HIV Basics for Health Educators

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Learning Objectives

• Define HIV and AIDS and related medical terminology
• Explain modes of transmission of HIV
• Describe epidemiology of HIV in the US
• Explain the most current HIV screening recommendations
• List prevention strategies for HIV including PrEP and PEP
• Understand consenting for HIV screening and treatment in NYS
• Access resources for testing and treatment in NY State
### Definitions

**Human Immunodeficiency Virus**
- Single stranded RNA retrovirus
- Copies itself
- Attacks and destroys infection fighting CD4/T-cells

**Acquired Immunodeficiency Syndrome (AIDS)**
- The most advanced stage of HIV infection
- Defined by:
  - CD4 cell count below 200
  - Opportunistic infections that are AIDS defining
Modes of Transmission for Adolescents

• Sexual
  • Oral, Vaginal, Anal

• Needle Sharing (and sharing drug paraphernalia)
  • Drug use
  • Tattoos
  • Body piercing
  • Steroids

• Maternal-Child (vertical transmission)
High Concentration of HIV

- Blood
- Semen
- Vagina/cervical secretions
- Breast Milk
- Internal Body Fluids:
  - Brain/spinal fluid
  - Heart (pericardium)
  - Lungs
  - Joints
  - Abdominal Organs
  - Fetus (amniotic)

Not associated with transmission

- Tears
- Nasal secretions
- Saliva
- Sputum
- Perspiration
- Urine
- Feces
- Vomit
# Probability of Transmission: Source is HIV Infected

<table>
<thead>
<tr>
<th>Exposure: Sexual Intercourse</th>
<th>Risk of Transmission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female to male</td>
<td>1 in 700 to 1 in 3000</td>
</tr>
<tr>
<td>Male to Female</td>
<td>1 in 200 to 1 in 2000</td>
</tr>
<tr>
<td>Male to Male</td>
<td>1 in 10 to 1 in 1600</td>
</tr>
</tbody>
</table>

Royce RA et al NEJM 1997; 1072-1078
### Estimated Per-Act Probability of Acquiring HIV from an Infected Source, by Exposure Act*

<table>
<thead>
<tr>
<th>Type of Exposure</th>
<th>Risk per 10,000 Exposures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Needle-Sharing During Injection Drug Use</td>
<td>63</td>
</tr>
<tr>
<td>Receptive Anal Intercourse</td>
<td>138</td>
</tr>
<tr>
<td>Insertive Anal Intercourse</td>
<td>11</td>
</tr>
<tr>
<td>Receptive Penile-Vaginal Intercourse</td>
<td>8</td>
</tr>
<tr>
<td>Insertive Penile-Vaginal Intercourse</td>
<td>4</td>
</tr>
<tr>
<td>Receptive Oral Intercourse</td>
<td>low</td>
</tr>
<tr>
<td>Insertive Oral Intercourse</td>
<td>low</td>
</tr>
</tbody>
</table>

* Source:
In 2015, there were 1,729 adolescents aged 13–19 years with HIV infection diagnosed.

Highest in:
- District of Columbia (38.0)
- Mississippi (16.3)
- Louisiana (16.0)
- Georgia (12.8)
- Florida (12.1)

Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. Data for the year 2015 are preliminary and based on 6 months reporting delay.
Diagnoses of HIV Infection and Population Among Adolescents Ages 13–19 Years, by Race/Ethnicity 2015—United States

Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. Data for the year 2015 are preliminary and based on 6 months reporting delay.

- Hispanics/Latinos can be of any race.
Adolescents and Young Adults Aged 13–24 Years Living with Diagnosed HIV Infection, by Sex and Race/Ethnicity, Year-end 2014—United States and 6 Dependent Areas

Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis.

a Includes Asian/Pacific Islander legacy cases.
b Hispanics/Latinos can be of any race.
New HIV Diagnoses by Race/Ethnicity (2015, n=39,513)

- African Americans: 45%
- Whites: 27%
- Hispanics/Latinos: 24%
- Asians: 2%
- Multiple Races: 2%
- Native Hawaiians/Other Pacific Islanders: <1%
- American Indians/Native Alaskans: 1%

* Does not include blacks/African Americans who are Hispanic
** Hispanics/Latinos can be of any race

Source: www.CDC.gov/hiv
New HIV Infections by Transmission Category
(2014, n=37,600)

- Male-to-Male Sexual Contact: 70% (26,200)
- Heterosexual Contact: 23% (8,600)
- Injection Drug Use: 5% (1,700)
- Male-to-Male Sexual Contact + Injection Drug Use: 3% (1,100)
### Diagnoses of HIV Infection Among Male Adolescents and Young Adults, by Age Group and Transmission Category, 2015—United States and 6 Dependent Areas

<table>
<thead>
<tr>
<th>Transmission category</th>
<th>13–19 years</th>
<th></th>
<th>20–24 years</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>Male-to-male sexual contact</td>
<td>1,368</td>
<td>93.0</td>
<td>5,791</td>
<td>91.5</td>
</tr>
<tr>
<td>Injection drug use (IDU)</td>
<td>13</td>
<td>0.9</td>
<td>120</td>
<td>1.9</td>
</tr>
<tr>
<td>Male-to-male sexual contact and IDU</td>
<td>42</td>
<td>2.9</td>
<td>211</td>
<td>3.3</td>
</tr>
<tr>
<td>Heterosexual contact&lt;sup&gt;a&lt;/sup&gt;</td>
<td>39</td>
<td>2.6</td>
<td>201</td>
<td>3.2</td>
</tr>
<tr>
<td>Other&lt;sup&gt;b&lt;/sup&gt;</td>
<td>10</td>
<td>0.7</td>
<td>6</td>
<td>0.1</td>
</tr>
<tr>
<td><strong>Total&lt;sup&gt;c&lt;/sup&gt;</strong></td>
<td>1,472</td>
<td>100</td>
<td>6,329</td>
<td>100</td>
</tr>
</tbody>
</table>

**Note.** Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. Data for the year 2015 are preliminary and based on 6 months reporting delay. Data have been statistically adjusted to account for missing transmission category.

<sup>a</sup> Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

<sup>b</sup> Includes hemophilia, blood transfusion, perinatal exposure, and risk factor not reported or not identified.

<sup>c</sup> Because column totals for numbers were calculated independently of the values for the subpopulations, the values in each column may not sum to the column total.
Diagnoses of HIV Infection Among Female Adolescents and Young Adults, by Age Group and Transmission Category, 2015—United States and 6 Dependent Areas

<table>
<thead>
<tr>
<th>Transmission category</th>
<th>13–19 years</th>
<th></th>
<th>20–24 years</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No.</td>
<td>%</td>
<td>No.</td>
<td>%</td>
</tr>
<tr>
<td>Injection drug use (IDU)</td>
<td>22</td>
<td>8.5</td>
<td>93</td>
<td>11.3</td>
</tr>
<tr>
<td>Heterosexual contact&lt;sup&gt;a&lt;/sup&gt;</td>
<td>223</td>
<td>86.9</td>
<td>722</td>
<td>87.9</td>
</tr>
<tr>
<td>Other&lt;sup&gt;b&lt;/sup&gt;</td>
<td>12</td>
<td>4.6</td>
<td>7</td>
<td>0.1</td>
</tr>
<tr>
<td>Total&lt;sup&gt;c&lt;/sup&gt;</td>
<td>257</td>
<td>100</td>
<td>822</td>
<td>100</td>
</tr>
</tbody>
</table>

Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. Data for the year 2015 are preliminary and based on 6 months reporting delay. Data have been statistically adjusted to account for missing transmission category.

<sup>a</sup> Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

<sup>b</sup> Includes hemophilia, blood transfusion, perinatal exposure, and risk factor not reported or not identified.

<sup>c</sup> Because column totals for numbers were calculated independently of the values for the subpopulations, the values in each column may not sum to the column total.
New HIV Diagnoses in the United States for the Most-Affected Subpopulations, 2015

- Black MSM: 10,315
- White MSM: 7,570
- Hispanic/Latino MSM: 7,013
- Black Heterosexual Women: 4,142
- Black Heterosexual Men: 1,926
- Hispanic/Latina Heterosexual Women: 1,010
- White Heterosexual Women: 968
HIV Diagnosis Among Transgender People in the US by Race/Ethnicity, 2009-2014

Transgender Men
(N=361)

- Black/African American: 58% (211)
- Hispanic/Latino: 15% (55)
- White: 16% (56)
- Other: 11% (39)

Transgender Women
(N=1,974)

- Black/African American: 51% (1,002)
- Hispanic/Latina: 29% (578)
- White: 11% (212)
- Other: 9% (182)

Adolescents are at higher risk

• **Behavioral**
  - Sex
  - MSM
  - Experimentation with alcohol/drugs

• **Biological** (factors contributing to heightened infection rate among women):
  - Pubertal changes: columnar cells replaced by squamous cells
  - STIs are transmitted more efficiently from M to F
    - Mechanics and larger surface area of female genital tract
    - STIs are more likely to remain asymptomatic in F

• **Socioeconomic**
  - Poverty
  - Lack of access to care
  - Education
  - Prevention skills
Transgender Individuals: among the groups at highest risk for HIV infection

- Lack of familial support
- Violence
- Stigma and discrimination
- Limited health care access
- Negative health care encounters

- Higher rates of drug and alcohol abuse
- Sex work
- Incarceration
- Homelessness
- Untreated Mental Health Needs
- Unemployment
Screening and Prevention Recommendations

• HIV Testing should be:
  • Offered to all persons 13 and 64 at least once
  • Offered annually to persons whose behavior indicates elevated risk
    • sexual activity or drug use
  • Offered every 3 months for patients with high risk behaviors:
    • unprotected anal sex
    • multiple or anonymous sexual partners
    • needle-sharing partners

• For high-risk patients, the focus should be on continued education, behavioral counseling, and harm reduction

• Risk-reduction counseling: education about safer sex practices, condom use, safer injection practices, referral to syringe exchange programs

Who should be tested for HIV?

- Are a man who has had sex with another man
- Have had sex—anal or vaginal—with an HIV-positive partner
- Have had more than one sex partner since last HIV test
- Have injected drugs and shared needles with others
- Have exchanged sex for drugs or money
- Have been diagnosed with or sought treatment for another sexually transmitted disease
- Have been diagnosed with or treated for hepatitis or tuberculosis (TB)
- Have had sex with someone who could answer yes to any of the above questions or someone whose sexual history they don’t know
HIV Time Course

Based on Figure 1 in Pantaleo, G et al. (February 1993). "New concepts in the immunopathogenesis of human immunodeficiency virus infection". New England Journal of Medicine
HIV Screening

• Seroconversion: immune system takes 3 to 8 weeks to make antibodies against HIV

• Tests differ in how early they are able to detect antibodies

• Most HIV tests look for these antibodies, some look for the virus itself

• The window period: period after infection but before the test becomes positive

• Deciding when to get tested therefore depends on when you may have been exposed and which test is used.

• 97% will develop antibodies in the first 3 months after infected
How soon after exposure to HIV can tests detect the virus? Even among antibody tests, the window period varies

• “first-generation” and “second-generation”:
  • detect one type of HIV antibody.
  • On average, they can detect antibodies 42-60 days after infection.

• “third-generation” tests:
  • detect all types of antibodies, which makes them more sensitive
  • These assays can detect antibodies about 21-24 days after infection.

• “fourth-generation” tests
  • simultaneously detect both HIV antibodies and antigens
  • Tests that look for the p24 antigen can detect it within 14-15 days.
  • Tests can detect plasma HIV RNA (ribonucleic acid) within about 10 days of infection.

http://www.hivguidelines.org/clinical-education/hiv-qa-fact-sheets/window-period-for-hiv-infection/
New CDC Recommendations for HIV Testing in Laboratories
A step-by-step account of the approach

CDC’s new recommendations for HIV testing in laboratories capitalize on the latest available technologies to help diagnose HIV infections earlier – as much as 3-4 weeks sooner than the previous testing approach. Early diagnosis is critical since many new infections are transmitted by people in the earliest (“acute”) stage of infection.

By putting the latest testing technology to work in laboratories across the United States, we can help address a critical gap in the nation’s HIV prevention efforts.

**Step 1:** “Fourth generation” HIV test
*Detecting HIV sooner*
Detects HIV in the blood earlier than previously recommended antibody tests by identifying the HIV-1 p24 antigen, a viral protein which appears in the blood sooner than antibodies.

**Step 2:** HIV-1/HIV-2 antibody differentiation immunoassay
*Diagnosing HIV-1 vs. HIV-2*
Produces results faster than the previously recommended Western Blot.
Distinguishes between HIV-1 and HIV-2, which the previously recommended Western Blot cannot do – this distinction can have important treatment implications for a patient.

**Step 3:** Nucleic Acid Test (NAT)
*Acute HIV-1 infection or “false positive”?
Ensures accurate detection of early infection or indicates a false positive from the fourth generation test.

This graphic is designed to illustrate key concepts of the new testing approach in laboratories. For more detail, please see the full guidelines here: http://www.cdc.gov/hiv/pdf/HIVtestingAlgorithmRecommendation-Final.pdf.
PREVENTION: things to think about

• Low perception of risk
• Low rates of testing
• Low rates of condom use
• High rates of sexually transmitted infections (STIs)
• Older partners
• Substance use
• Homelessness
• Inadequate HIV prevention education
• Feelings of isolation.
HIV Prevention Strategies

• Abstinence
• Vaccination: Hepatitis B and HPV
• Mutual Monogamy
• Reducing the number of sex partners
• Avoid drugs and alcohol
• Condoms
• Dental dams
• Use a water based lubricant
• Avoid sex with anyone who has symptoms of an STD
• Avoid sex with anyone who uses IV drugs
• Regular STD screening for all partners
• Pre-Exposure Prophylaxis (PrEP)
Pre-exposure prophylaxis (PrEP)

• An evidence based HIV prevention approach for people who are at greatest risk of acquiring HIV

• It is a 6 point program prescribed by a health care provider that includes taking one pill a day

• The pill (brand name Truvada) contains two medicines: tenofovir and emtricitabine
### NYS DOH Guidance

#### Candidates for PrEP

<table>
<thead>
<tr>
<th>Group</th>
<th>Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>MSM who engage in unprotected anal intercourse</td>
<td>Stimulant drug use, especially methamphetamine</td>
</tr>
<tr>
<td>Individuals in a sero-discordant sexual relationship, especially during attempts to conceive</td>
<td>Individuals with ≥ 1 ano-genital STI per year</td>
</tr>
<tr>
<td>Transgender individuals</td>
<td>Individuals who have been prescribed nPEP with continued high-risk behavior or multiple courses</td>
</tr>
<tr>
<td>IDUs, including injecting hormones</td>
<td>Individuals engaging in transactional sex (commercial sex workers)</td>
</tr>
</tbody>
</table>

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The six-point PrEP program

1. HIV testing: to make sure the person was not recently infected with HIV

2. Taking one Truvada pill, once a day, every day for a specific period of time

3. Using condoms to prevent STDs

4. Periodic STD screening

5. Education about how to reduce the risk of getting HIV and STDs through sex

6. Counseling and support for taking the medication regularly (adherence)
How does Truvada work?

- It is a fixed dose combination of two antiretroviral drugs
  - Tenofovir disoproxil 300 mg/200 mg emtricitabine
- Inhibits HIV-1 from replicating as it enters the body
- It helps prevent the virus from establishing permanent infection
PrEP regimen

Medication:

• Truvada: 1 pill daily

Side effects

Nausea, abdominal pain, weight loss

• Often resolve after 1 month
• Can be managed with OTC medications

Time to Achieve Protection

• Maximum intracellular concentrations after **20 days**
• (rectal tissue 7 days, cervico-vaginal 20 days)
How often are the medical appointments for PrEP?

• **Initial Appointment**: education about PrEP, a discussion about readiness to take PrEP, HIV testing and, if ready, medication is prescribed for an initial 30-day period.

• **One Month Follow-Up**: the provider will discuss your experience on PrEP including adherence, side effects and interest in continuing. At this visit, a prescription for 60 days may be given.

• **Three Month Follow-Up**: HIV testing and STD screening are conducted. The provider will review the importance of adherence and provide support for taking the medication every day. At this visit, a prescription for 90 days may be given.

• **Every Three Months**: HIV testing and other assessments are repeated every three months. If remain HIV negative and express continued commitment to take the medication daily, a prescription for 90 days may be given every three months.
**NYS DOH Guidance**

**Pre-Prescription: Patient Education**

<table>
<thead>
<tr>
<th>Educate about the following:</th>
<th>Talking Points:</th>
</tr>
</thead>
</table>
| How PrEP works              | • Explain how PrEP works in language that is easy to understand  
                             | • Explain how PrEP works as part of a comprehensive, prevention plan |
| Limitations of PrEP         | • Efficacy dependent on adherence  
                             | • Reduces but does not eliminate HIV risk  
                             | • Does not protect against other STIs |
| PrEP Use                    | • Dosing and need for **daily** adherence  
                             | • # of sequential doses to achieve protective effect  
                             | 1,2,3  
                             | • Reinforcement of condom use in period following missed doses |
| Common side effects         | • **H/A, abdominal pain, weight loss.** Side effects resolve/improve after first month  
                             | • Standard measures (**anti-diarrheal, anti-gas, anti-emetics**) should be used to alleviate sxs |

### NYS DOH Guidance
**Pre-Prescription: Patient Education**

<table>
<thead>
<tr>
<th>Educate about the following:</th>
<th>Talking Points:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Long-term safety of PrEP</td>
<td>• 24-month f/u data suggest clinical safety of oral TDF in HIV negative persons ¹</td>
</tr>
</tbody>
</table>
| Baseline tests and schedule for monitoring | • Explain that tests have to be taken before prescribing  
  • Explain importance of f/u monitoring, including HIV testing at least every 3 months |
| Criteria for discontinuing   | • Positive HIV test result: PrEP needs to be stopped immediately  
  • Development of renal disease  
  • Non-adherence to medication or appointments  
  • Change in risk-behavior (i.e. PrEP is no longer needed)  
  • Use of medication for unintended purposes |

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# NYS DOH Guidance

## Pre-Prescription: Patient Education

<table>
<thead>
<tr>
<th>Educate about the following:</th>
<th>Talking Points:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Symptoms of Acute Sero-conversion</td>
<td>• Alert patients to contact PCP if: fever, rash, joint pain, oral ulcers, fatigue, night sweats, sore throat, malaise, pain in muscles, loss of appetite</td>
</tr>
</tbody>
</table>

**For Women: Potential Benefits/Risks if Pregnancy Occurs During Use of PreP**

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Potential Toxicity</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Decrease risk of acute HIV Infection, which is significant risk factor for MTCT</td>
<td>• Data suggest that TDF/FTC does not increase risk of birth defects; however, not enough data to exclude the possibility of harm</td>
</tr>
</tbody>
</table>

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Potential Side Effects

- **Nausea**: 9% reported nausea in the first month, compared with 5% of those who received placebo.

- **Headaches**: 4.5% reported headaches, compared with 3.3% of those who received placebo.

- **Weight loss**: 2.2% reported unintentional weight loss of more than 5%, compared with 1.1% of placebo users.

- **Small increases in serum creatinine**: 0.3% experienced mild increases in serum creatinine that persisted until the next test. Creatinine levels went back down once these participants stopped taking PrEP.
How well does PrEP work?

• The PrEP medication works very well at preventing HIV infection (92-99% efficacy when taken as prescribed)

• It is most effective when taken every day

• It is not recommended that a person start and stop the PrEP medication based on when he or she anticipates engaging in unprotected sex

• A person considering PrEP should only begin once he or she has made a commitment to taking the medication daily
ATN 110 An HIV PrEP Demonstration Project and Safety Study for Young Men (18-22) who Have (high-risk) Sex with Men

ATN 110: looking at YMSM who were appropriate candidates for PrEP

Participants: HIV negative with high risk which included:

- Condomless anal intercourse with an HIV infected male partner or a male partner with unknown status
- Anal intercourse with 3 or more male sex partners
- Exchange of money, gifts, shelter or drugs for anal sex with a male partner
- Sex with a male partner who has had and STI
- Sexual partner of an HIV infected male which whom condoms were not consistently used
- At least one episode of anal intercourse during which the condom broke or slipped off
ATN 110 Results

- Well tolerated with minimal adverse events
- The number of STI diagnoses was high at onset of trial and remained high
- 4 seroconversions; higher than other PrEP studies, however those who seroconverted had undetectable drug levels, supporting non-adherence
- Adherence was lowest among black YMSM
- More nonadherence when clinic visits increased from 4 to 12 weeks.
  - Suggesting that youth need more frequent or longer visit with providers
PrEP

- PrEP does not provide 100% protection.
- Clinical trials have demonstrated 92-99% efficacy when patients adhere to the medication.
- Use of condoms during sex reduces the risk of infection even further.
- Given this exceptional efficacy, PrEP continues to be a key tool in the HIV prevention toolkit to end the epidemic of HIV in NYC and NYS.
Would PrEP still work if no condoms are used?

- Condoms are a part of the six-point PrEP program in order to provide protection against STDs.
- People who are on the PrEP medication but are not using condoms may be exposed to an STD.
- Having an STD can increase a person’s chance of becoming infected with HIV if exposed.
- If not using condoms regularly, it would be especially important to have more regular screening for STDs and to get treated as soon as possible if infected with an STD.
- Condom use is recommended as part of PrEP but choosing to not use condoms routinely should not prevent provider from prescribing Truvada.
Comprehensive HIV prevention Strategy

Treatment as Prevention: Undetectable HIV viral load in infected individual.

PrEP with Truvada

Medicine of the Highest Order

Golisano Children's Hospital
If on PrEP, and someone becomes infected, will Truvada treat the HIV infection?

- Truvada, the PrEP medication, is not effective alone for treating HIV infection

- If infected with HIV while taking Truvada, the medication is stopped

- The provider who conducted the HIV test should either provide HIV medical care or refer a medical provider who can provide HIV care

- The HIV care provider will conduct lab tests and determine the most effective regimen to treat the HIV infection

- There is no evidence that having taken PrEP will impact the effectiveness of HIV treatment.

- People who were on PrEP and become infected can be successfully treated with HIV medications
Informed Consent in NYS

• In NY State, a minor’s ability to give informed consent is based on capacity for consent, not age, and there is no minimum age requirement for giving informed consent.
Informed Consent in NYS

A minor who has capacity to consent, may consent to:

- **Reproductive Health Care:**
  - Family Planning (contraceptive management)
  - Abortion
  - Prenatal Care
  - Labor/Delivery
  - STIs
Can minors consent to HIV PrEP, PEP and treatment?

YES! In NYS, Minors can consent to HIV testing, prevention and treatment!!!

- Public Health Law, Section 23.1 and 23.2 of Title 10
- Section 23.1: **Addition of HIV to Group B, making HIV an STD**
- Section 23.2: Addition of the reference to ‘prevention services’ (PEP, PrEP)
  - Remove reference to ‘are suspected’ and add ‘at risk”
- State register Notice of Adoption

Payment for PrEP

- Covered by Insurance

- NYSDOH PrEP patient assistance program
  - PrEP-AP provides financial assistance to cover patient health care and lab costs (visits, HIV testing, STD and other lab tests)
  - Facility needs to participate in the PrEP-AP program

- Truvada for PrEP medication assistance program and Copay program
  http://www.gilead.com/responsibility/uspatientaccess/truvada%20for%20prep%20medication%20assistance%20program
  www.GileadCoPay.com
PrEP providers

NYS voluntary directory

• https://www.health.ny.gov/diseases/aids/general/prep/docs/directory.pdf

US Directory

• https://preplocator.org/

Global directory

• https://www.pleaseprepme.global/
Post Exposure Prophylaxis (PEP)

• FOR: people exposed to HIV during a single event (e.g., during episodes of unprotected sex, needle-sharing injection drug use, or sexual assault)

• TO: try to reduce the chance of becoming HIV positive

• BY: taking anti-HIV medications as soon as possible after exposure to HIV
  • PEP must begin within 72 hours of exposure
  • PEP consists of 2-3 antiretroviral medications prescribed for 28 days
  • PEP is safe but may cause side effects like nausea in some people
  • These side effects can be treated and are not life threatening
Who pays for PEP?

- If prescribed PEP after sexual assault:
  - may qualify for partial or total reimbursement for medications and clinical care costs through the Office for Victims of Crime funded by the U.S. Department of Justice

- If prescribed PEP for another reason:
  - healthcare provider can help apply for free antiretroviral medications through the patient assistance programs of the drug manufacturers.

PrEP and PEP Providers

• In an effort to increase access to HIV pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP), the New York State Department of Health AIDS Institute (NYSDOH AI) has compiled a list of providers that prescribe PrEP/PEP:

Treatment for HIV

• called antiretroviral therapy (ART)
• can dramatically prolong the lives of people infected with HIV and lower their chance of infecting others
• provides someone diagnosed with HIV and treated before the disease is far advanced, a nearly normal life expectancy
Resources: HIV Screening and Treatment

- http://gettested.cdc.gov/
  - (free fast confidential testing)
- health.ny.gov/diseases/communicable/std/clinics/clinics.htm
- National STD hotline (1-800-232-4636)
STD Clinics in New York State: by county

https://www.health.ny.gov/diseases/communicable/std/clinics/clinics.htm
Resource Guide

NYS Confidentiality Hotline
• 1-800-962-5065

SMH ID Clinic Provider Hotline: 585-273-2793

Websites

• NYS HIV Guidelines
  • http://www.hivguidelines.org/
  • The Statewide Forum on PrEP for adolescents
    • http://www.hivguidelines.org/quality-of-care/prep-implementation/#tab_1
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