

# Welcome

Office for State, Tribal, Local and Territorial Support  
*presents . . .*

## ***CDC Vital Signs***

### **Daily Pill Can Prevent HIV: Reaching People Who Could Benefit From PrEP**

**December 1, 2015**

**2:00–3:00 pm (EST)**



# Agenda

- |                |                                    |   |
|----------------|------------------------------------|---|
| <b>2:00 pm</b> | <b>Welcome &amp; Introductions</b> | <b>Dan Baden, MD</b><br>Senior Medical Advisor,<br>Office for State, Tribal, Local and Territorial Support, CDC   |
| <b>2:05 pm</b> | <b>Presentations</b>               | <b>Dawn Smith, MD, MPH, MS</b><br>Biomedical Interventions Activity Lead, Epidemiology Branch, Division<br>of HIV/AIDS Prevention, National Center for HIV/AIDS, Viral Hepatitis,<br>STD and TB Prevention, CDC<br><br><b>Howard A. Zucker, MD, JD</b><br>Commissioner, New York State Department of Health<br><br><b>Patrick Stonehouse, MS</b><br>Director of HIV Prevention, Chicago Department of Public Health |
| <b>2:30 pm</b> | <b>Q&amp;A and Discussion</b>      | <b>Dan Baden, MD</b>  |
| <b>2:55 pm</b> | <b>Wrap-up</b>                     |   |
| <b>3:00 pm</b> | <b>End of Call</b>                 |   |



**CDC Vital signs™ Teleconference**  
to support STLT efforts and build momentum around the monthly release of CDC *Vital Signs*



# A Daily Pill Can Prevent HIV: Reaching People Who Could Benefit From PrEP

**Dr. Dawn K. Smith**

Division of HIV/AIDS Prevention  
Centers for Disease Control and Prevention

## HIV Prevention Strategies

- Reducing viral suppression in persons living with HIV infection by combination antiretroviral treatment
- Condom use
- Reducing sharing of injection equipment by persons who inject drugs (PWID)
- Daily use of Preexposure prophylaxis (PrEP)
  - Reduces HIV risk by more than 90% from sex
  - Reduces HIV risk by more than 70% injection drug use
- Use of Postexposure prophylaxis (PEP)

## Indications for PrEP and Method for Estimation: Men Who Have Sex with Men (MSM)\*

Indications for PrEP in the 2014 guidelines	Method to estimate number of persons with indications for PrEP
Adult man	Man aged 18–59 years
Without acute or established HIV infection	Not known to be HIV-positive
Any male sex partner in past 6 months	Sex with two or more men in past 12 months
Not in a monogamous partnership with a recently tested, HIV-negative man	
AND at least one of the following:	AND at least one of the following:
Any anal sex without condoms (receptive or insertive in past 6 months)	Any reported condomless sex in past 12 months
Any sexually transmitted infection diagnosed or reported in past 6 months	Sexually transmitted infection diagnosis in past 12 months
Is in an ongoing sexual relationship with an HIV-positive partner	HIV status of partners could not be established

\*Based on the 2014 US Public Health Service guidelines and national-level surveys

# Indications for PrEP and Method for Estimation: Heterosexually active adults\*

Indications for PrEP in the 2014 guideline	Method to estimate number of persons with indications for PrEP
Adult person	Man or woman aged 18–59 years
Without acute or established HIV infection	Not known to be HIV positive
Any sex with opposite sex partner in past 6 months	Sex with two or more opposite sex partners in past 12 months
Not in a monogamous partnership with a recently tested, HIV-negative partner	
AND at least one of the following:	AND at least one of the following:
Infrequently uses condoms during sex with one or more partners of unknown HIV status who are known to be at substantial risk of HIV infection (person who injects drugs or bisexual male partner)	Any reported condomless sex in last 4 weeks AND sex with a partner who injects drugs OR, for females, sex with a bisexual male sex partner in past 12 months
Is in an ongoing sexual relationship with an HIV-positive partner	Sex with partner reported to be HIV-positive

\*Based on the 2014 US Public Health Service guidelines and national-level surveys

# Indications for PrEP and Method for Estimation: Persons who inject drugs\*

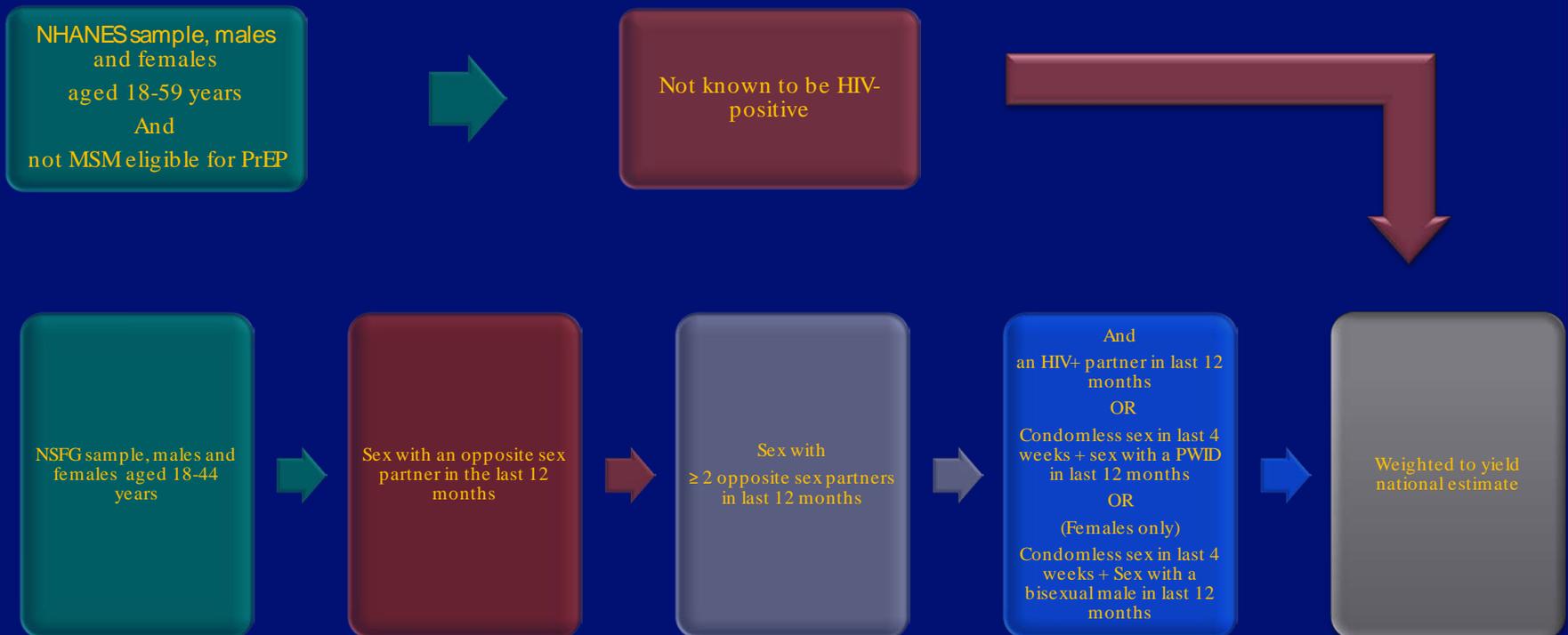
Indications for PrEP in the 2014 guideline	Method to estimate number of persons with indications for PrEP
Adult person	Man or woman aged $\geq 18$ years
Without acute or established HIV infection	HIV status could not be determined
Any injection of drugs not prescribed by a clinician in past 6 months	Any injection of heroin, methamphetamine, stimulants, or cocaine in past 12 months
AND at least one of the following	AND at least one of the following
Any sharing of injection or drug preparation equipment in past 6 months	Any reported injections with a needle used by someone else before them (other drug preparation equipment not included)
Been in a methadone, buprenorphine, or suboxone treatment program in past 6 months	Medication-based treatment history could not be assessed
Risk of sexual acquisition	Assessed using sexual risk indications

\*Based on the 2014 US Public Health Service guidelines and national-level surveys

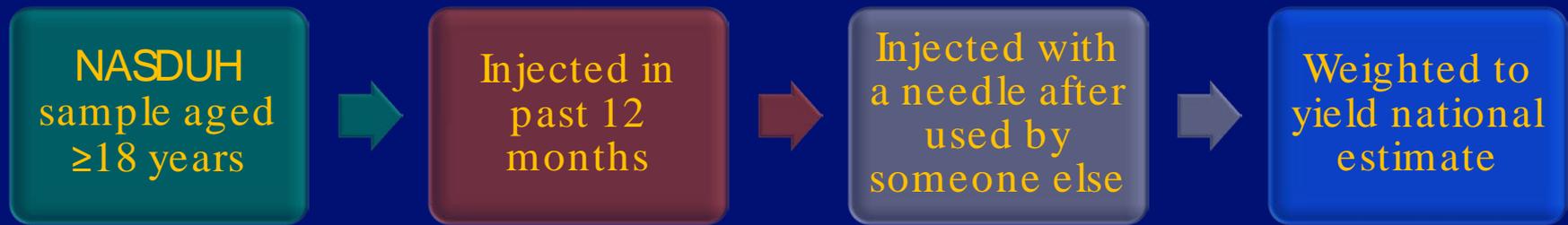
# Estimating Number of Sexually Active MSM with Indications for PrEP



# Estimating Number of Heterosexually Active Adults with Indications for PrEP



# Estimating Number of Persons Who Inject Drugs with Indications for PrEP



## Estimated Percentages and Number of Adults With Indications for PrEP, by Transmission Risk Group — United States, 2015

Transmission Risk Group	% with PrEP indications*	Estimated no.	(95% CI)
Men who have sex with men, aged 18–59 yrs	24.7	492,000	(212,000–772,000)
Adults who inject drugs, aged ≥18 yrs	18.5	115,000	(45,000–185,000)
Heterosexually active adults, aged 18–59 yrs	0.4	624,000	(404,000–846,000)
Men	0.2	157,000	(62,000–252,000)
Women	0.6	468,000	(274,000–662,000)
<b>Total</b>	—	<b>1,232,000</b>	<b>(661,000–1,803,000)</b>

**Abbreviation:** CI = confidence interval.

\* Percentage of all estimated persons in each transmission risk group and demographic subset with PrEP indications.

## Conclusions

- **Consistent with definitions in the 2014 US Public Health Service PrEP clinical practice guidelines**
  - The proportion and number of HIV-negative adults estimated to have indications for PrEP are:
    - One in four (492,000) sexually active men who have sex with men (MSM)
    - One in five (115,000) persons who inject drugs
    - One in 200 (624,000) heterosexually active adults
  - An estimated 1,232,000 adults in the United States have substantial risk for acquiring human immunodeficiency virus (HIV) infection.

## Conclusions

- **Reducing the number of new HIV infections in the United States can be accelerated by increasing the—**
  - Number of persons living with HIV infection who receive diagnoses and treatment to achieve viral suppression,
  - Number of persons at substantial risk for HIV infection who use PrEP, and
  - Use of other prevention strategies

## Health Care Providers Can—

- Test patients for HIV as a regular part of medical care
- Discuss HIV risks and continued use of prevention methods, including condom use, with all patients
- Follow the 2014 PrEP Clinical Practice Guidelines to:
  - Perform recommended tests
  - Prescribe PrEP to patients without HIV who could benefit
- Counsel patients who can benefit from PrEP on how to take it every day
- Help patients apply for insurance or other programs to pay for PrEP
- Schedule appointments for patients using PrEP
  - Every 3 months
  - Including repeat HIV tests and prescription refills

## State and Local Health Departments and Community Based Organization Can—

- Raise awareness about PrEP use
- Train health care providers
- Develop policies and procedures that will increase access to PrEP
- Monitor PrEP use among those at highest risk for HIV
- Educate people about risky sexual and drug use behaviors and ways to reduce their risk, including PrEP and how to get it

# Acknowledgements

- **Division of HIV/AIDS Prevention**

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- Richard Wolitski
- Jonathan Mermin

Note: The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.



# Supporting the Use of Preexposure Prophylaxis Against HIV in New York State

Howard A. Zucker, MD, JD

New York State Department of Health

Commissioner

# Key Events

- 2009
  - New York State Department of Health (NYSDOH) AIDS Institute forms workgroup to review biomedical interventions and coordinate activities
- 2011–2012
  - CDC publishes information and interim guidance on preexposure prophylaxis (PrEP)
  - Food and Drug Administration (FDA) approves Truvada® for PrEP
  - NYSDOH AIDS Institute drafts a strategic plan to promote PrEP
- 2014
  - NYSDOH AIDS Institute posts Guidance for the Use of Preexposure Prophylaxis (PrEP) to Prevent HIV Transmission
  - US Public Health Service issues clinical practice guidelines
  - New York state (NYS) governor announces Ending the AIDS Epidemic (ETE) initiative, highlighting use of PrEP

# NYSDOH AIDS Institute PrEP Strategic Plan

- Scientific groundwork
  - Develop guidance for NYS practitioners
  - PrEP guidelines for nonclinical providers
- Regulatory, policy, financial groundwork
  - PrEP Assistance Program for uninsured and underinsured
  - Convene Ending the AIDS Epidemic initiative task force
  - Work with the state Medicaid to cover PrEP and PrEP-related services

# NYSDOH AIDS Institute PrEP Strategic Plan

- Stakeholder and infrastructure groundwork
  - Statewide promotion of PrEP through gay pride activities
  - Post content related to PrEP and postexposure prophylaxis (PEP) to website
  - Include access and adherence to PrEP as fundable services in requests for applications for grant-funded programs
  - Work with ETE Task Force to include PrEP in state “Blueprint”

# NYSDOH AIDS Institute PrEP Strategic Plan

- PrEP service delivery
  - Establish 24/7 toll-free phone service for clinicians
  - Enhance state contracts with clinics to hire an on-site PrEP specialist
  - Contract with clinics serving high numbers of transgender persons and young men who have sex with men
  - Conduct pilot projects in several hospital and community-based clinics to increase access and adherence to PrEP
  - Issue request for applications by end of 2015 in the amount of \$3 million to support plan

# NYSDOH AIDS Institute PrEP Strategic Plan

- PrEP service delivery (continued)
  - In partnership and with support of the New York City Department of Health and Mental Hygiene:
    - PrEP and PEP directories posted to websites
    - Adapt city's PrEP toolkit for use in localities outside NYC

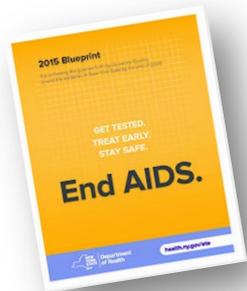
# Ending AIDS as an Epidemic in New York

## Goal

**Reduce from 3,000 to 750 new HIV infections per year by the end of 2020.**

### Three-Point Plan

1. Identify all persons with HIV who remain undiagnosed and link them to health care
2. Link and retain those with HIV in health care, to treat them with anti-HIV therapy to maximize virus suppression so they remain healthy and prevent further transmission
3. Provide preexposure prophylaxis for persons who engage in high risk behaviors to keep them HIV negative



<https://health.ny.gov/EndingtheEpidemic>

<http://ETEdashboardNY.org>



## Use of PrEP by Medicaid Recipients 2012–2015

- July 1, 2012–June 30, 2013
  - 259 recipients
- July 1, 2013–June 30, 2014
  - 303 recipients (17.0% increase)
- July 1, 2014–June 30, 2015
  - 1,330 recipients (338.9% increase)
- Through September 30, 2015
  - An additional 357 recipients



## Use of PrEP by Medicaid Recipients 2012–2015

- Between July 2012 and September 2015
  - 2,065 recipients filled at least one prescription for PrEP
    - 81% enrolled in Medicaid managed care plans
    - 81% reside in New York City
    - 74% are male
    - 86% between 18–49 years of age
    - 39% white, 19% African-American
      - However, race/ethnicity not reliably/accurately reported in Medicaid data

# Use of PEP by Medicaid Recipients 2012–2015

- Between July 2012 and September 2015
  - 3,026 recipients filled prescriptions for PEP
    - 82% enrolled in Medicaid managed care plans
    - 72% reside in New York City
    - 55% are female
    - 78% between 18–49 years of age
    - 34% white, 27% African-American
      - However, race/ethnicity not reliably/accurately reported in Medicaid data



## In conclusion...

- Use of PrEP increased among Medicaid recipients more than fivefold between July 1, 2012 and September 30, 2015
  - Through Sept. 2015, >2,000 Medicaid recipients filled at least one prescription for PrEP
- Recipients on PrEP mostly male, under age 50, and white
- New York continues to promote use of PrEP by increasing both
  - Client awareness, access, and adherence
  - Provider knowledge and the number of providers prescribing PrEP



# Contact Information

**Howard.Zucker@health.ny.gov**



# PrEP efforts in Chicago

Patrick Stonehouse

Director of HIV Prevention

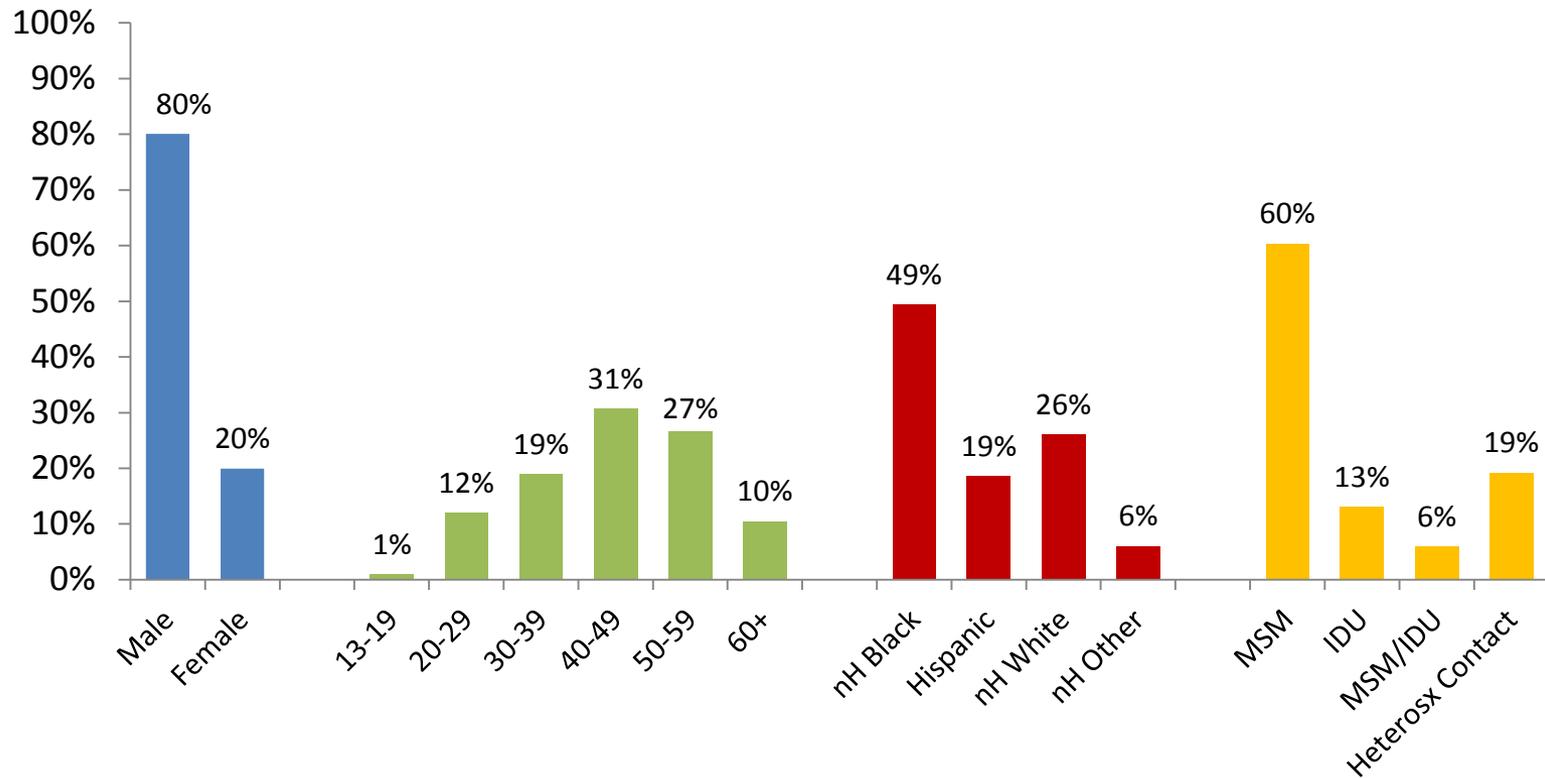
Chicago Department of Public Health- STI/HIV Bureau



# Overview

- Quick look at HIV in Chicago
  - What we've done
  - What we're about to do

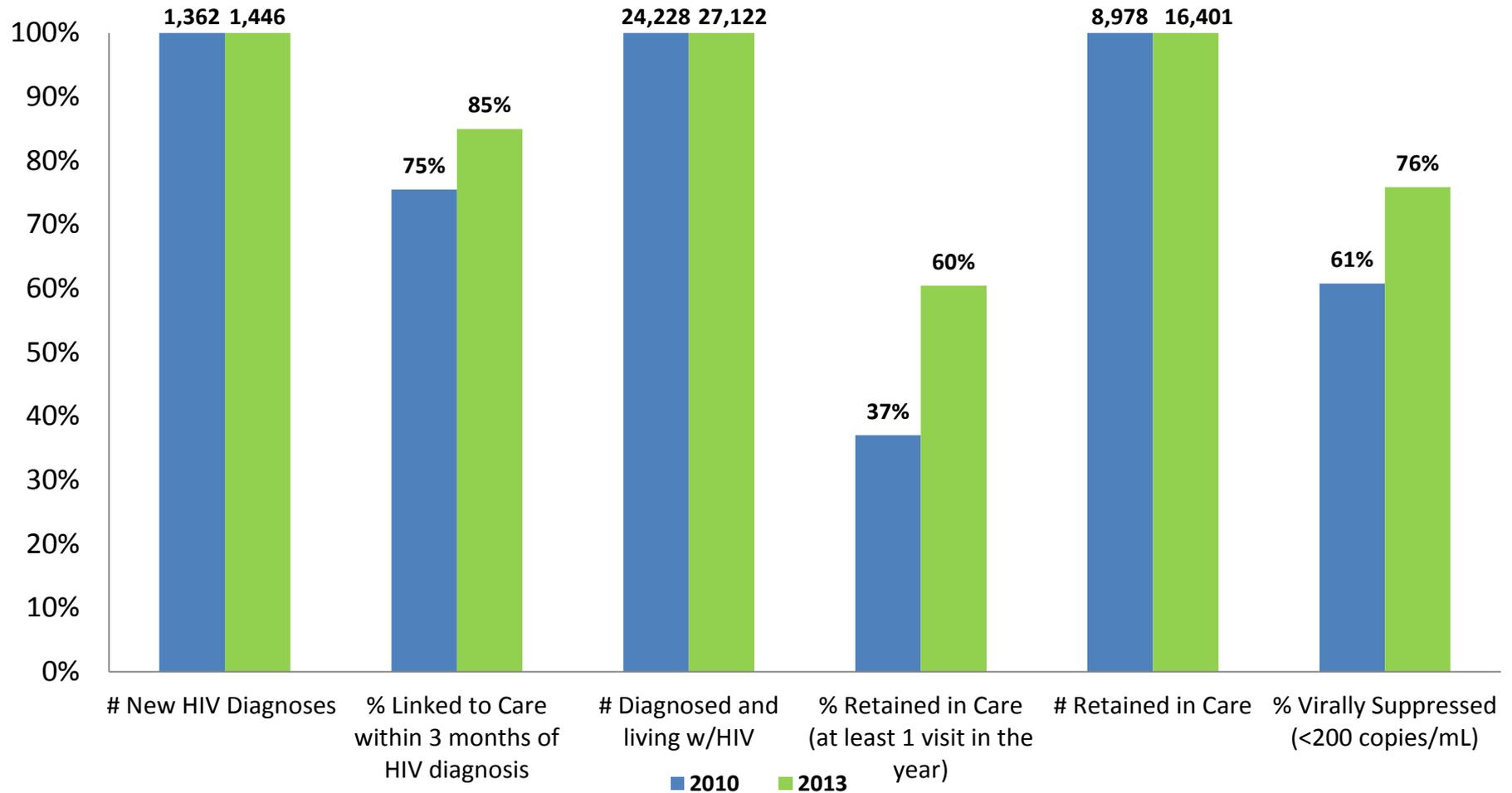
# People Living with HIV/AIDS by Select Characteristics, Chicago EMA, 2013



People Living with HIV/AIDS in 2013 = 28,468



# Chicago EMA HIV Continuum Outcomes, 2010 and 2013



## Inclusion of PrEP related questions in NHBS

	2014 Black (n=77)	2014 White (n=261)	2014 Hispanic (n=95)	2014 Asian PI AI/AN (n=15)	2011 Black (n=150)	2011 White (n=233)	2011 Hispanic (n=126)
Ever heard of PrEP	41 53.3%	138 53%	61 64.2%	12 80%	48 32%	89 38%	29 23%
Taken PrEP	1 2.44%	21 10.5%	6 9.8%	0	0	2 1%	2 2%
Willing to take PrEP	41 56.9%	119 52.9%	58 68.2%	7 58.3%	87 58%	116 50%	67 53%



## Community Partnerships

- Chicago Area HIV Integrated Planning Council
- Black Treatment Awareness Network
- Westside HIV/AIDS Resource Providers
- Southside HIV/AIDS Resource Providers
- Meningitis Outbreak Response
- Chicago PrEP Working Group
- Delegate agency meetings



## Barriers to PrEP

- Individual level
- Community-based organization
- Medical providers



## Marketing Campaigns

Chicago PrEP Working Group—Passionate, sensual, sex positive. Not based on fear or shame. Involving community members in the design and implementation of the materials.

CDPH—Based on the transtheoretical model, this campaign will consist of messages designed to move young men of color who have sex with men, and young transgender individuals of color, along the stages of change continuum toward increased access and efficacy related to PrEP and control of their health situation.



## Current CDPH-Supported PrEP Efforts

In January of 2015, CDPH funded three PrEP demonstration projects, supported by an external evaluator, to implement three different strategies in three different parts of the city:

University of Chicago—Operating on the south side of Chicago. This project focuses on black men who have sex with men, black high-risk heterosexual women, and black transgender women.

The CORE Foundation—Operating on the near-west side of Chicago, this PrEP clinic operates out of Stroger Hospital, focusing on black men who have sex with men (13 through 29) and Latino men who have sex with men (20-29).

Howard Brown Health Center—Operating on the north side of the city, this PrEP case management program focuses on all transgender women and all men who have sex with men.

CDPH funded these three proposals out of seven applications. Of the four non-funded proposals, all but one of them was a community-based organization referring PrEP eligible clients to one of the three funded proposals.



## CDPH STI Specialty Care Clinics

In September of 2014, CDPH STI Specialty Clinics implemented an active referral to PrEP program connecting eligible individuals attending the Lakeview Clinic on the north side of the city, to Howard Brown Health Center's PrEP program, also on the north side of the city.

Eligibility: High-risk men who have sex with men

Structure of the active referrals: Contacted by a service navigator within 72 hours. Of the 52 patients who accepted a PrEP active referral, 1/3 (17) were linked to PrEP and prescribed medication.

Expansion:

- Now, all five CDPH STI Specialty Care Clinics have implemented active referral programs
- As the five CDPH STI Specialty Care Clinics are placed all over the city, more referral locations have been developed
- Now, all high-risk individuals accessing STI screening and/or treatment at the CDPH STI Specialty Care Clinics are eligible for active PrEP referral
- Partner Services PrEP Protocol



## PS15-1506

CDPH received a \$3.02 million grant from the CDC. Of that, \$2.26 million will go to expanding PrEP access and supports in the city of Chicago

- Increasing supports within CDPH STI Specialty Clinics
  - Three PrEP Support Navigators, one at each of the full-time STI Clinics
- Funding opportunity for six programs
  - Partnerships between CBO and medical facility
  - Both partners should be physically located on the south or west sides of the city
  - Peer navigator programs
  - Health disparities
  - 4<sup>th</sup> generation testing
  - Social Networking Strategy
- Trainings
  - Community Partners
  - Medical Providers



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# CDC *Vital Signs* Electronic Media Resources

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<http://tools.cdc.gov/syndication/search.aspx?searchURL=www.cdc.gov%2fvitalsigns>

*Vital Signs* interactive buttons and banners—

<http://www.cdc.gov/socialmedia/tools/buttons/vitalsigns/index.html>

# Prevention Status Reports

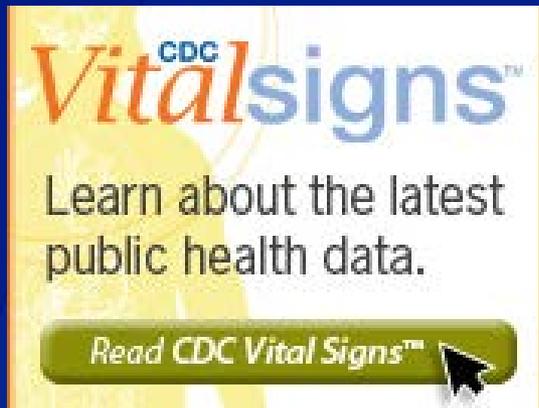
- The Prevention Status Reports (PSRs) highlight—for all 50 states and the District of Columbia—the status of public health policies and practices designed to prevent or reduce 10 important public health problems.

Topics	
 Excessive Alcohol Use	 Motor Vehicle Injuries
 Food Safety	 Nutrition, Physical Activity, and Obesity
 Healthcare-Associated Infections	 Prescription Drug Overdose
 Heart Disease and Stroke	 Teen Pregnancy
 HIV	 Tobacco Use

[www.cdc.gov/psr/](http://www.cdc.gov/psr/)

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[OSTLTSFeedback@cdc.gov](mailto:OSTLTSFeedback@cdc.gov)



Please mark your calendars for the next  
***Vital Signs Town Hall Teleconference***

**January 12, 2016**

**2:00–3:00 pm (EST)**

**For more information, please contact Centers for Disease Control and Prevention.**

1600 Clifton Road NE, Atlanta, GA 30333  
Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348  
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The findings and conclusions in this presentation are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

