is up to 99% effective
- **Do I have to take the pill every day?**
 - Yes, you need to take the medication every day for it to be the most effective
- **Does it protect me against any other STIs besides HIV?**
 - No, opportunity to discuss importance of condom use

Questions (cont.)

- **How long does it take to work?**
 - 7 days for anal sex and 20 days for vaginal sex
- **Are there any side effects?**
 - Overall, PrEP is very well tolerated. Some patients experience mild stomach discomfort within the first few weeks of taking the medication. This will likely resolve with continued use. There are very rare risks of kidney impairment and bone mineral density loss.
- **Will the medication be covered by my insurance?**
 - PrEP is covered by most all insurance companies. Often patients run into issues with high deductible plans. If you experience any problems with cost, please contact our clinic right away. Cost is rarely a barrier to get you start on PrEP.

Questions (cont.)

- **What are the medication options for PrEP?**
 - Truvada and Descovy. Truvada is approved for all patients and Descovy currently only approved for cis men and trans women.
- **Do you recommend one drug over the other?**
 - For cis men/ trans women: you have either option. Descovy is better tolerated by your kidneys and bones but has more associated weight gain. Truvada is more likely to be approved by your insurance and is still well tolerated. The likelihood of having any issues with either medication is very low.
 - For cis women/ trans men: Truvada is the only medication approved for you at this time.
- **Is there anyone in the clinic I can talk to if I have insurance problems?**
 - Importance to nominate a PrEP Nurse Care Coordinator in your clinic.

Patient follow up

- You counsel your patient appropriately and he would like to begin PrEP.
- What are the initial PrEP labs?
 - HIV Ag/Ab
 - Hep B surface Ag, Hep B surface Ab, Hep B core Ab,
 - Hep C Ab
 - CMP
 - RPR
 - GC/CT (consider 3 sites: urine/ cervical, throat, rectal based on risk)
 - Pregnancy test (for all reproductive age ciswomen/ transmen)

His labs return and are significant for the following:

- HIV Ag/Ab (negative)
- Hep B surface Ag (negative)
- Hep B core Ab (negative)
- Hep B surface Ab (positive)
- Hep C Ab (negative)
- CMP (normal, CrCL >60)
- Syphilis Ab (non reactive)
- GC/CT: urine (negative), throat (negative), rectal (negative)
- Pregnancy test (if applicable) (n/a)

PrEP medications

- After discussion of his medication options, he elects to start Truvada because he is at low risk of kidney or bone disease and does not want to delay treatment with potential insurance issues.
- When would you like to see him back for follow up?
 - 3 months

Follow up appointment

- At your 3 month follow up appointment, he is doing well.
- He had some mild GI discomfort for the first 2-3 weeks (but he anticipated this based on your astute counseling).
- He has not missed any doses.
- 3 new sexual partners since last appointment, 1 unprotected receptive and insertive anal sex partner
- What labs would you like to order?
 - **Every 3 months: HIV Ag/Ab, RPR, GC/CT (consider from 3 sites), BMP**
 - Can space BMP to q6 months after first 3 month labs if normal and no risk factors for kidney disease

Case 2

- A 26yo transgender female (she/her/hers) presents to your clinic for STD screening. Upon chart review you note a history of gonorrhea, chlamydia and syphilis in the past 2 years.
- How would you take a sexual history for this patient?

Taking a sexual history

- Inquire about previous gender-affirming surgeries, what organs are used during sex, is she a receptive or insertive partner during anal, oral, and/or vaginal sex.
- [CDC Taking a Sexual History Guide](#)
- 5 Ps of taking a sexual history
 - Partners
 - Practices
 - Protection from STDs
 - Past history of STDs
 - Prevention of pregnancy

Case 2 (cont)

- Upon further questioning, you learn that she is a sex worker and does not regularly use condoms with her sexual partners.
- You counsel her on the benefits of PrEP but she is concerned about cost. Patient currently has Medicaid but has lost insurance coverage in the past. How do you counsel her?
 - PrEP covered by Medicaid
 - Provide information about PrEP support programs and community clinics that prescribe PrEP in the event of insurance loss
 - Connect with PrEP Nurse Care Coordinator and social worker

Case 2 (cont)

- She last had unprotected sex with a partner (unknown HIV status) 1 week ago. She is currently asymptomatic with no signs of acute HIV.
- If her HIV Ag/Ab testing came back negative, would you start PrEP today or wait given she may be in a window period? What other monitoring might be warranted in her case?
 - Still initiate PrEP today given no signs of acute HIV and HIV risk will likely be ongoing
 - She could be in the window period so consider repeat HIV Ag/Ab in 1 month vs viral load.

HIV testing

Test	Target of detection	Approximate time to positivity (days)
Enzyme-linked immunoassay		
First generation	IgG antibody	35 to 45
Second generation	IgG antibody	25 to 35
Third generation	IgM and IgG antibody	20 to 30
Fourth generation	IgM and IgG antibody and p24 antigen	15 to 20
Western blot		
	IgM and IgG antibody	35 to 50 (indeterminate)
		45 to 60 (positive)
HIV viral load test		
Sensitivity cut-off 50 copies/mL	RNA	10 to 15
Ultrasensitive cut-off 1 to 5 copies/mL	RNA	5

Case 2 (cont)

- What PrEP medication option(s) does she have (transfemale)?
 - Truvada or Descovy
 - Truvada: approved for all patients age 13+
 - Descovy: currently only approved for cismales and transfemales
- She reports difficulty remembering to take a pill every day and inquires about other methods of PrEP. How do you counsel her?
 - Counsel on importance of condoms
 - Currently only oral medications available for PrEP but inform her that injectable form is likely to come to the market soon

Thank you!

