

# PrEP Matters: A Guide to Advancing Uptake

## Learning Objectives

**This resource has been designed for allied healthcare professionals and frontline staff to:**

- Learn about PrEP's continued opportunity to help end the HIV epidemic through increased uptake and urgency
- Identify gaps in PrEP utilization in priority populations and the opportunity to increase PrEP uptake to help advance health equity
- Share tools, including talking points and best practices, on how to optimally engage patients at the moment of HIV and STI testing to initiate PrEP
- Learn about the importance of preventing HIV over time
- Provide support to commonly asked questions patients may have around potential barriers to their initiation of PrEP

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PrEP=pre-exposure prophylaxis; STI=sexually transmitted infection.

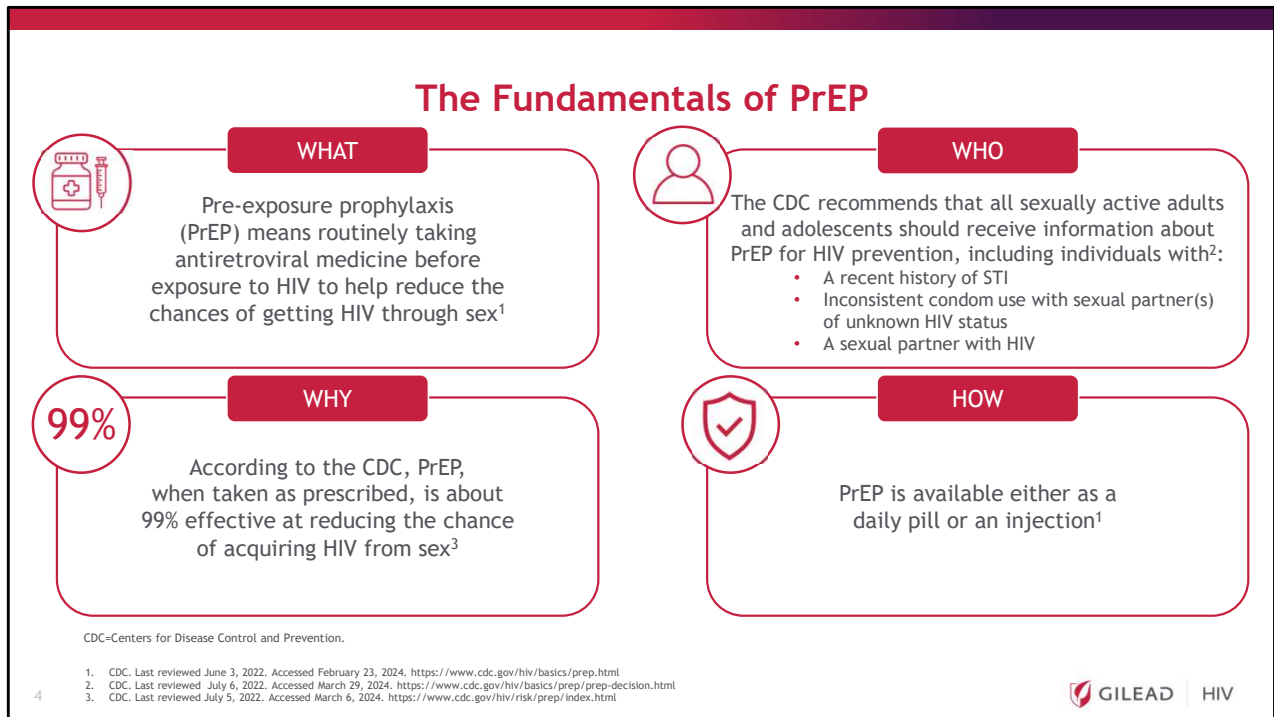


- This resource has been designed to educate allied healthcare professionals and frontline staff on:
  - The opportunity pre-exposure prophylaxis (PrEP) continues to have in helping to end the HIV epidemic through increased uptake and urgency
  - Gaps in PrEP utilization in priority populations and the opportunity to increase PrEP uptake to help advance health equity
  - Tools to optimally engage patients at the moment of HIV and sexually transmitted infection (STI) testing to initiate PrEP
  - Learn about the importance of preventing HIV over time
  - Commonly asked questions

# Chapter 1:

## The Fundamentals of PrEP

- In our first chapter, we will review the fundamentals of PrEP, including:
  - The definition of PrEP
  - Support for PrEP and its role in helping to end the HIV epidemic
  - Who might benefit from PrEP
  - Potential PrEP barriers



- PrEP involves routinely taking medicine to prevent HIV among those who do NOT have HIV but who are at increased risk of acquiring it<sup>1</sup>
- The first PrEP medication for HIV prevention was approved by the US Food and Drug Administration (FDA) in 2012<sup>2</sup>
- PrEP is recommended for individuals without HIV who have an increased possibility of getting HIV<sup>3</sup>
- When taken as prescribed, PrEP is about 99% effective at reducing the chance of acquiring HIV from sex, according to the Centers for Disease Control and Prevention (CDC)<sup>4</sup>
- PrEP medications can be taken by mouth with a daily pill or via an injection<sup>1</sup>
- There are a few important things to remember about PrEP:
  - PrEP only helps protect against HIV and does not offer protection against other STIs, such as gonorrhea, chlamydia, and syphilis, among others<sup>4</sup>
  - PrEP is advised in conjunction with condom use and other healthy sex practices, including follow-up and frequent HIV and STI testing<sup>4</sup>
  - Any licensed healthcare provider can prescribe PrEP<sup>5</sup>

## References

1. CDC. PrEP (pre-exposure prophylaxis). Last reviewed June 3, 2022. Accessed February 23, 2024. <https://www.cdc.gov/hiv/basics/prep.html>
2. CDC. NCHHSTP Newsroom. PrEP for HIV prevention in the U.S. Last reviewed September 29, 2023. Accessed March 8, 2024. <https://www.cdc.gov/nchhstp/newsroom/fact-sheets/hiv/PrEP-for-hiv-prevention-in-the-US-factsheet.html>
3. US Preventive Services Task Force; Barry MJ, Nicholson WK, Silverstein M, et al. Preexposure prophylaxis to prevent acquisition of HIV: US Preventive Services Task Force recommendation statement. *JAMA*. 2023;330(8):736-745. doi:10.1001/jama.2023.14461. Erratum in: *JAMA*. 2023;330(18):1805. PMID: 37606666.
4. CDC. PrEP (pre-exposure prophylaxis). Last reviewed July 5, 2022. Accessed March 6, 2024. <https://www.cdc.gov/hiv/risk/prep/index.html>
5. CDC. Starting and stopping PrEP. Last reviewed June 6, 2022. Accessed March 6, 2024. <https://www.cdc.gov/hiv/basics/prep/starting-stopping-prep.html>

## PrEP Is Recognized and Supported by US Government Health Agencies

The first medication for HIV prevention was approved in 2012, and PrEP medicines have been used for more than 10 years<sup>1</sup>

- ✓ The US Preventive Services Task Force (USPSTF) gives its **highest recommendation, Grade A** to PrEP for appropriate individuals at increased risk of HIV acquisition to decrease the risk of acquiring HIV<sup>2</sup>
- ✓ The Centers for Disease Control and Prevention (CDC) recommends that “**all sexually active adults and adolescents should be informed about PrEP** for prevention of HIV acquisition”<sup>3</sup>
- ✓ The US Department of Health and Human Services (DHHS) highlights HIV prevention, including PrEP, as **1 of 4 key components** of its Ending the HIV Epidemic strategic plan<sup>4</sup>

1. CDC. Last reviewed September 29, 2023. Accessed March 8, 2024. <https://www.cdc.gov/nchstp/newsroom/fact-sheets/hiv/PrEP-for-hiv-prevention-in-the-US-factsheet.html>  
2. US Preventive Services Task Force; Barry MJ, et al. *JAMA*. 2023;330(8):736-745. doi:10.1001/jama.2023.14461. Erratum in: *JAMA*. 2023;330(18):1805. doi:10.1001/jama.2023.19502

3. CDC. Accessed March 8, 2024. <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf>

4. HIV.gov. Updated December 20, 2023. Accessed March 8, 2024. <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/key-strategies>

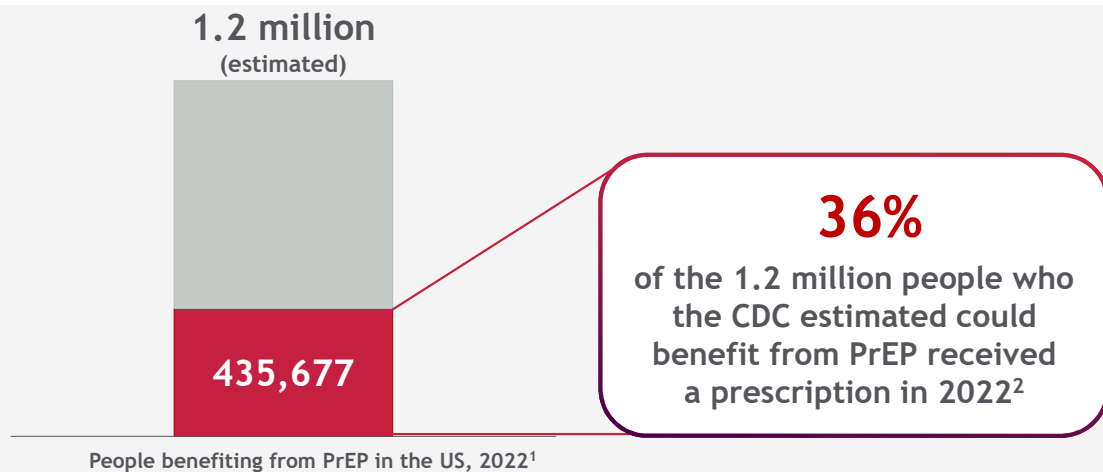


- PrEP is both recognized and supported by US government health agencies
  - In 2023, the United States Preventive Services Task Force (USPSTF) recommended that healthcare providers prescribe PrEP to appropriate individuals at increased risk of HIV acquisition to decrease the likelihood of acquiring HIV<sup>1</sup>
    - The U.S. Preventive Services Task Force (USPSTF or Task Force), an independent body of experts in preventive medicine and primary care, works to improve the health of all Americans by making evidence-based recommendations about the effectiveness of clinical preventive services and health promotion<sup>2</sup>
  - The CDC advocates that “all sexually active adults and adolescents should be informed about PrEP for prevention of HIV acquisition”<sup>3</sup>
  - Additionally, the use of PrEP aligns with the Ending the HIV Epidemic strategic plan prevention goal<sup>4</sup>

### References

1. US Preventive Services Task Force; Barry MJ, Nicholson WK, Silverstein M, et al. Preexposure prophylaxis to prevent acquisition of HIV: US Preventive Services Task Force recommendation statement. *JAMA*. 2023;330(8):736-745. doi:10.1001/jama.2023.14461. Erratum in: *JAMA*. 2023;330(18):1805. PMID: 37606666.
2. USPSTF. About the USPSTF. Accessed April 3, 2024. <https://www.uspreventiveservicestaskforce.org/uspstf/about-uspstf/>
3. CDC. Preexposure prophylaxis for the prevention of HIV infection in the United States—2021 update. Accessed March 8, 2024. <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf>
4. HIV.gov. Key EHE strategies. Updated December 20, 2023. Accessed March 8, 2024. <https://www.hiv.gov/federal-response/ending-the-hiv-epidemic/key-strategies>

## PrEP Uptake Has Increased Substantially Over the Past Decade, but Many Additional People Could Still Benefit From PrEP



1. AIDSvu. Accessed March 8, 2024. <https://aidsvu.org/resources/#/infographics>. AIDSvu is presented by Emory University's Rollins School of Public Health in partnership with Gilead Sciences, Inc. and the Center for AIDS Research (CFAR) at Emory University.

2. CDC. Published October 17, 2023. Last reviewed October 18, 2023. Accessed March 8, 2024. <https://www.cdc.gov/hiv/policies/dear-colleague/dcl/20231017.html#:~:text=Overall%20in%202022%2C%2036%25%20of,year%20that%20EHE%20was%20announced>

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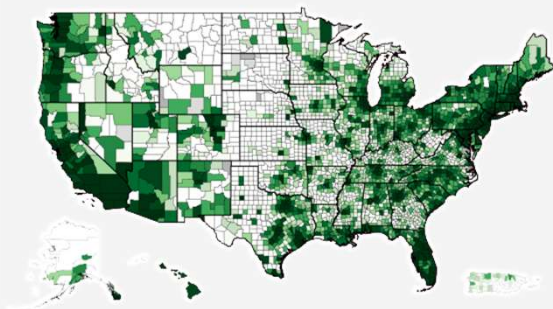
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- PrEP uptake in the United States has seen a steady increase since 2012, when it was approved by the FDA<sup>1,2</sup>
- In 2012, there were 9,626 PrEP users. By 2022, there were 435,677 PrEP users<sup>1</sup>
- In 2022, there were roughly 1.2 million people in the United States who could benefit from PrEP, but only 36% were prescribed it<sup>3</sup>

### References

1. AIDSvu. Tools & resources. Accessed March 8, 2024. <https://aidsvu.org/resources/#/infographics>
2. CDC. NCHHSTP Newsroom. PrEP for HIV prevention in the U.S. Last reviewed September 29, 2023. Accessed March 8, 2024. <https://www.cdc.gov/nchhstp/newsroom/fact-sheets/hiv/PrEP-for-hiv-prevention-in-the-US-factsheet.html>
3. CDC. Dear colleagues. Published October 17, 2023. Last reviewed October 18, 2023. Accessed March 8, 2024. <https://www.cdc.gov/hiv/policies/dear-colleague/dcl/20231017.html#:~:text=Overall%20in%202022%2C%2036%25%20of,year%20that%20EHE%20was%20announced>

## The South Is Most Impacted by HIV and the Region of Greatest Need for PrEP in the United States



Number of People Using PrEP, 2022

There were only **10.5 PrEP users for every new HIV diagnosis** in the South, the lowest of any region and indicating an unmet need for PrEP.

The South accounted for **52%** of new HIV diagnoses in the United States (2021) but only represented **38%** of PrEP users in 2022

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AIDSVu. Accessed March 6, 2024. <https://aidsvu.org/wp-content/uploads/2023/06/10-Regional-PrEP-Usage.png>  
AIDSVu is presented by Emory University's Rollins School of Public Health in partnership with Gilead Sciences, Inc. and the CFAR at Emory University.

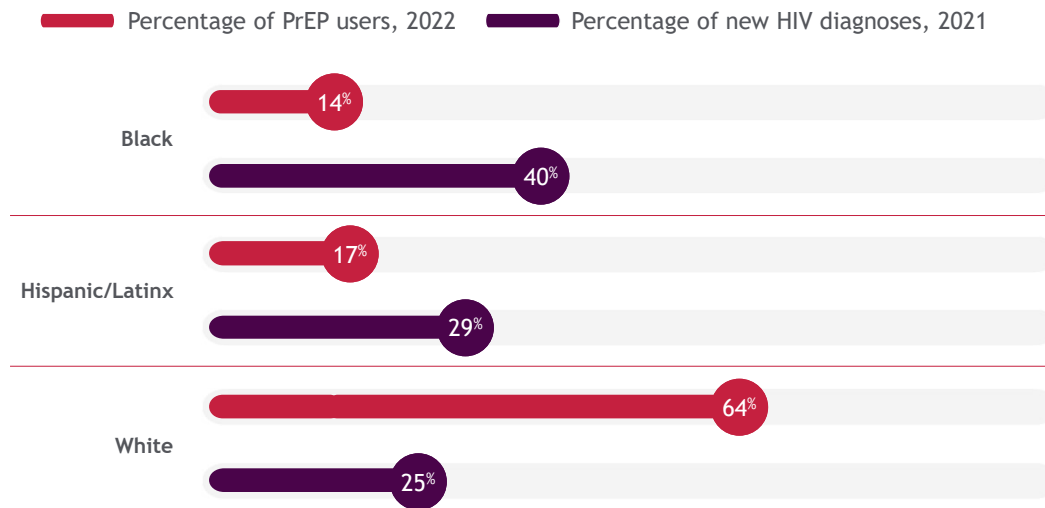
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- While overall PrEP use has increased in recent years, AIDSVu's 2022 data suggest there are significant geographic disparities in PrEP uptake
- For every new HIV diagnosis in the Northeast, there were 22 people on PrEP
- However, for every new HIV diagnosis in the South, there were 10.5 people on PrEP—a ratio that is approximately double compared with the Northeast—indicating an unmet need for PrEP compared with other regions

### Reference

AIDSVu. Number of persons using PrEP, 2022. Accessed March 6, 2024.  
<https://aidsvu.org/wp-content/uploads/2023/06/10-Regional-PrEP-Usage.png>

## Although Disproportionately Impacted by HIV, Black and Hispanic/Latinx People in the US Are Underrepresented in PrEP Use



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AIDSVu. Accessed April 4, 2024. <https://aidsvu.org/wp-content/uploads/2023/06/06-Usage-ND-by-Race.png>  
AIDSVu is presented by Emory University's Rollins School of Public Health in partnership with Gilead Sciences, Inc. and the CFAR at Emory University.

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- Data represented on this slide and published by AIDSVu indicate that significant inequities remain in PrEP use among Black and Hispanic/Latinx people in the United States
  - In 2021, Black people represented 40% of new HIV diagnoses but just 14% of PrEP users in 2022
  - In 2021, Hispanic/Latinx people represented 29% of new HIV diagnoses but just 17% of PrEP users in 2022
  - In 2021, White people represented 25% of new HIV diagnoses but 64% of PrEP users in 2022
- It's also important to note these data support the need to view PrEP access and uptake through a health equity lens and develop programming designed to increase PrEP uptake among populations who could benefit the most from PrEP—such as Black and Hispanic/Latinx people

### Reference

AIDSVu. Accessed April 4, 2024. <https://aidsvu.org/wp-content/uploads/2023/06/06-Usage-ND-by-Race.png>



## Structural and Systemic Barriers Contribute to the Inequities in PrEP Use



Low awareness of PrEP among healthcare providers and lack of skills and experience to offer PrEP



Low awareness of PrEP among individuals who may benefit from PrEP



Racism, transphobia, homophobia, sexism, and other structural inequities



Stigma and discrimination associated with HIV and PrEP use



Limited access to the healthcare system and limited knowledge and experience navigating the system



Affordability of ancillary services associated with PrEP, including ongoing provider visits and laboratory testing during PrEP use

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AIDSVu. Accessed March 6, 2024. <https://aidsvu.org/news-updates-infographics-barriers-to-prep-use-an-aidsvu-infographic/>

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- Challenges to PrEP adoption include:
  - Low awareness among healthcare providers and individuals
  - Structural inequities such as racism and discrimination
  - Stigma related to HIV and PrEP use
  - Limited access to healthcare
  - Affordability issues for ancillary services like provider visits and laboratory testing during PrEP use

### Reference

AIDSVu. Barriers to PrEP use: an AIDSVu infographic. Accessed March 6, 2024. <https://aidsvu.org/news-updates-infographics-barriers-to-prep-use-an-aidsvu-infographic/>

## There Is National Support for Increased PrEP Utilization, Particularly in Priority Populations

### National HIV/AIDS Strategy Goal:

By 2025, increase PrEP coverage to

# 50%

from a 2017 baseline of 13.2%

### National HIV/AIDS Strategy recommendations

- Make universal **opt-out HIV testing** and **PrEP screening** part of routine care for all patients
- Focus on **priority populations** including:
  - Gay, bisexual, and other MSM, in particular Black, Latinx, and American Indian/Alaska Native men
  - Black women
  - Transgender women
  - Youth aged 13-24 years
  - People who inject drugs

MSM=men who have sex with men.

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The White House. 2021. National HIV/AIDS Strategy for the United States 2022–2025. Washington, DC. Accessed March 21, 2024. <https://www.whitehouse.gov/wp-content/uploads/2021/11/National-HIV-AIDS-Strategy.pdf>

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- In regions with high rates of HIV, it is recommended to test all patients for HIV using an “opt-out” approach in which patients are informed that an HIV test will be conducted unless they explicitly decline to be tested. If appropriate, PrEP screening and initiation should commence
- Priority populations include:
  - Gay, bisexual, and other men who have sex with men (MSM), in particular Black, Latinx, and American Indian/Alaska Native men
  - Black women
  - Transgender women
  - Youth aged 13-24 years
  - People who inject drugs
- HIV should be routinely discussed and screened for, like other conditions

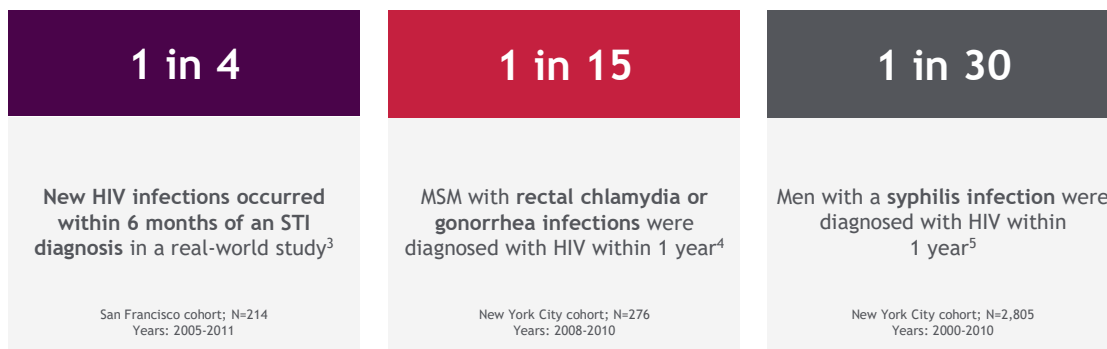
### Reference

The White House. 2021. National HIV/AIDS Strategy for the United States 2022–2025. Washington, DC. Accessed March 21, 2024. <https://www.whitehouse.gov/wp-content/uploads/2021/11/National-HIV-AIDS-Strategy.pdf>

## Chapter 2: The Opportunities at the Moment of HIV and STI Testing

- In our second chapter, we will learn about opportunities at the moment of HIV and STI testing, including:
  - The link between STIs and HIV acquisition
  - Status-neutral approaches to HIV
  - The impact of delays in initiating PrEP

## STI History Is a Strong Predictor of Potentially Acquiring HIV<sup>1,2</sup>



STI testing represents an opportunity to discuss HIV testing and PrEP

1. Tao L, et al. Poster presented at: IDWeek; October 11-15, 2023; Boston, MA. Poster 1557.
2. CDC. Accessed March 8, 2024. <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf>
3. Truong HM, et al. *J Acquir Immune Defic Syndr*. 2015;69(5):606-609. doi:10.1097/QAI.0000000000000681
4. Pathela P, et al. *Clin Infect Dis*. 2013;57(8):1203-1209. doi:10.1093/cid/cit437
5. Pathela P, et al. *Clin Infect Dis*. 2015;61(2):281-287. doi:10.1093/cid/civ289

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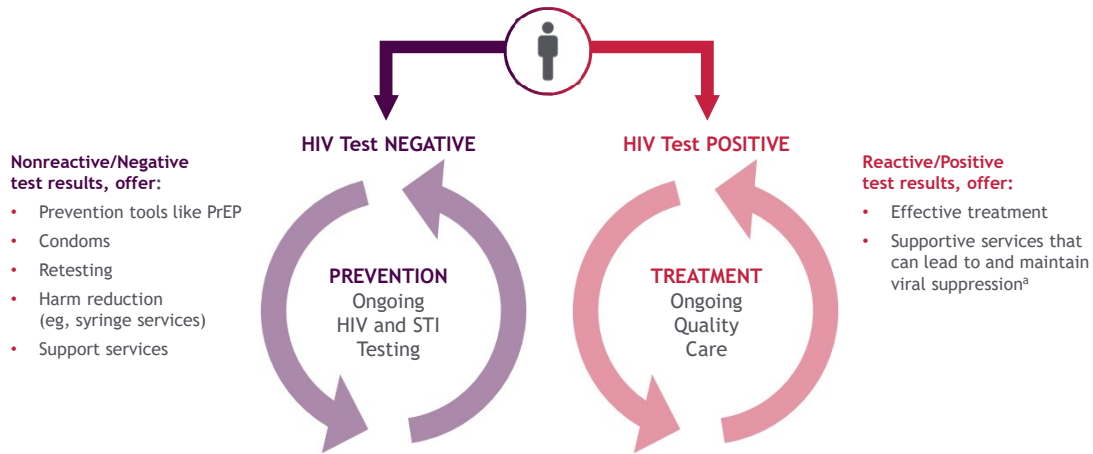
- Published data suggest that STI history is a strong predictor of potentially acquiring HIV<sup>1,2</sup>
  - In one study in San Francisco, 1 in 4 new HIV infections occurred within 6 months of an STI diagnosis<sup>3</sup>
  - In a separate study in New York City, 1 in 15 MSM with rectal chlamydia or gonorrhea infections were diagnosed with HIV within 1 year<sup>4</sup>
  - Another study in New York City showed that 1 in 30 men with a primary or secondary syphilis infection were diagnosed with HIV within 1 year<sup>5</sup>
- In fact, PrEP uptake was shown to be higher when discussed during an STI visit<sup>6</sup>
  - A retrospective cohort study from 2013-2018 in the Veterans Health Administration in individuals diagnosed with first STI (N=90) found that among individuals who initiated PrEP within 90 days after an STI diagnosis, 52% discussed PrEP during their STI visit<sup>6</sup>

### References

1. Tao L, Yang J, Zachry W, Gruber J, Mezzio D. The real-world impact of pre-exposure prophylaxis (PrEP) prescription uptake and dispensing status on HIV infection in the US. Poster presented at: IDWeek; October 11-15, 2023; Boston, MA. Poster 1557.
2. CDC. Preexposure prophylaxis for the prevention of HIV infection in the United States—2021 update. Accessed March 8, 2024. <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf>
3. Truong HM, Pipkin S, O’Keefe KJ, et al. Brief report: recent infection, sexually transmitted infections, and transmission clusters frequently observed among persons newly diagnosed with HIV in San Francisco. *J Acquir Immune Defic Syndr*. 2015;69(5):606-609. doi:10.1097/QAI.0000000000000681
4. Pathela P, Braunstein SL, Blank S, Schillinger JA. HIV incidence among men with and those without sexually transmitted rectal infections: estimates from matching against an HIV case registry. *Clin Infect Dis*. 2013;57(8):1203-1209. doi:10.1093/cid/cit437
5. Pathela P, Braunstein SL, Blank S, Shepard C, Schillinger JA. The high risk of an HIV diagnosis following a diagnosis of syphilis: a population-level analysis of New York City men. *Clin Infect Dis*. 2015;61(2):281-287. doi:10.1093/cid/civ289
6. Kobayashi T, Van Epps P, Maier MM, et al. Discussion and initiation of HIV pre-exposure prophylaxis were rare following diagnoses of sexually transmitted infections among veterans. *J Gen Intern Med*. 2022;37(10):2482-2488. doi:10.1007/s11606-021-07034-7

## The Moment of HIV Testing Represents a Key Opportunity to Discuss a Course of Action

A status-neutral approach to HIV testing means that every HIV test results in an action



- The moment of HIV testing is another opportunity to discuss a course of action
- A status-neutral approach means that every HIV test results in an action
  - For those who test positive for HIV, they should enter care and be offered effective treatment and support, so they can maintain viral suppression
  - For those who test negative for HIV, HIV prevention, including PrEP, should be offered, as appropriate, as well as support services to help ensure that the person remains HIV-negative
- Conversations around sexual health are important for all sexually active adults and adolescents
- Normalizing HIV treatment and prevention helps to destigmatize both. In a status-neutral approach to care, a provider continually assesses and reassesses a person's clinical and social needs

### Reference

CDC. Issue brief: status neutral HIV care and service delivery. Updated November 28, 2022. Accessed March 8, 2024. <https://www.cdc.gov/hiv/policies/data/status-neutral-issue-brief.html>

## Timely Initiation of PrEP Matters



Time to initiation matters when prescribing PrEP<sup>1</sup>



Any delay in time to PrEP initiation has been shown to be associated with a higher chance of acquiring HIV<sup>1</sup>



A missed opportunity for HIV testing is a missed opportunity to evaluate people who could benefit from PrEP<sup>2</sup>

### DID YOU KNOW?

PrEP uptake was shown to be higher when discussed during an STI visit.

Of the individuals who initiated PrEP within 90 days after an STI diagnosis, **52%<sup>a</sup> discussed PrEP** during their STI visit.<sup>3</sup>

(Retrospective cohort study from 2013-2018 in the Veterans Health Administration in individuals diagnosed with first STI)

<sup>a</sup>N=90.<sup>3</sup>

- 14
1. Tao L, et al. Poster presented at: IDWeek; October 11-15, 2023; Boston, MA. Poster 1557.
  2. Smith DK, et al. *Clin Infect Dis*. 2019;68(1):37-42. doi:10.1093/cid/ciy441
  3. Kobayashi T, et al. *J Gen Intern Med*. 2022;37(10):2482-2488. doi:10.1007/s11606-021-07034-7



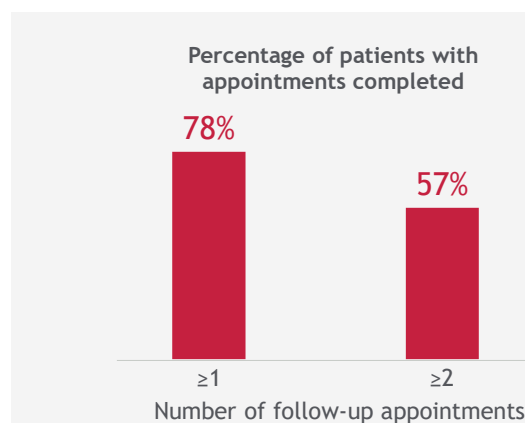
- Delays in initiating PrEP have been linked to an increased risk of acquiring HIV<sup>1</sup>
- In a retrospective cohort study from 2013 to 2018, PrEP uptake was shown to be higher when it was discussed during an STI visit. Of the individuals who initiated PrEP, 52% discussed PrEP during an STI visit<sup>2</sup>
- A missed opportunity for HIV testing is a missed opportunity to evaluate people who could benefit from PrEP<sup>3</sup>

### References

1. Tao L, Yang J, Zachry W, Gruber J, Mezzio D. The real-world impact of pre-exposure prophylaxis (PrEP) prescription uptake and dispensing status on HIV infection in the US. Poster presented at: IDWeek; October 11-15, 2023; Boston, MA. Poster 1557.
2. Kobayashi T, Van Epps P, Maier MM, et al. Discussion and initiation of HIV pre-exposure prophylaxis were rare following diagnoses of sexually transmitted infections among veterans. *J Gen Intern Med*. 2022;37(10):2482-2488. doi:10.1007/s11606-021-07034-7
3. Smith DK, Chang MH, Duffus WA, Okoye S, Weissman S. Missed opportunities to prescribe preexposure prophylaxis in South Carolina, 2013-2016. *Clin Infect Dis*. 2019;68(1):37-42. doi:10.1093/cid/ciy441

## Case Study: Same-Day PrEP Initiation at Denver Metro Health Clinic

- Denver Metro Health Clinic is the largest STI clinic in metropolitan Denver, Colorado
- The clinic provides sexual health services at low or no cost, primarily through walk-in visits that do not require an advance appointment
- 100 participants received a free 30-day PrEP starter pack and met with a patient navigator to establish ongoing care
- Most participants completed  $\geq 1$  PrEP follow-up appointment, and 57% completed  $\geq 2$  follow-up appointments



Same-day PrEP initiation was found to be acceptable and feasible, linking a high proportion of individuals to ongoing PrEP care

15 Kamis KF, et al. *Open Forum Infect Dis.* 2019;6(7):ofz310. doi:10.1093/ofid/ofz310

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- Same-day PrEP can help ensure linkage to care
- Same-day PrEP initiation was evaluated at the Denver Metro Health Clinic
  - Most participants were able to have at least 1 follow-up appointment, with more than half of participants receiving at least 2 follow-up appointments
- The study showed that same-day PrEP initiation was acceptable and feasible, linking a high proportion of individuals to ongoing PrEP care

### Reference

Kamis KF, Marx GE, Scott KA, et al. Same-day HIV pre-exposure prophylaxis (PrEP) initiation during drop-in sexually transmitted diseases clinic appointments is a highly acceptable, feasible, and safe model that engages individuals at risk for HIV into PrEP care. *Open Forum Infect Dis.* 2019;6(7):ofz310. doi:10.1093/ofid/ofz310

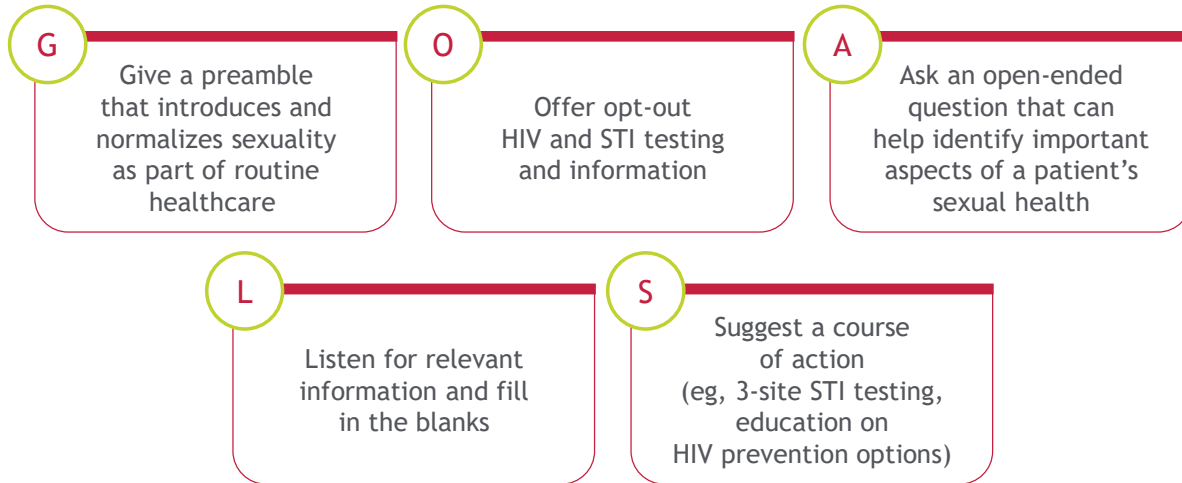
## Chapter 3: Putting PrEP Into Practice

- In our last chapter, we will learn about tools to help put PrEP into practice, including:
  - Ways of discussing PrEP and sexual health conversations
  - The importance of PrEP persistence
  - Measuring success



## 5 Steps for Sexual Health Conversations and Introducing PrEP

### The GOALS Framework



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NY State Department of Health AIDS Institute. Updated December 4, 2023. Accessed March 8, 2024. <https://www.hivguidelines.org/guideline/goals-framework/>

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- The GOALS framework is one tool that can be used to help start sexual health conversations and introduce PrEP
- The GOALS framework includes 5 steps:
  1. **G**ive a preamble that emphasizes sexual health. The healthcare provider briefly introduces the sexual history in a way that normalizes sexuality as part of routine.
  2. **O**ffer opt-out HIV and STI testing and information. The healthcare provider tells the patient that they test everyone for HIV and STIs, normalizing HIV and STI concerns.
  3. **A**sk an open-ended question. The healthcare provider starts the sexual history with an open-ended question that helps them identify the aspects of sexual health that are most important to the patient.
  4. **L**isten for relevant information on HIV prevention and fill in the blanks. The healthcare provider asks more pointed questions to elicit information that might be needed for clinical decision-making (eg, 3-site vs genital-only testing), but these questions are restricted to specific, necessary information.
  5. **S**uggest a course of action. Consistent with opt-out testing, the healthcare provider offers all patients HIV testing, 3-site STI testing, education on HIV prevention options, potential same-day linkage to PrEP care, and contraceptive counseling, unless any of this testing is specifically contraindicated by the sexual history.

### Reference

NY State Department of Health AIDS Institute. GOALS framework for sexual history taking in primary care. Updated December 4, 2023. Accessed March 8, 2024. <https://www.hivguidelines.org/guideline/goals-framework/>

## Reframing PrEP Messaging May Help Address Barriers



Take a **brief sexual history** and explain that you do so for all patients to help address stigma



Frame PrEP as a **useful HIV prevention tool** for anyone who is sexually active



Promote PrEP for **appropriate HIV-negative** sexually active individuals



Use **storytelling to normalize conversations** about PrEP by highlighting testimonials that feature individuals discussing their experiences being on PrEP



Provide information on how to **access PrEP**

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Elopre L, et al. *AIDS Behav.* 2021;25(5):1464-1473. doi:10.1007/s10461-020-02985-0

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- Reframing PrEP messaging may be helpful in addressing potential barriers
- When discussing PrEP with patients:
  - Conduct a brief sexual history, noting that you do this for all of your patients. This approach helps to destigmatize discussions about sexual health
  - Frame PrEP as a valuable HIV prevention tool for anyone who is sexually active
    - Limit messaging that only focuses on perceived HIV risk
    - Tailor PrEP messaging that is culturally relevant and appropriate
  - Promote PrEP for appropriate HIV-negative sexually active individuals
  - Use storytelling to normalize conversations about PrEP by highlighting testimonials that feature individuals discussing their experiences being on PrEP
    - Tailor relevant data to illustrate the impact of HIV on their community
    - Provide tailored data on potential for HIV
  - Provide information on how to access PrEP
    - Cost implications and resources
    - PrEP prescribers
    - Ask the patient if they would like to start PrEP today
- By incorporating these strategies, healthcare providers can create an inclusive and supportive environment, making PrEP discussions more accessible and tailored to the individual's needs

Three buckets of PrEP patients:

- Patients who simply don't know PrEP exists
- Patients who know PrEP exists but don't think they can benefit from it
- Patients who know PrEP exists but don't think they can afford it

### Reference

Elopre L, Ott C, Lambert CC, et al. Missed prevention opportunities: why young, Black MSM with recent HIV diagnosis did not access HIV pre-exposure prophylaxis services. *AIDS Behav.* 2021;25(5):1464-1473. doi:10.1007/s10461-020-02985-0

## Sample Script for PrEP Conversation at the Moment of STI Testing

### Introduction:

- Hello, your HIV test results are nonreactive. It appears your rectal chlamydia/gonorrhea test results are reactive. We will provide treatment for those two STIs, but I also want to discuss PrEP with you. Have you heard of PrEP?

### Follow-up Statements:

- You are such a champion, prioritizing your sexual health by getting tested, and because you were being so proactive, you were able to get your recent STIs treated quickly
- This is important, because clinical data from one study showed that 1 in 15 men with rectal chlamydia/gonorrhea contracted HIV within 1 year<sup>1</sup>
- I've talked with other patients about the correlation between STIs and HIV, and taking control of their sexual health. Even if you think you are in a monogamous relationship, you are in charge of your own sexual health, and PrEP is an HIV prevention tool to help protect from HIV. I can connect you with a provider to see if it is right for you

### Call-to-Action Statements:

- I would love to get you started with an appointment to see a provider today!
- While you might not be ready to talk to a provider about PrEP today, I want you to at least have the information you need and know where to go when you are ready

### Resource

PrEP Locator is a national directory of providers of PrEP in the United States

<https://prelocator.org/>

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1. Pathela P, et al. *Clin Infect Dis*. 2013;57(8):1203-1209. doi:10.1093/cid/cit437

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- Here is a sample script that addresses PrEP discussions at the moment of STI testing
  - The script starts by noting that the patient is there to talk about an STI test result, and then introducing PrEP
  - The script frames patients as champions of their own health and presents data about the link between STIs and HIV acquisition
  - The script ends with a call to action on HIV prevention, with support on how to access PrEP

### Note to Presenter

***\*\*These conversations are great starter examples, and it is important to note that you will need to consider the whole person's needs and life experiences and tailor each conversation to best fit the patient\*\****

## Sample Script for PrEP Conversation at the Moment of HIV Testing

### Introduction:

- I'd like to talk with you for a couple of minutes about your sexual health. I talk with all my patients about sexual health because it's such an important part of overall health

### Follow-up Statements:

- I want to share that your HIV test came back nonreactive, which means HIV was not detected. In addition to you taking charge of your sexual health by getting tested today, there is also another tool to empower you to make informed decisions about your sexual health by helping prevent HIV, called PrEP. When taken as prescribed, PrEP is about 99% effective at reducing the chance of acquiring HIV from sex, according to the CDC<sup>1</sup>
- All sexually active adults and adolescents should learn about PrEP as a tool for HIV prevention, to use along with condoms and other safer-sex practices. The first PrEP medication was approved by the FDA for HIV prevention in 2012<sup>2,3</sup>

### Call-to-Action Statements:

- Because you tested negative for HIV today, I can get you started with an appointment to see a provider more about PrEP
- I also want to inform you of all the next steps you'll need to take to navigate the costs, including labs we will need to draw, and let you know we are here to help support you along your entire journey

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1. CDC. Last reviewed June 6, 2022. Accessed March 8, 2024. <https://www.cdc.gov/hiv/basics/prep/prep-effectiveness.html>
2. CDC. Last reviewed September 29, 2023. Accessed March 8, 2024. <https://www.cdc.gov/nchstp/newsroom/fact-sheets/hiv/PrEP-for-hiv-prevention-in-the-US-factsheet.html>
3. AIDSvu. Accessed March 6, 2024. <https://aidsvu.org/news-updates/aidsvu-releases-new-data-highlighting-ongoing-inequities-in-prep-use-among-black-and-hispanic-people-and-across-regions-of-the-county/#:~:text=Data%20on%20AIDSvu%20show%20significant,18%25%20of%20new%20HIV%20diagnoses>



- Here is a sample script that addresses PrEP discussions at the moment of HIV testing
  - The script starts by introducing and normalizing sexual health discussions
  - The script notes that the person is HIV-negative, which means that PrEP might be an option
  - The script presents data on the benefits of PrEP, with high rates of HIV prevention
  - The script ends with a call to action on HIV prevention, with support on next steps

### Note to Presenter

***\*\*These conversations are great starter examples, and it is important to note that you will need to consider the whole person's needs and life experiences and tailor each conversation to best fit the patient\*\****

## A Simple 60-Second PrEP Elevator Speech Can Be Informative

### Introduction:

- So, your HIV results are negative. Have you heard of PrEP?

### Follow-up Statement:

- PrEP is for HIV-negative, sexually active adults and adolescents at risk for HIV and is a safer-sex tool to help protect individuals from acquiring HIV. The first PrEP medication for HIV prevention was approved by the FDA in 2012. According to the CDC, PrEP helps lower the chances of getting HIV through sex by about 99% when taken as prescribed.<sup>1,2</sup> From our conversation today, I think you could really benefit from talking with a provider about PrEP. Also, I want to let you know we have programs that can help you navigate the expenses of labs for ongoing monitoring and the medicine

### Call-to-Action Statements:

- I would love to get you started with an appointment to see a provider today!
- I would love to refer you to a clinic today that offers PrEP

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1. CDC. Last reviewed June 6, 2022. Accessed March 8, 2024. <https://www.cdc.gov/hiv/basics/prep/prep-effectiveness.html>  
2. CDC. Last reviewed September 29, 2023. Accessed March 8, 2024. <https://www.cdc.gov/nchhstp/newsroom/fact-sheets/hiv/PrEP-for-hiv-prevention-in-the-US-factsheet.html>



- Developing a quick PrEP “elevator speech” can be useful for starting PrEP discussions
- An elevator speech can start with a simple question, such as “Have you heard of PrEP?”
- Follow-ups to the question can describe the purpose of PrEP and information on how to access it
- Having a call-to-action is helpful to ensure that the conversation results in potential action on remaining HIV-negative

### Note to Presenter

**\*\*These conversations are great starter examples, and it is important to note that you will need to consider the whole person’s needs and life experiences and tailor each conversation to best fit the patient\*\***

## Talking With Patients About PrEP Persistence Is Important to Support Prevention Outcomes



PrEP persistence is commonly described as **PrEP use over time**<sup>1</sup>



**Staying on PrEP** over time can help protect against HIV<sup>2</sup>



Encourage your clients to **stay on PrEP** to help protect them from HIV

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1. Laborde ND, et al. *AIDS Behav.* 2020;24(9):2509-2519. doi:10.1007/s10461-020-02807-3  
2. CDC. Last reviewed June 6, 2022. Accessed March 8, 2024. <https://www.cdc.gov/hiv/basics/prep/on-demand-prep.html>



- Talking about PrEP persistence is important to support prevention outcomes
- PrEP persistence is PrEP use over time<sup>1</sup>
- Staying on PrEP over time can help protect against HIV<sup>2</sup>
- There are multiple opportunities to engage those on PrEP<sup>1</sup>:
  - Lowering barriers to PrEP provision with extended care
  - Drop-in visits
  - Streamlined testing
  - Standing orders for laboratory tests
  - 90-day PrEP prescriptions
  - Proactive provision of adherence support and counseling
  - Referrals for mental health treatment, housing resources, and substance use treatment
- Encourage your clients to stay on PrEP to help protect them from HIV

### References

1. Laborde ND, Kinley PM, Spinelli M, et al. Understanding PrEP persistence: provider and patient perspectives. *AIDS Behav.* 2020;24(9):2509-2519. doi:10.1007/s10461-020-02807-3
2. CDC. On-demand PrEP. Last reviewed June 6, 2022. Accessed March 8, 2024. <https://www.cdc.gov/hiv/basics/prep/on-demand-prep.html>

## How Can We Measure Success?

- ① What goals would you set for PrEP uptake?
- ② What goals would you set for having PrEP conversations?  
How would you assess the quality of these PrEP conversations?
- ③ How would you track adherence to PrEP medicines?
- ④ How would you track reasons for discontinuation or sporadic use of PrEP?





Organizations should establish goals for PrEP conversations and uptake

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- Setting and assessing goals are useful to help measure success of HIV prevention efforts
- Consider how you and your organization can work toward and measure improving PrEP uptake, foster effective conversations, monitor PrEP usage, and address reasons for PrEP discontinuation or sporadic use

## Key Reminders and Takeaway Messages

-  According to the CDC, when taken as prescribed, PrEP is about 99% effective at reducing the chance of acquiring HIV from sex<sup>1</sup>
-  The CDC recommends that “all sexually active adults and adolescents should be informed about PrEP for prevention of HIV acquisition”<sup>2</sup>
-  PrEP is not reaching everyone who could benefit from it. PrEP is underutilized, particularly by Black and Hispanic/Latinx people with indications for PrEP<sup>3</sup>
-  Normalize HIV care by including HIV testing with other routine healthcare. A status-neutral approach to HIV testing means that every test results in an action<sup>4</sup>

24

1. CDC. Last reviewed July 5, 2022. Accessed March 6, 2024. <https://www.cdc.gov/hiv/basics/prep/prep-effectiveness.html>  
2. CDC. Accessed March 8, 2024. <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf>  
3. AIDSvu. Accessed March 6, 2024. <https://aidsvu.org/news-updates-aidsvu-releases-new-data-highlighting-ongoing-inequities-in-prep-use-among-black-and-hispanic-people-and-across-regions-of-the-county/#:~:text=%20PrEP%20to%20Need%20Ratol,PrEP%20Data%20%26%20Resources%20on%20AIDSvu>  
4. CDC. Updated November 28, 2022. Accessed March 8, 2024. <https://www.cdc.gov/hiv/policies/data/status-neutral-issue-brief.html>

### In summary:

- Emphasize the effectiveness of PrEP and work toward broader awareness, particularly among those who may most benefit from PrEP and among priority populations
- Help normalize sexual health conversations and HIV prevention



## Key Reminders and Takeaway Messages (cont'd)



Conversations at the moment of HIV and STI testing can help ensure that those who might benefit from PrEP gain knowledge of and access to it<sup>1</sup>



Time to initiation matters when prescribing PrEP<sup>2</sup>



PrEP persistence is important for helping to reduce the risk of HIV acquisition<sup>3</sup>

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1. CDC. Updated November 28, 2022. Accessed March 8, 2024. <https://www.cdc.gov/hiv/policies/data/status-neutral-issue-brief.html>
2. Tao L, et al. Poster presented at: IDWeek; October 11-15, 2023; Boston, MA. Poster 1557.
3. Tao L, et al. Poster presented at: CROI 2024; March 3-6, 2024; Denver, CO. Poster 1124.



### In summary:

- Discuss HIV prevention options, like PrEP (as appropriate), at the moment of HIV and STI testing
- Initiate PrEP in a timely manner, such as same-day PrEP, and help support PrEP users to remain persistent

## Addressing Frequently Asked Questions

### How long does PrEP take to work?<sup>1</sup>

According to the CDC,

- For people engaging in receptive anal sex, oral PrEP reaches maximum protection from HIV at about 7 days of daily use
- For people engaging in receptive vaginal sex or injection drug use, oral PrEP reaches maximum protection at about 21 days of daily use
- No data exist for oral PrEP effectiveness for insertive anal or vaginal sex
- Currently, it is unclear how long it takes injectable PrEP to reach maximum protection for sex
- PrEP is less effective when not taken as prescribed

### Should patients stop using condoms if they take PrEP?<sup>2</sup>

According to the CDC,

- No. PrEP helps provide protection from HIV but does not protect against other STIs. Also, PrEP should be used in conjunction with condoms and other safer-sex practices

### Can patients take PrEP while on birth control?<sup>2</sup>

According to the CDC,

- Yes. There are no known interactions between PrEP and hormone-based birth control methods

### Will PrEP interfere with my patients' hormone therapy?<sup>2</sup>

According to the CDC,

- No. There are no known drug conflicts between PrEP and hormone therapy, and there is no reason why the drugs cannot be taken at the same time

### How can my patients pay for PrEP?<sup>3</sup>

- With or without health insurance, PrEP is generally affordable and accessible to anyone seeking a prescription
- A variety of co-pay assistance programs exist for people at various income levels who need help paying for the out-of-pocket costs of PrEP prescriptions
- Some states have their own payment assistance programs

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1. CDC. Last reviewed June 6, 2022. Accessed March 6, 2024. <https://www.cdc.gov/hiv/basics/prep/prep-effectiveness.html>  
2. CDC. Last reviewed June 6, 2022. Accessed March 6, 2024. <https://www.cdc.gov/hiv/basics/prep/continuing-prep.html>  
3. PrEP Daily. Updated August 17, 2020. Accessed March 8, 2024. <https://prepdaily.org/how-much-does-prep-cost/>



Commonly asked questions include:

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1. CDC. PrEP effectiveness. Last reviewed June 6, 2022. Accessed March 6, 2024. <https://www.cdc.gov/hiv/basics/prep/prep-effectiveness.html>
2. CDC. Continuing PrEP. Last reviewed June 6, 2022. Accessed March 6, 2024. <https://www.cdc.gov/hiv/basics/prep/continuing-prep.html>
3. PrEP Daily. How much does PrEP cost? Updated August 17, 2020. Accessed March 8, 2024. <https://prepdaily.org/how-much-does-prep-cost/>

## Key Terms to Remember

### Pre-exposure prophylaxis (PrEP)<sup>1</sup>

- Routinely taking antiretroviral medicine before exposure to HIV to help reduce the chances of getting HIV through sex

### PrEP persistence<sup>2</sup>

- PrEP use over time

### Treatment as prevention (TasP)<sup>3</sup>

- Taking HIV medicine to prevent the sexual transmission of HIV. It is one of the most highly effective options for preventing HIV transmission

### Undetectable=Untransmittable (U=U)<sup>4</sup>

- People with HIV who achieve and maintain an undetectable viral load for at least 6 months by taking antiretroviral therapy as prescribed cannot sexually transmit the virus to others

1. HIV.gov. Accessed March 8, 2024. <https://clinicalinfo.hiv.gov/en/glossary/pre-exposure-prophylaxis-prep>  
2. Laborde ND, et al. *AIDS Behav.* 2020;24(9):2509-2519. doi:10.1007/s10461-020-02807-3  
3. HIV.gov. Accessed March 8, 2024. <https://clinicalinfo.hiv.gov/en/glossary/treatment-prevention-tasp>  
4. HIV.gov. Updated February 27, 2024. Accessed March 27, 2024. <https://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-arv>

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2. Laborde ND, Kinley PM, Spinelli M, et al. Understanding PrEP persistence: provider and patient perspectives. *AIDS Behav.* 2020;24(9):2509-2519. doi:10.1007/s10461-020-02807-3
3. HIV.gov. HIV/AIDS glossary. Accessed March 8, 2024. <https://clinicalinfo.hiv.gov/en/glossary/treatment-prevention-tasp>
4. HIV.gov. Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents with HIV. Updated February 27, 2024. Accessed March 27, 2024. <https://clinicalinfo.hiv.gov/en/guidelines/adult-and-adolescent-arv>