

# PrEP-Optimization Intervention (PrEP-OI)



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# Disclosure

- Nothing to disclose
- Funding for this project is from NINR (R01NR017573)

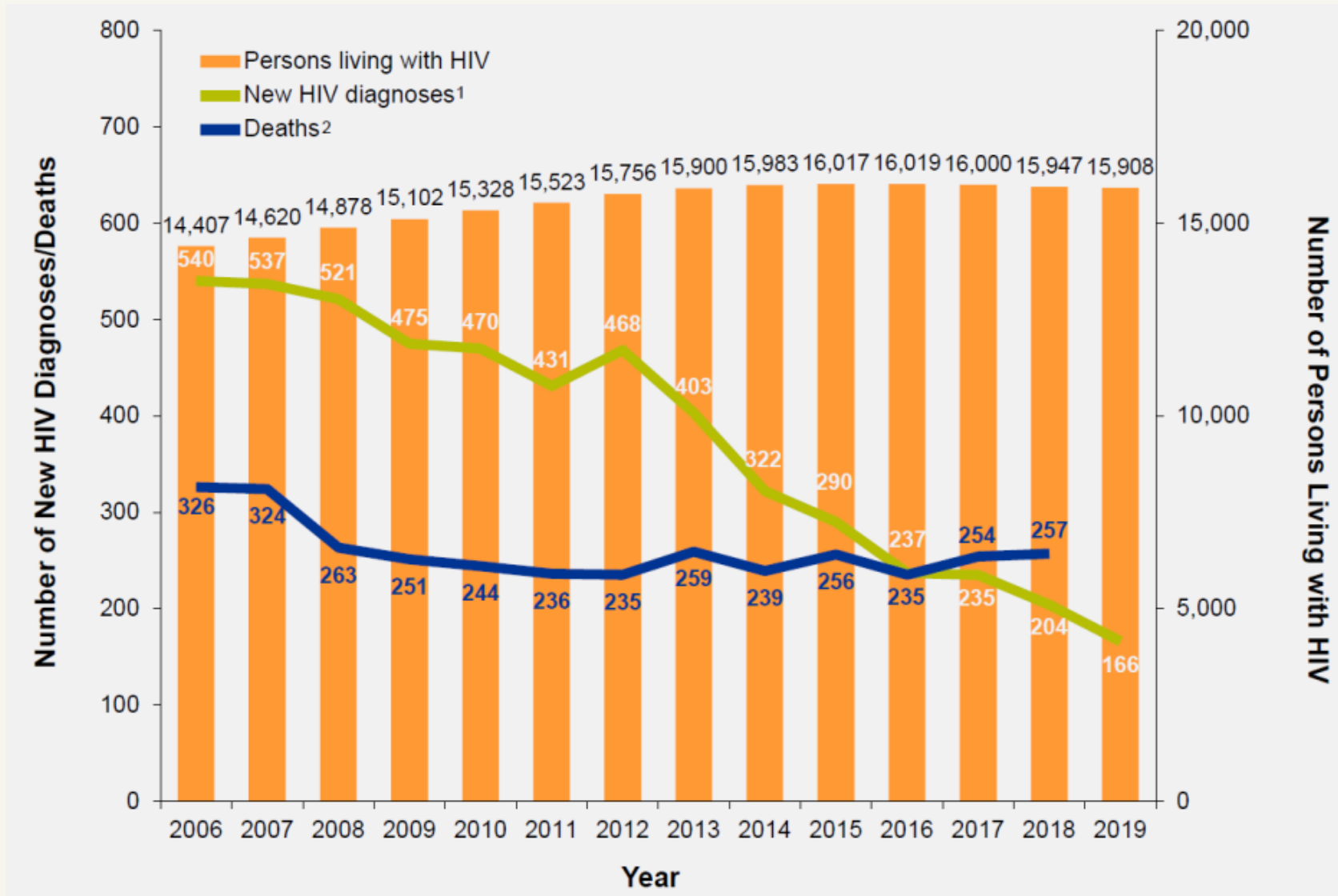


# Objectives

1. Review trends for HIV pre-exposure prophylaxis (PrEP) use in the US.
2. Review PrEP-OI study aims and intervention details.
3. Present qualitative data.
4. Provide study updates post pandemic.
5. Discuss practice transformation & sustainability.



# Encouraging Trends among PLWH & New Diagnoses





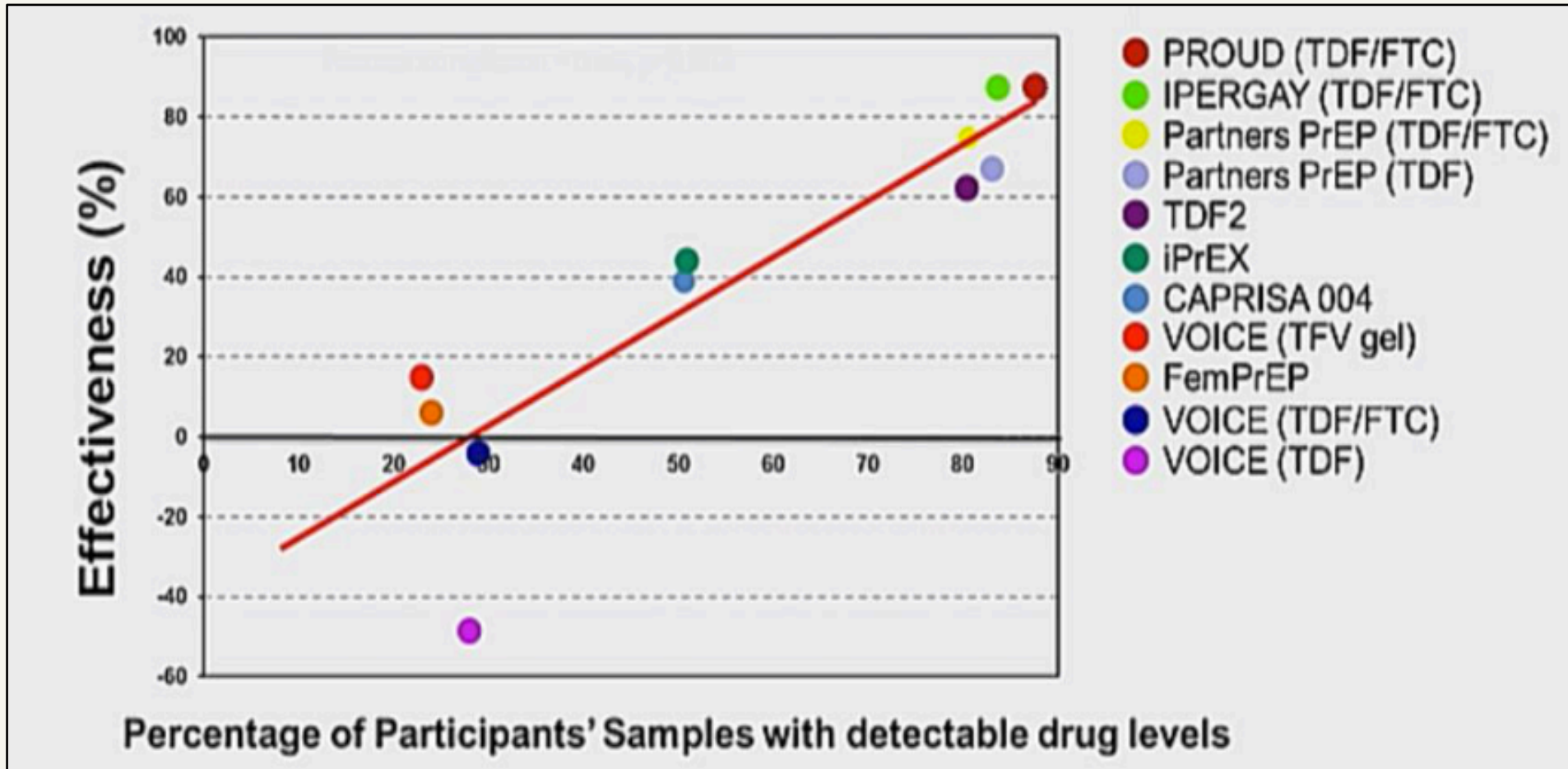
# What is PrEP?



- PrEP is a once-daily pill for HIV sero-negative adults & adolescents that can help prevent HIV infection.
- PrEP is FDA approved as combination, fixed-dose antiretroviral medication called Truvada<sup>®</sup> (TDF/FTC) or Descovy<sup>®</sup> (TAF/FTC).



# Effectiveness of Daily TDF/FTC in Clinical Trials

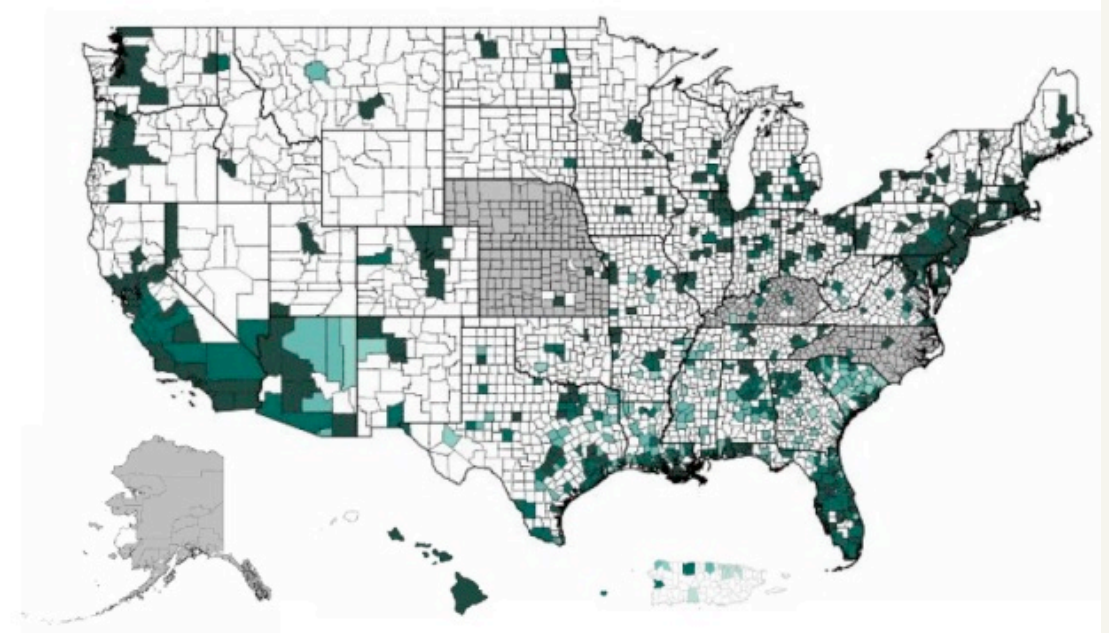
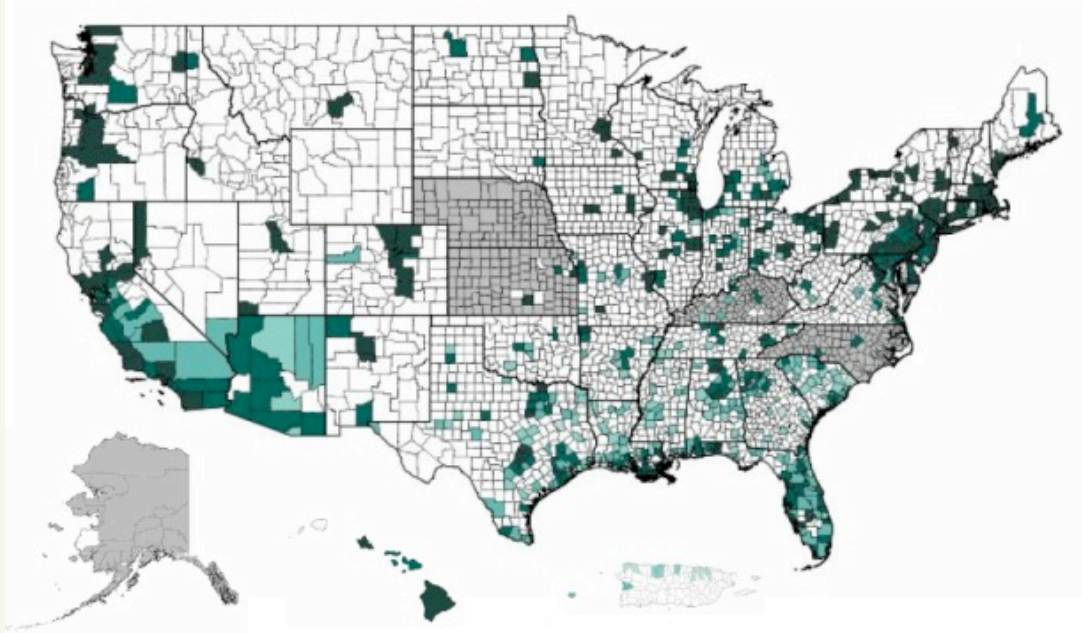




# PrEP-to-Need Ratio, 2018

2017

2018



PrEP-to-Need Ratio (PnR, or the number of PrEP users to the number of people newly diagnosed with HIV), 2017 vs 2018

0.00 - 0.60

0.61 - 1.17

1.18 - 2.05

2.06 - 3.86

3.87+



# PrEP is Straightforward if...

- Provider
  - Is knowledgeable about PrEP
  - Asks about sex or drug use in a non-judgmental way
  - Figures out insurance coverage or patient assistant program
  - Q3m requests labs for safety & STIs & checks in with patient re: adherence, AEs, risk reduction
- Patient has
  - CrCl  $\geq$  30 mL/min
  - No history of kidney disease, uncontrolled HTN, DM, or other risk factors for kidney disease
  - No history of osteopenia/osteoporosis
  - HBsAg negative
  - (relatively) adherent





# Background

- CDC: ~1.2 million individuals had PrEP indication in 2018
  - PrEP coverage was 9% in 2016 & increased to 18% in 2018
  - PrEP coverage low in younger persons (16–24 years) vs. other age groups, & racial/ethnic & geographic disparities in PrEP prescription exist
- Barriers: lack of provider knowledge & willingness to prescribe PrEP
- Priority steps: need for ↑ PrEP knowledge among providers & ↑ interventions to facilitate PrEP delivery in clinics



# PrEP Optimization Intervention

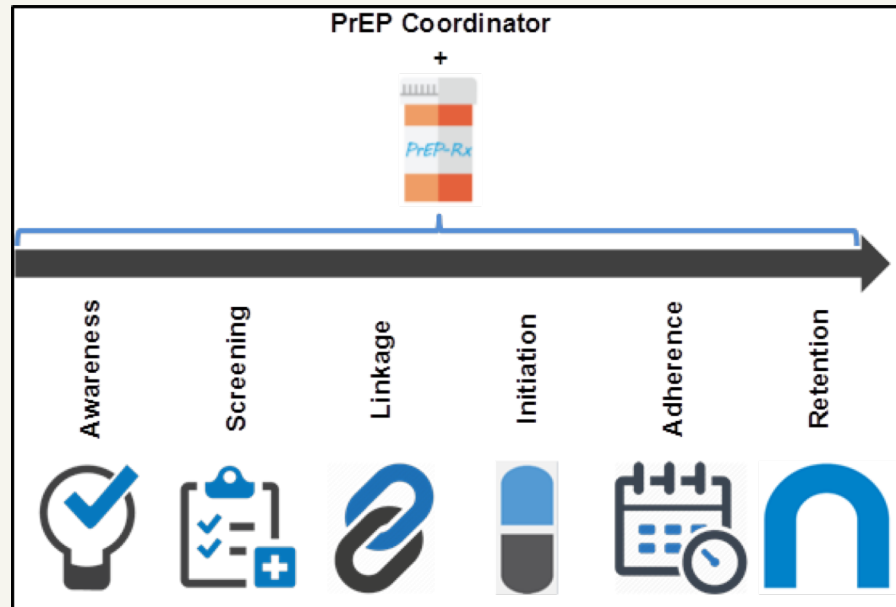
**Goal:** PrEP-OI is targeted at providers to ↑ PrEP uptake & persistence.

- 1. PrEP Coordinator (PC):** identifies those at high risk for HIV & supports multiple providers in coordinating PrEP-related care.
- 2. PrEP-Rx:** a web-based panel management tool that provides a HIV risk assessment, automated reminders for labs & appointments, & reports on patients' history of PrEP use.



# PrEP-OI

**Primary Aim:** Evaluate efficacy of PrEP-OI to **↑PrEP prescriptions** in a stepped-wedge design among 10 primary care SFDPH clinical sites.





# PrEP-OI

## Secondary Aims:

- Explore differences in PrEP initiation, duration of use, & reasons for discontinuation based on patient's age, race/ethnicity, & sex/gender, & by clinic & provider characteristics among study clinics.
- Explore sustainability of the intervention during an 12-month follow-up after the Stepped-wedge Phase.
- Investigate facilitators & barriers of PrEP delivery & experiences with the proposed PrEP intervention through qualitative interviews with providers & clinic directors of study clinics.

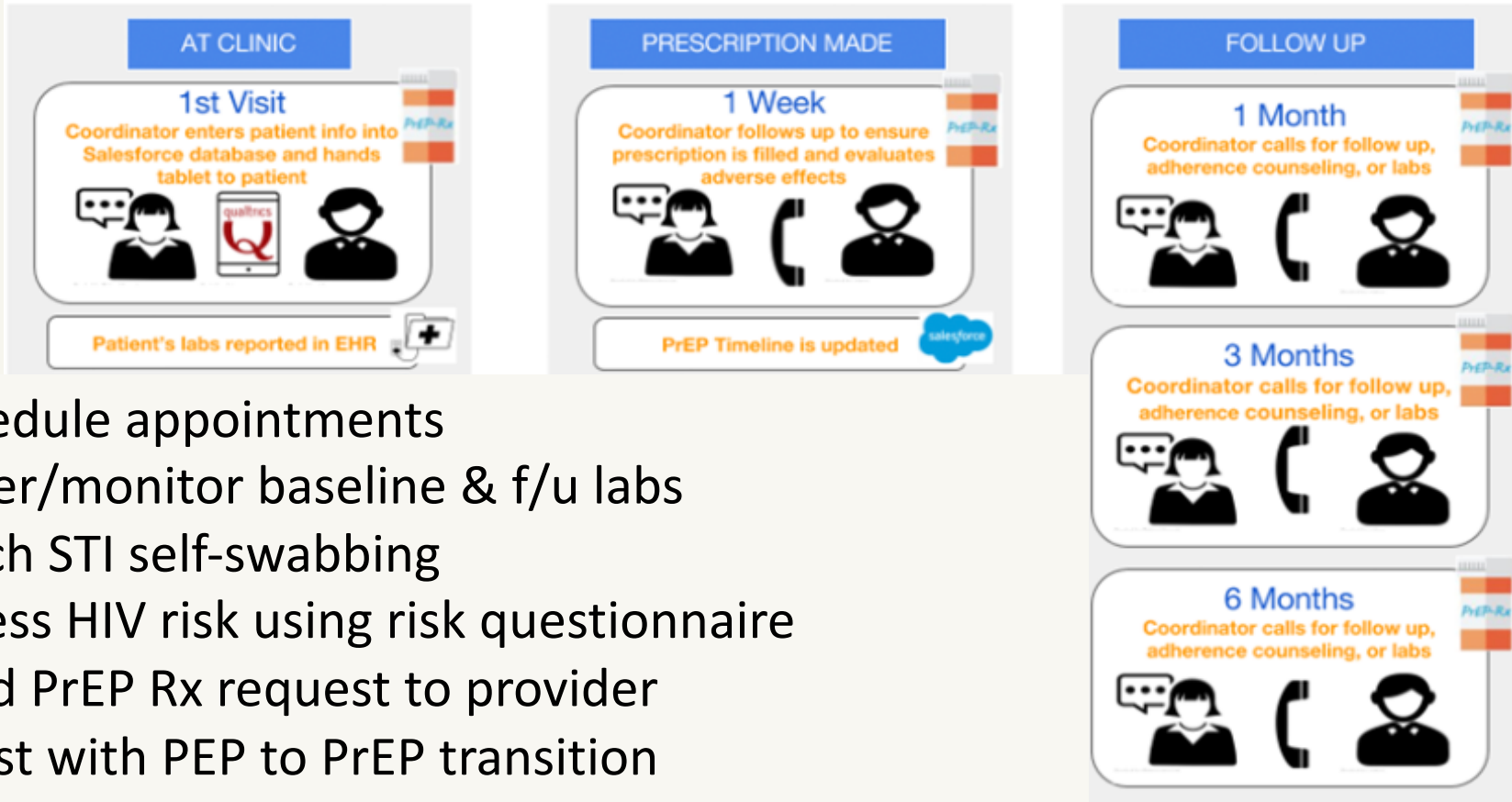


# PrEP Coordinator's Role

- Identify those who tested + for STIs or referred for PrEP start
- Evaluate patient's HIV risk
- Assess need for PEP
- Assist with PEP to PrEP transitions
- Educate on HIV risk reduction strategies
- Conduct baseline & quarterly lab tests & follow-ups visits
- Educate patients on STI self-swabbing
- Assess medical insurance coverage for PrEP & complete PA or PAP forms
- Counsel patients on PrEP initiation & persistence
- Provide PrEP adherence counseling
- Send PrEP prescription to provider for signature
- Communicate patient's questions, side effects, & progress with provider
- Educate providers & patients on new PrEP meds or dosing strategies



# PrEP Coordinator's Role



- Schedule appointments
- Order/monitor baseline & f/u labs
- Teach STI self-swabbing
- Assess HIV risk using risk questionnaire
- Send PrEP Rx request to provider
- Assist with PEP to PrEP transition
- Provide:
  - Adherence counseling
  - Insurance navigation
  - On-going PrEP support for patients & providers




# PrEP-Rx's Role

- Tool to create efficient workflow for PCs
- Created using a HIPAA-compliant Salesforce platform & iteratively refined with help of PCs
- 3 main features:
  1. Comprehensive self-administered HIV risk assessment **survey**
  2. Automated **reminders** to PCs for lab monitoring, follow-up visits for adherence, side effect, & risk reduction counseling
    - List of questions for PCs to ascertain at PrEP initiation & follow-ups
  3. PrEP **timeline** for each patient to allow PCs & providers to see patient's PrEP use history & upcoming visits in one snapshot




# PrEP Coordinator View

 Patient **Mauricio Perez** Edit Delete


MRN	DOB (Age)	Clinic	Provider
213312312	8/28/1986 (31)	Ward 86	<a href="#">Oliver Bacon</a>

**PATIENT DETAILS** RELATED

- > Demographic Information
- > Contact Information
- > Risks Information
- > Patient Consultation Responses
- > Patient Consultation Checklist
- > Follow-up Consultation

 PrEP Prescribed Date: Aug 27, 2017

TIMELINE START DATE: AUG 27, 2017  
TIMELINE END DATE:

 Create Survey

Survey Name  Create

**ACTIVITY**





# PrEP Coordinator Consultation Checklist

## ▼ Patient Consultation Responses

What are you hoping PrEP will do? ⓘ

\_\_\_\_\_ ✎

What are your questions about PrEP?

\_\_\_\_\_ ✎

Methods to reduce HIV risk? ⓘ

\_\_\_\_\_ ✎

Have you ever taken daily meds before? ⓘ

\_\_\_\_\_ ✎

How often can I check in with you? ⓘ

\_\_\_\_\_ ✎

Things that prevent daily med-taking? ⓘ

\_\_\_\_\_ ✎

## ▼ Patient Consultation Checklist

PrEP Indication

\_\_\_\_\_ ✎

PrEP Daily Dosing

\_\_\_\_\_ ✎

PrEP Adherence

\_\_\_\_\_ ✎

PrEP Side effects

\_\_\_\_\_ ✎

Time it takes to reach protective levels

\_\_\_\_\_ ✎

Discussing PrEP with others

\_\_\_\_\_ ✎

Plan if dose missed or discontinued

\_\_\_\_\_ ✎

Safe storage plan

\_\_\_\_\_ ✎

Follow-up plan

\_\_\_\_\_ ✎



# PrEP Referral & Initiation

## Patient Referred to PrEP Coordinator:

1. Referred by clinician or clinic staff
2. Self-referral or current PrEP patient
3. Previously on PrEP or STI registry

↓

## Consultation with PrEP Coordinator

Rx →

↓

## PrEP Initiations by PrEP Coordinator

↓

## 1 Week Follow-Up

↓

## 1 Month Follow-Up

↓

## 3, 6, 9, ... Month Follow-Ups



# Study Clinics & Design

- 12 SFDPH primary care clinics (3 clinics under 1 admin with overlapping providers & services grouped together for total of **10 clinical sites**)
- Clinics randomized to start intervention on a monthly basis starting 11/2018 using a stepped-wedge design; all clinics randomized by 9/2019
- Then continued intervention for 1 year follow-up phase (9/30/2020)

Sites	Time (months)													
	Prerandomisation			Stepped-wedge						Follow-up				
	-3	-2	-1	0	1	2	...	10	1	2	3	...	12	
1	C	C	C	A	A	A	A	A	A	A	A	A	A	A
2	C	C	C	C	A	A	A	A	A	A	A	A	A	A
3	C	C	C	C	C	A	A	A	A	A	A	A	A	A
...	C	C	C	C	C	C	A	A	A	A	A	A	A	A
10	C	C	C	C	C	C	C	A	A	A	A	A	A	A



# Qualitative Study

- 11/20/19–2/7/20
- Qualitative interviews w/providers (N=24), discussion w/medical directors (N=10), survey w/providers (N=110)
- Barriers before study:
  - Clinic-level:
    - Shortage of clinical space, language barriers, limited lab hours, limited provider time
  - Provider-level:
    - Lack of education
    - Reservations about asking patients' sex practices, sexual partners' HIV status, & initiation of conversations around PrEP

Saberi P, Ming K, Scott HM, Liu A, Steward WT. (2020). "You can't have a PrEP program without a PrEP Coordinator": Implementation of a PrEP panel management intervention. PLOS ONE.



# Qualitative Study

- Noted changes after intervention initiation:
  - Improved entire PrEP care continuum from uptake to persistence
  - ↑ provider perceptions of efficiency, capacity, & capability to prescribe & manage
  - Engage patients in other primary care services (e.g., vaccinations)
  - ↑ provider comfort with ↑ thorough sexual health history taking, & STI testing
- Requested:
  - ↑ PC's work hours & scope of work; ↑ responsibilities of PC to taking a status neutral approach to HIV treatment & prevention
  - Continuing education for provider, staff, & patients



# Optimize EHR to ↑ PrEP Referrals & Education

- Normalize PrEP & ↓ PrEP stigma by universally asking all patients about desire to ↓ HIV risk: “are you interested in hearing more about a pill that can prevent HIV?”
- No need for “PrEP clinic” (should be part of general care & offered by all providers)
- Dot-phrases incorporated into existing or new ones (reminders to ask all)
- PrEP basics & dosing strategies graphics in different languages in EHR (can be included in after-visit summary)
- Optimal ways of reviewing STI registries to capture those who have recently tested positive for STI
- Youth-friendly counseling points: how to pick up & refill PrEP, contact PC & clinic for challenges



# PrEP-OI & SARS-CoV-2

- PrEP-OI already set up for remote delivery of services through telehealth & text messaging.
  - Allowed PrEP Coordinators to work remotely
  - Reduced patient visits to clinics
  - Allowed for continuous support & check-ins for patients
    - needing refills
    - experiencing adverse effects or symptoms of STIs
    - requiring counseling on dosing strategies (vs. discontinuation)



# PrEP-OI & SARS-CoV-2 (3/20/2020)

- **PrEP “essential” in-person visits include:**
  - PrEP initiation (baseline) labs
  - PrEP follow-up labs, if the patient has not completed labs in 6+ months
  - Side effects or STI symptoms
  - Flu-like symptoms which could indicate acute HIV or COVID-19
- **Protocol for follow-up labs & refills:**
  - If patient has been adherent to PrEP, has regularly come in for labs, & is not reporting any signs of acute HIV: skip quarterly labs & request a refill for 3 months.
  - If patient has had trouble with PrEP adherence or labs, but is not reporting any signs of acute HIV: delay quarterly labs & request a refill for 1 month.
  - If the patient reports signs of acute HIV or requests to come in for labs: coordinate with provider about how to proceed.





# CDC “Dear Colleague” Letter (5/15/2020)



You are subscribed to HIV in the United States: What's New from the [Division of HIV/AIDS Prevention](#)

May 15, 2020

## Additional Resources:

Dear Colleague,

The Centers for Disease Control and Prevention (CDC) understands that its partners in HIV prevention are facing unprecedented challenges and demands as we continue to battle the COVID-19 pandemic together. While some clinics and HIV prevention providers have adapted to changing circumstances by offering expanded phone triage and telehealth services, other clinics that provide pre-exposure

[Let's Stop HIV Together Web](#)

[Let's Stop HIV Together Instagram](#)

[CDC HIV Web](#)

[CDC HIV Facebook](#)

[https://www.cdc.gov/nchstp/dear\\_colleague/2020/dcl-051520-PrEP-during-COVID-19.html](https://www.cdc.gov/nchstp/dear_colleague/2020/dcl-051520-PrEP-during-COVID-19.html)



# PrEP Use During Pandemic (N= 106)

Question	Response	N (%)
<b>What challenges have you encountered related to your PrEP medication within the past month?</b>	Lab tests	27 (25.5)
	Refills	20 (18.9)
	No appointments available	18 (17.0)
	Communication with medical provider	12 (11.3)
	I haven't experienced challenges	60 (56.6)
	<b>How has your city's new Coronavirus policies affected how you seek out romantic and/or sexual partners?</b>	Completely stopped sexual encounters
Exclusively meeting with previous or known partners		23 (21.7)
Having sex less frequent and with caution		18 (17.0)
Unaffected by policies		12 (11.3)
Sharing online content (messages, photos, & videos)		10 (9.4)
No response		3 (2.8)



# PrEP-OI & SARS-CoV-2

- Counsel MSM & TWGM on PrEP 2-1-1 dosing strategy
- Notify MSM & TWGM wanting to discontinue PrEP that they can use 2-1-1 dosing in case of future sexual encounters

### HOW TO TAKE: PrEP 2-1-1 FOR ANAL SEX

**Before Sex**

- Take 2 PrEP tablets at least 2 hours and not more than 24 hours before sex.

**After Sex**

- Take 1 PrEP tablet 24 hours after the 1<sup>st</sup> 2 tablets, then 1 PrEP tablet every 24 hours until 2 days after sex. Sunday is the last "sex day," so PrEP should be taken before Sunday.

**Example 1: One Sex Encounter**

**Example 2: Multiple Sex Encounters**

**A FEW IMPORTANT POINTS...**

- Use PrEP 2-1-1 with all sexual encounters. **Do not pick and choose** when to use PrEP.
- Take the tablets around the same time each day (+/- 2 hours).
- Switch to daily PrEP dosing whenever you want to if that is a better option for you.
- If you're unsure when to stop or miss a dose, continue taking PrEP and contact your PrEP Coordinator/provider for support, or go to urgent care if necessary.

### CÓMO TOMAR: PrEP 2-1-1 PARA SEXO ANAL

**Antes del sexo**

- Tome 2 comprimidos de PrEP al menos 2 horas y no más de 24 horas antes del sexo.

**Después del sexo**

- Tome 1 comprimido de PrEP 24 horas después de los 2 primeros comprimidos, después 1 comprimido de PrEP 48 horas después de los 2 primeros comprimidos.
- Siga tomando 1 comprimido de PrEP cada 24 horas hasta 2 días después del último "día de sexo". (En el ejemplo 2, el domingo es el último "día de sexo", por lo que la PrEP debe tomarse hasta el martes)

**Ejemplo 1: Un encuentro sexual**

**Ejemplo 2: Múltiples encuentros sexuales**

**ALGUNOS PUNTOS IMPORTANTES...**

- Si hay **menos de 7 días** entre el final de un periodo de dosificación de 2-1-1 y el comienzo de otro, solo tendrá que tomar 1 solo comprimido de PrEP cuando vuelva a empezar.
- Si hay **7 o más días** desde la última dosis de PrEP 2-1-1, comience de nuevo con 2 comprimidos de PrEP.

Saberi P, Scott HM. (2020). On-Demand Oral Pre-exposure Prophylaxis with Tenofovir/Emtricitabine: What Every Clinician Needs to Know. *JGIM*.



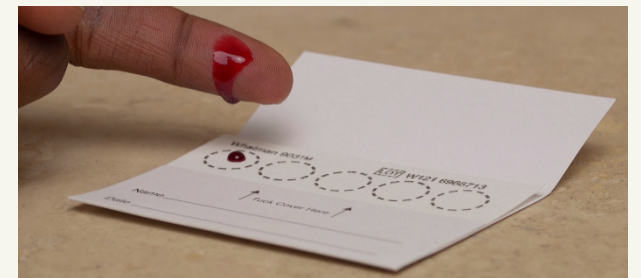
# COVID-19 Administrative Supplement

- Due to the pandemic, many clinics & labs had closed or had limited hours of operation & many patients were reluctant to go to medical establishments for fear of exposure.
- **Study aim:** Examine the feasibility & acceptability of conducting home-based HIV PrEP & SARS-CoV-2 laboratory testing among patients on PrEP in SFDPH primary care clinics.



# COVID-19 Administrative Supplement

- N= 100 patients on PrEP covered by the PrEP-OI study
- Molecular Testing Labs
  - ~5 drops of blood on Whatman® dried blood spot card (for 4<sup>th</sup> generation HIV antibody/antigen test, Scr, HBV, HCV, syphilis, SARS-CoV-2 antibody, & pregnancy, as needed)
  - 3-site STI swabbing (for oropharyngeal, rectal, & urine GC/CT)
  - Nasal swabbing for SARS-CoV-2 PCR





# Feasibility, Acceptability, & Benchmarks

Feasibility	Definition	Benchmark
	Mean length of time to recruit participants	Mean duration of $\leq 6$ months
	# of recruited participants	$\leq 90\%$ of 100 expected (i.e., 90 participants)
	# of participants who mail back home-based kit	$\leq 90\%$ of recruited participants (i.e., 81 participants)
	# of appropriately conducted lab tests	$\leq 90\%$ of who mail back kit (i.e., 73 participants)
	Mean number of days between kit mail-out until kit receipt by Molecular Testing Labs	Mean of 7 business days from mail-out to receipt
Acceptability	Measure	Benchmark
	Satisfaction survey	$> 80\%$ “extremely - very satisfied” with overall home-based lab test
		$> 80\%$ “extremely - very likely” to use home-based lab test kits if offered as part of regular clinical service
		$> 80\%$ “extremely - very likely” to recommend this lab testing method to a friend
	System Usability Scale (SUS)	Score $> 80$
	Qualitative interviews (N= 30)	Reasons for wanting or not wanting to participate, facilitators & barriers to participating, any modifications to the current testing kits to improve user experience

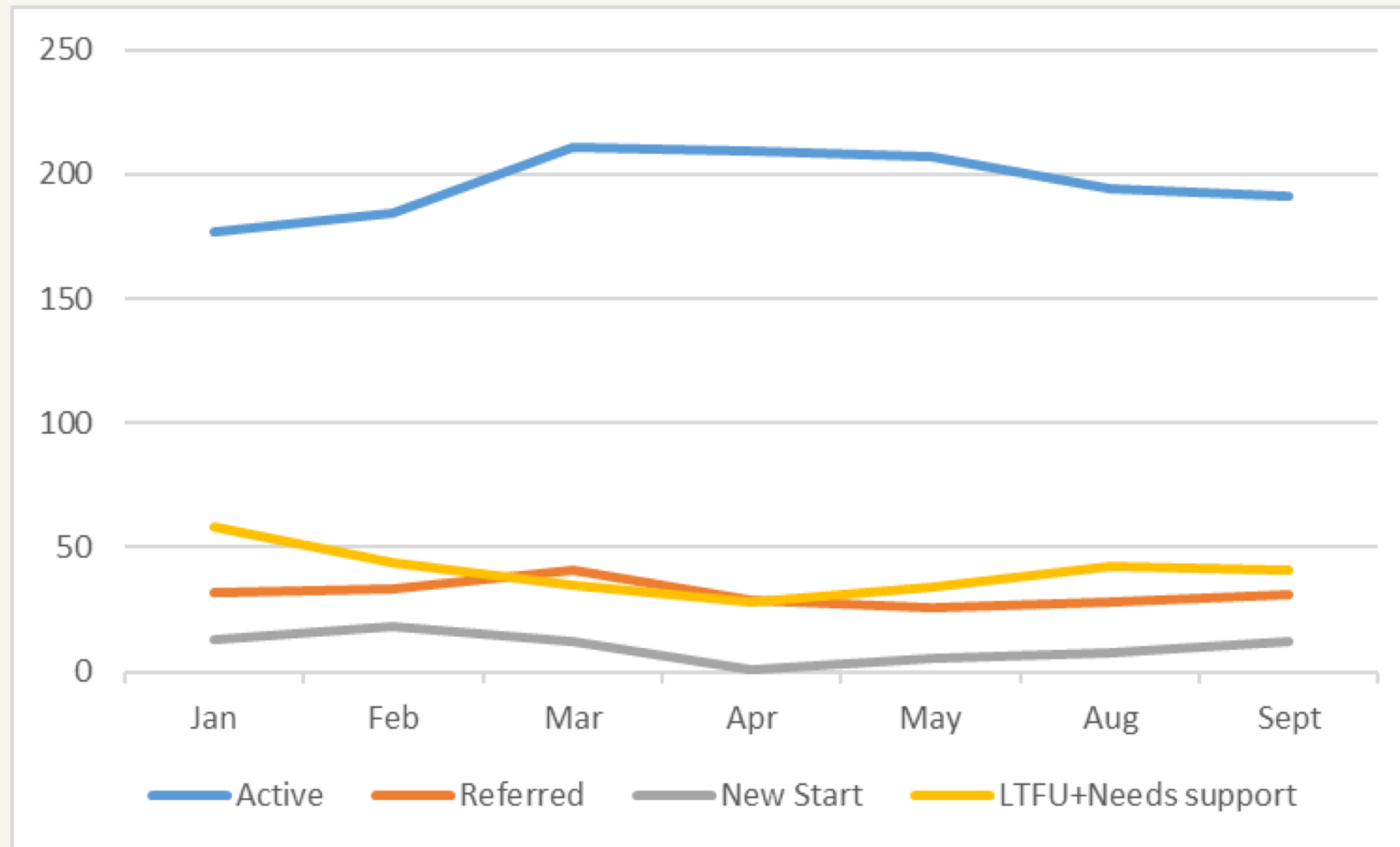


# COVID-19 Administrative Supplement

- Created how-to video & written instructions in English & Spanish for all tests  
<https://preprx.ucsf.edu/prep-covid-home-testing>
- Developed survey in Qualtrics to examine acceptability, barriers to PrEP care during pandemic, modifications in PrEP dosing strategy during pandemic, change in sexual practices during pandemic
- Enrolled 4 people in the “soft launch” phase last week



# PrEP-OI during SARS-CoV-2 Pandemic







# Integrating PrEP-OI Into Practice

- Successful integration of an intervention into practice typically requires attention to the following domains:
  - Clear specification of the intervention model
  - Engagement of key stakeholders in clinical facilities
  - Defining roles and responsibilities
  - Written protocols
  - Training
  - Data needs
  - Timeline for rollout



# Integrating PrEP-OI Into Practice

- Successful integration of an intervention into practice typically requires attention to the following domains:
  - Clear specification of the intervention model
  - Engagement of key stakeholders in clinical facilities
  - Defining roles and responsibilities
  - Written protocols
  - Training
  - Data needs
  - Timeline for rollout
- Two domains (intervention model, data) were set through the preliminary work to develop PrEP-OI. Timeline for rollout largely dictated by clinical trial specifications.



# Clinic Consultations

- Attention to remaining domains achieved through consultations with each clinic.
- Important considerations and observations:
  - Engaging stakeholders
    - Need to identify the key decision-makers in each clinic and ensure their buy-in.
      - Turnover of such individuals can introduce new challenges
    - Ensuring awareness of PrEP-OI program among all providers in a facility can be a challenge
  - Roles and Responsibilities
    - At outset, substantive provider concerns about managing large influx of patients seeking PrEP.
      - Inclusion of PrEP coordinator as a component of PrEP-OI helped address this worry
    - Variability in the care team already serving patients
      - Influences perceptions of the PrEP coordinator role. Potentially influences precise duties of the coordinator.



# Clinic Consultations

- Important considerations and observations (continued):
  - Written protocols
    - Variability in aspects of how a PrEP coordinator will function in each facility
      - Considerations of space and scheduling
    - For coordinators split across facilities, considerations of how to balance time and effort
  - Training
    - Given limits on providers' available time, PrEP-OI designed to minimize training demands it placed on them
    - More substantive need for training of the PrEP Coordinators



# Sustaining PrEP-OI Services

- Valuable to consider issues of sustainability from the outset
- Model was initially launched in San Francisco through time-limited research grants



# Sustaining PrEP-OI Services

- Potential funding strategies
  - Grants that fund HIV prevention services
    - For example, CDC Ending the HIV Epidemic Initiative monies
    - Potential for such funding to be time limited



# Sustaining PrEP-OI Services

- Potential funding strategies
  - Insurance and health care coverage
    - Capitated payment models can provide greater flexibility to support services
      - Task shifting routine PrEP monitoring duties to free up time of providers aligns with payment model.
      - Focus on prevention also aligns with payment model. Prevention expenses today are offset by lowered cost to care for ill patients at a later date.
    - For financial models based on reimbursing discrete services, would need to consider requirements for billable units
    - Integrating PrEP coordination with other roles can provide for greater flexibility in terms of funding options
      - But must take care to ensure PrEP duties are not disregarded amidst competing work demands



# Sustaining PrEP-OI Services

- Potential funding strategies
  - State and local prevention dollars
    - May offer greater flexibility
    - Availability of funds can vary over time
    - COVID-19 currently putting a strain on state and local resources





# Conclusions (so far...)

- PrEP services should be tailored to individual patient needs & circumstances.
- We believe that coordination of patient's PrEP care would ↑ efficiency, organization, & ↓ cost when involving a panel management strategy such as PrEP-OI vs solely reliant on providers.
- PrEP coordination, panel management tools, telehealth, mobile health apps, etc. are promising interventions to help PrEP initiation, persistence, & “decentralization”.



# PrEP.UCSF.edu

## PrEP Basics

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH



PrEP is safe and can reduce your risk of HIV by more than 90%.



It takes at least 1 week on PrEP before you'll be protected for anal sex, and 3 weeks for vaginal sex.



Take 1 pill once a day. Finding a routine is essential.



Get tested for HIV and STDs every 3 months.



Tell your provider if you plan to stop (or restart) PrEP.

### TAKING THE PILL

#### One pill per day

PrEP (pre-exposure prophylaxis) is most effective if taken daily. PrEP can be taken even if drinking alcohol or using recreational drugs.

#### Getting into a routine

- Try to take a pill at the same time each day.
- Consider taking a pill with you if you will be out late.
- Set calendar or text message reminders. Check out [www.oregonreminders.org](http://www.oregonreminders.org).

#### Missing a dose?

Just take it when you remember. For example, if you usually take in the AM, but realize at 10PM that you forgot, it's okay to take 1 pill then and continue with your usual schedule the next day (don't take 2 pills at once).

#### Possible side effects

- Some people have gas, nausea, or headache. These symptoms go away within the 1st month.
- PrEP can cause small changes in kidney function and bone mineral density, which return to normal once PrEP is stopped.

#### STAY HEALTHY

- PrEP is highly effective but doesn't protect against other STDs. Condoms provide additional protection against HIV and prevent STDs.
- Protect yourself from other diseases: Get vaccinated for Hepatitis A and B and meningitis.

### YOUR PRESCRIPTION

#### Filling your prescription

- If you are given a paper prescription, you will need to take it to a pharmacy to get your medication.
- Refills are not always automatic. Contact your pharmacy when you have 5 pills left so you don't run out.
- Before traveling, let your healthcare provider and/or pharmacy know that you may need an extra refill if you are low on medication.

#### Cost

- If you are having trouble paying for PrEP, there are assistance programs that may help cover the cost.
- For help, contact Isha Shrestha, the PrEP Coordinator at: 415-696-4836

### STAYING PROTECTED

#### Lab testing

- Before starting PrEP, you will get tests for HIV, STDs, kidney function, and Hepatitis B and C.
- You will also get tested for HIV and STDs every 3 months and a kidney function test every 6 months.

#### Stopping PrEP

If you want to stop PrEP, talk to a healthcare provider about using other HIV prevention strategies. If you have condomless sex while not taking PrEP, call your provider within 72 hours for post-exposure prophylaxis (PEP).

#### Restarting PrEP

- If you've stopped PrEP for more than 7 days, it is important to get an HIV test before you restart.
- Report any flu-like symptoms or rashes to your healthcare provider as they could be symptoms of HIV.

E SALUD PUBLICA DE SAN FRANCISCO

## Importancia de PrEP



Se necesita tomar PrEP por una semana antes de tener sexo anal y tres semanas antes de tener sexo vaginal para ser protegido/a contra el VIH.



Toma una pastilla una vez al día, estableciendo una rutina es importante.



Hazte la prueba del VIH, de las enfermedades de transmisión sexual y la función renal cada 3 meses.



Habla con tu doctor si estás pensando en dejar de tomar (o reiniciar) PrEP.

### RECETA

#### Receta

Una receta para la PrEP (pre-exposición o mensajes de texto) se toma diariamente. Este medicamento cluso con el consumo de alcohol o drogas.

#### Receta

Una pastilla a la misma hora todos los días.

Si no puedes usar el calendario o mensajes de texto cuando debes tomar la pastilla.

#### Receta

Si no recuerdas, por ejemplo: Si normalmente te acuerdas de tomar la pastilla, pero te olvidas de hacerlo una vez, tómate solo una pastilla luego sigue con lo que tienes que hacer (no tomes dos pastillas al mismo tiempo).

#### Receta

Si tienes síntomas secundarios—dolor de cabeza pero por lo general ante el primer mes. Si tienes pequeños cambios en la función renal o dolor de los huesos pero con el tiempo alidad después de dejar de tomar PrEP.

### ALUDABLE

PrEP es efectivo pero no te protege contra la transmisión de otras enfermedades de transmisión sexual.

- Protégete de otras enfermedades: Vacunante contra la hepatitis A y B, y la meningitis.

### SURTRIENDO LA RECETA

#### Cómo surtir tu receta

- Si se te da una receta de papel, tendrás que llevarla a una farmacia para obtener el medicamento.
- La recarga de la receta no siempre es automática, ponte en contacto con tu farmacia cuando te quedan 5 pastillas y resurte tu receta antes de que se te acabe el medicamento.
- Antes de salir de viaje, pregúntale a tu doctor o al farmacéutico que te recete una recarga de medicamento extra.

#### El costo

- Si necesitas ayuda para cubrir el costo de PrEP, hay programas de asistencia que pueden ayudarte.
- Para más información ponte en contacto con Isha Shrestha, la Coordinadora PrEP al: 415-696-4836

### MANTENIENDO PROTEGIDO

#### Las pruebas

- Antes de empezar a tomar PrEP se requiere hacerse una prueba del VIH, de las enfermedades de transmisión sexual, la función renal y la hepatitis B y C.
- También se requiere una prueba del VIH y de las enfermedades de transmisión sexual cada 3 meses y la función renal cada 3 meses.

#### Dejando de tomar PrEP

Si deseas dejar de tomar PrEP, habla con tu doctor sobre cómo utilizar otros métodos de prevención contra el VIH. Si tienes relaciones sexuales sin condón mientras no estas tomando PrEP, llama a tu doctor para hablar de PEP (profilaxis pos-exposición PEP, por sus siglas en inglés).

#### Reiniciando PrEP

- Si has dejado de tomar PrEP por más de 7 días, es importante hacerse la prueba del VIH antes de reiniciar.
- Informa a tu doctor de cualquier síntoma de gripe o irritación en la piel ya que podrían ser síntomas del VIH.

## PrEP (暴露前預防) 基本知識

三藩市衛生部



達到紅交防護效果前，請先服用 PrEP (暴露前預防) 藥物至少 1 週，陰道性交則需 3 週。



每天服用 1 粒，務必設定例行服藥時間。



每 3 個月接受 HIV 及性傳播疾病 (STD) 檢測。



決定中斷 (或重新開始) PrEP (暴露前預防) 用藥時務必告知您的醫療服務提供者。

PrEP (暴露前預防) 的效果更佳。飲酒或時仍可服用 PrEP (暴露前預防) 藥物。

#### 時間

每日服用。可考慮隨身攜帶藥丸。請提醒。參閱 [www.oregonreminders.org](http://www.oregonreminders.org)。

即可。例如：如果您通常在上午服藥，發現自己忘記服用，這時您可以補服 1 顆按照例行服藥時間服用 (不要一次服

鼻胃氣脹、噁心或頭痛。這些症狀會在 7 天內消失。

即) 能導致腎功能和骨密度出現微小改變，藥物即可恢復正常。

PrEP 非常有效，且 STD 使用安全套可進一步降低 HIV 及 STD 及其他疾病：接觸 A 型、B 型肝炎及腦

### 您的處方

#### 配取處方

- 如果您收到的是紙質處方，您需要將它帶去藥房進行配藥。
- 有時重新配藥無法自動完成，在您還剩 5 粒藥時請聯絡您的藥房，以防藥物用完。
- 外出旅行前，如果您的剩餘藥物不多，請告知您的醫療服務提供者和/或藥房，讓他們知道您可能需要額外配藥。

#### 費用

- 如果您在支付 PrEP (暴露前預防) 藥物費用方面有困難，某些援助計劃或許能幫您承擔費用。
- 如需幫助，請聯絡三藩市衛生部 PrEP 協調員，電話：415-696-4836。

### 全面防護

#### 實驗室檢測

- 開始 PrEP (暴露前預防) 前，您將接受 HIV、STD、腎功能、B 型肝炎及 C 型肝炎的檢測。
- 您還需每 3 個月接受 HIV 及 STD 檢測，每 6 個月接受腎功能檢測。

#### 中斷 PrEP (暴露前預防) 用藥

如果您希望中斷 PrEP (暴露前預防) 用藥，請向您的醫療服務提供者諮詢使用其他 HIV 防護手段的事宜。如果您在中斷 PrEP 用藥期間發生了無套性行為，請在 72 小時內聯絡您的醫療服務提供者，以採取暴露後預防 (PEP) 措施。

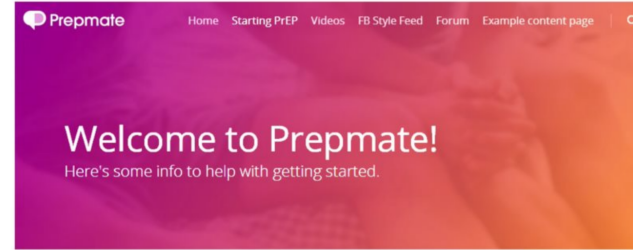
#### 重新開始 PrEP (暴露前預防)

- 如果您中斷 PrEP (暴露前預防) 用藥超過 7 天，務必在重新開始前接受 HIV 檢測。
- 出現任何流感樣症狀或皮疹也需報告給您的醫療服務提供者，因為這些症狀可能是 HIV 症狀。



# PrEPmate

## SMS Support for PrEP Retention & Adherence

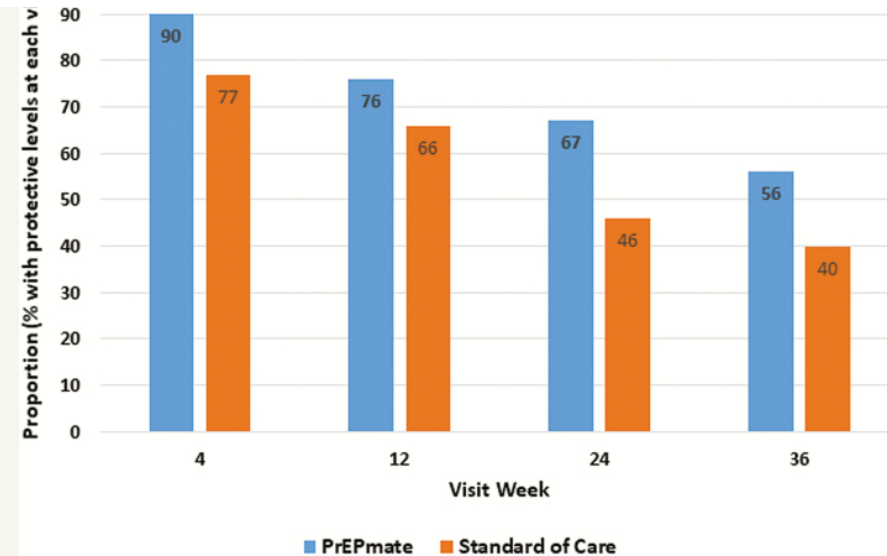
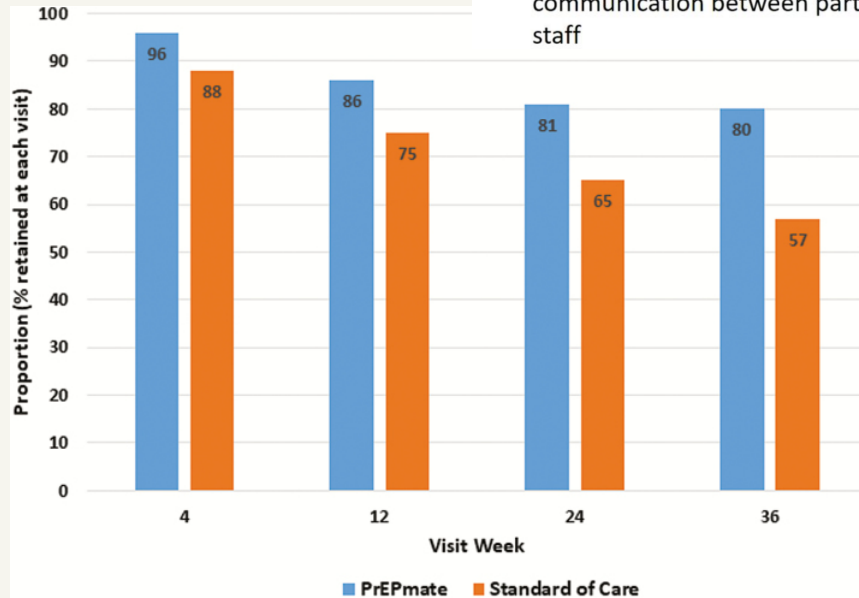


How is PrEP going?

Ok

Not great.

- Patterned after the WelTel model of weekly text-message check-ins to support ARV adherence
- Impact primarily through personalized communication between participants and clinic staff





# PrEP on the Go!



- Mobile HIV prevention/PrEP services delivered with cancer screening services
- Team staffed by navigator, MD, RN, pharmacist, logistics manager
- Of 229 clients, 73.7% sought PrEP:
  - 3.5% PrEP-seeking clients were HIV+ at baseline
  - PrEP prescription was filled by 98.8%
  - 26.6% had positive STI results at baseline
  - 71.4% completed a follow-up visit



# The Team

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# Questions?

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