

HIV PREVENTION FOR THE HARDLY-REACHED POPULATIONS



MAY 29, 2024
9:00-11:30 AM





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East Bay Getting to Zero



AGENDA

- Welcome and Introductions
- HIV and PrEP in US and Alameda County
- Principles of HIV prevention in the setting of SUD and SMI
- PrEP Overview
- Break ~ 10 minutes
- PrEP Continuum of Care
- Sex Positive and Trauma Informed Sexual Health History Taking Tips and Practice
- Detailed PrEP Information for Clients
- Wrap – Up and Evaluation

GETTING TO KNOW YOU

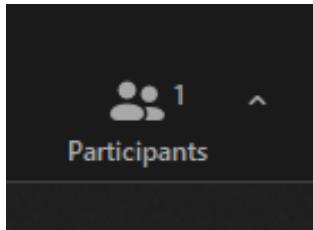
In the chat please add:

- Your name
- Pronouns
- Where you work
- Your role

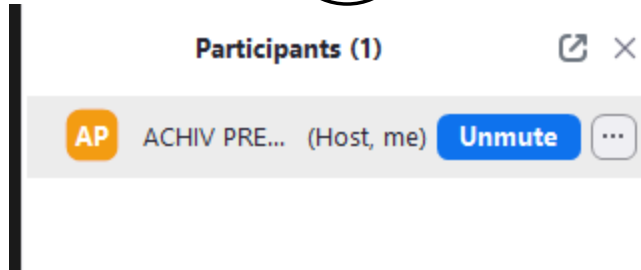


PLEASE RENAME YOURSELF AND ADD YOUR ROLL

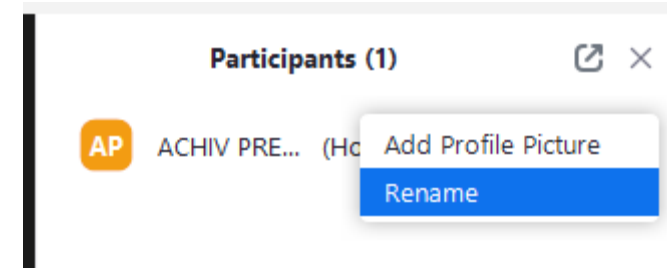
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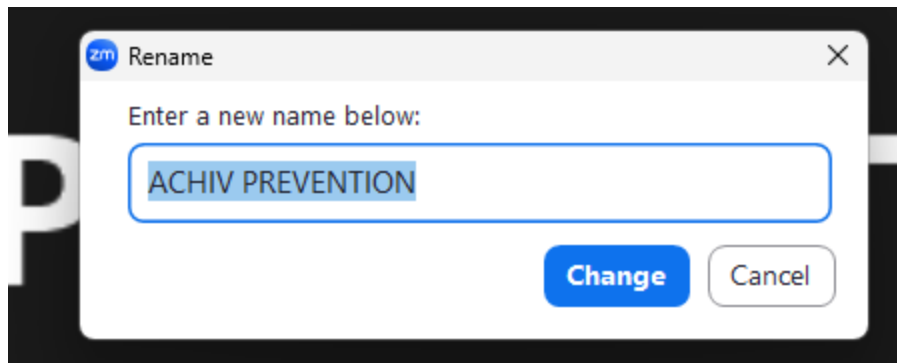
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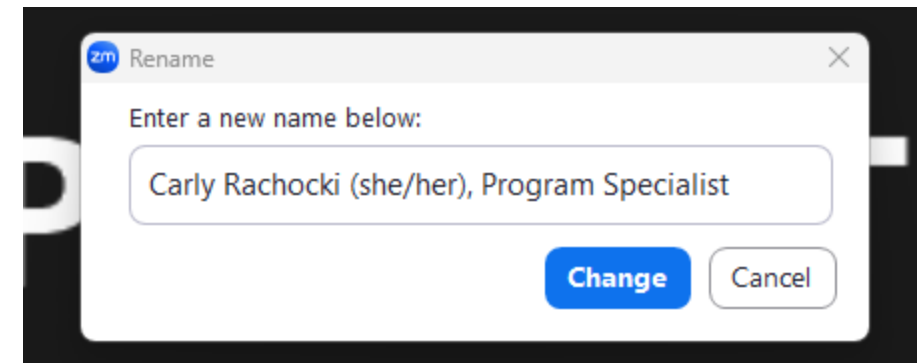
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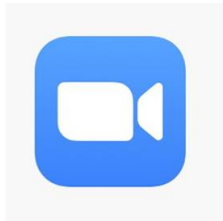
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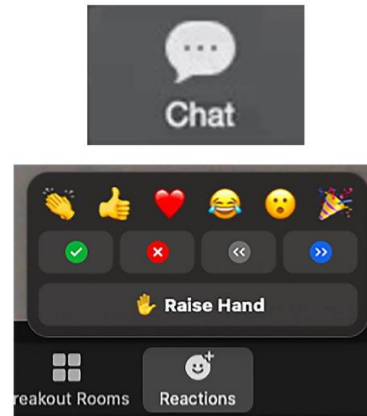
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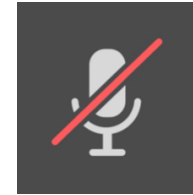
GENTLE ENCOURAGEMENTS



We'd love to see you!
Please have your camera on when possible.



What's on your mind?
Please use the chat function, answer polls, ask questions, send a reaction, and share during breakout groups.



Please Mute.
Don't forget to mute your audio when you're listening.

LEARNING OBJECTIVES

- Identify personal biases, assumptions, and judgments around sex and sexuality for those living with SMI and those with co-occurring SUD
- Recognize the importance of PrEP as a prevention tool for HIV Prevention
- Utilize sexual health history-taking skills to identify clients who would benefit from PrEP
- Explain and offer PrEP and injectable PrEP to clients





DISCLOSURE INFORMATION

ALL PRESENTERS AND FACILITATORS HAVE NO DISCLOSURES.



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Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This course meets the qualifications for 1 hour of continuing education credit for LMFT's, LCSW's, LPCC's and LEP's as required by the California Board of Behavioral Sciences. Alameda Health Consortium/Community Health Center Network (Provider Approval No. 131264) is approved by the California Association of Marriage and Family Therapists to sponsor continuing education for LMFT's, LCSW's, LPCC's and LEP's. Alameda Health Consortium/Community Health Center Network maintains responsibility for this program/course and its content. Those requesting CEs must complete a post-training evaluation.

POLL – QUESTION 1

I don't feel comfortable obtaining a comprehensive sexual history from my patient because...

1. My patients and I have discordant sexual orientations/gender identities
2. Not enough time in a visit
3. I am uncomfortable with the approach to take
4. I am unsure of what to do with the information
5. Combination of 1 through 4
6. I feel comfortable obtaining a comprehensive sexual history from my patient

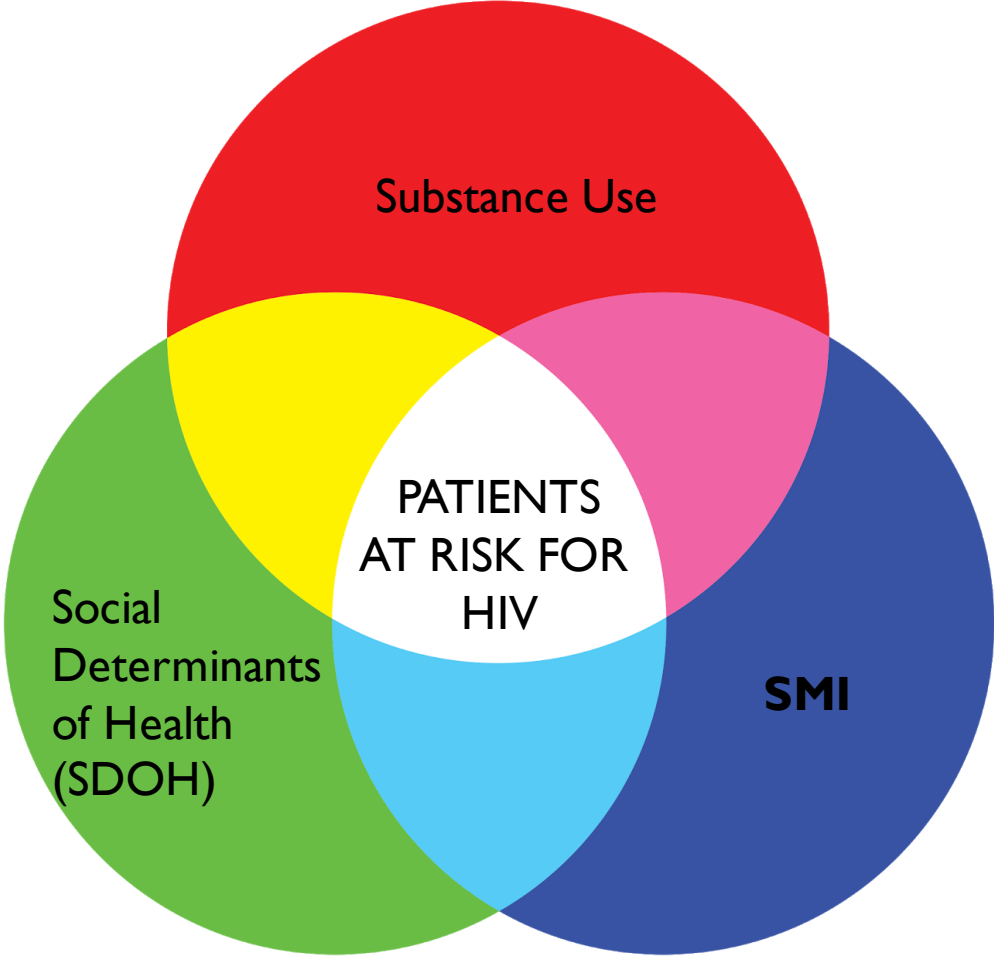
BACKGROUND

- In the US in 2014, an estimated 20 million adults had a substance use disorder and 7.9 million adults had both a substance use disorder and mental illness
- Mental health disorders play a critical role in HIV acquisition across populations, increasing the risk of HIV acquisition by 4–10-fold
- HIV prevalence of 6% among people with serious mental illness (SMI) and people who inject drugs (PWID)
- PWID accounted for 8% of the new infections in 2021 in the US
- Drug and alcohol use increases risk of HIV transmission and interrupts the HIV continuum of care

BACKGROUND

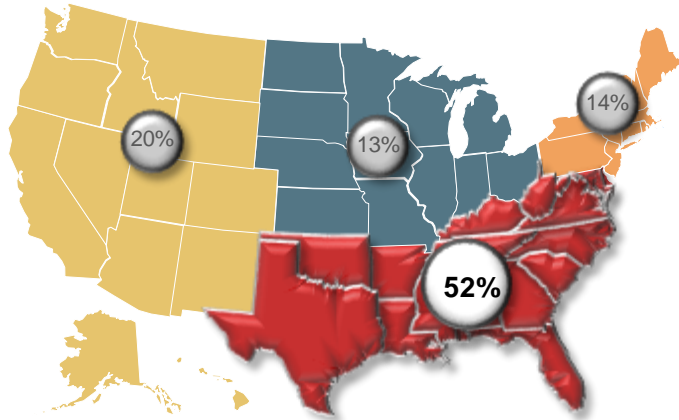
- People with HIV are at increased risk for developing depression, anxiety disorders, and neurocognitive disorders
- A hypothetical PWID patient seeking PrEP in a primary care clinic had less than a 10% chance of encountering an unbiased clinician
- HIV PrEP reduces the risk of getting HIV from sex by about 99%
- Among people who inject drugs, HIV PrEP reduces the risk by at least 74%

SYNERGISTIC EPIDEMIC = SYNDEMIC

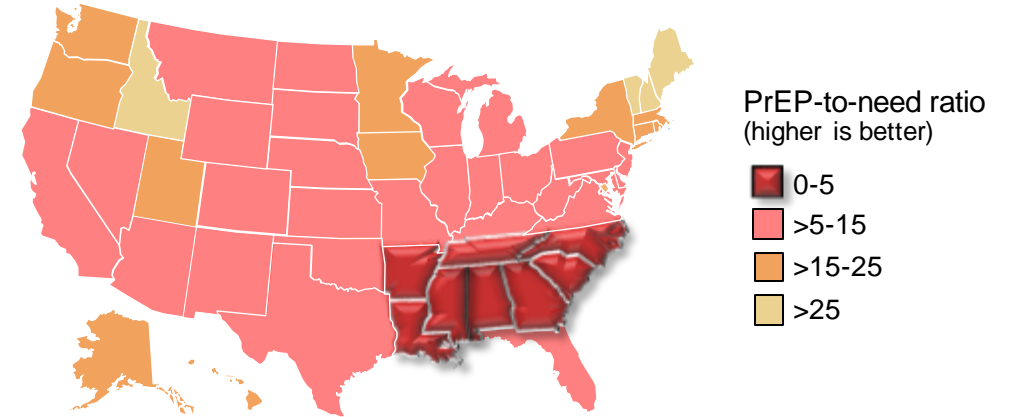


PROFILES IN NEW HIV DX AND PREP USAGE IN THE US

New Diagnoses (n=36,136)



PrEP-to-Need Ratio



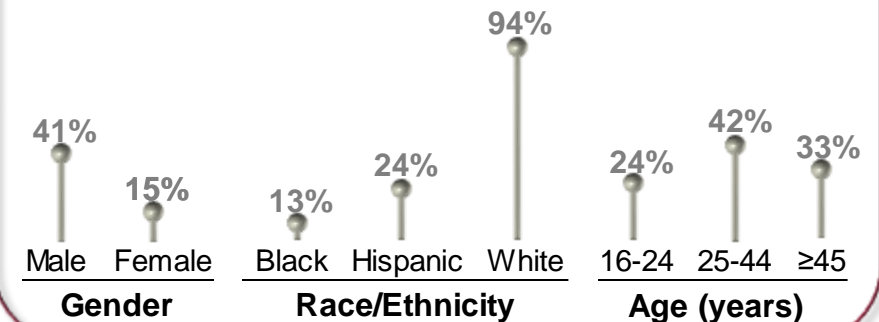
Inequities in new HIV diagnosis

Race/ethnicity: Black (44%) and Hispanic (29%) versus white (25%)

Transmission: MSM (67%) versus other (34%)

Age: 25-44 (58%) versus 13-24 (19%) and ≥45 (23%) years of age

PrEP Coverage: 36% (Goal: 50%) (prescribed/indicated)



PREP-TO-NEED RATIO IN ALAMEDA COUNTY 2012-2022

The 2022 PrEP-to-Need Ratio (PNR) is the ratio of the number of PrEP users in 2022 to the number of people newly diagnosed with HIV in 2021. PNR serves as a measurement for whether PrEP use appropriately reflects the need for HIV prevention. A lower PNR indicates more unmet need.

PNR, 2022

13.56

PNR, by Sex, 2022

Male: 14.69

Female: 8.03

PNR, by Age, 2022

Aged 13-24: 14.75

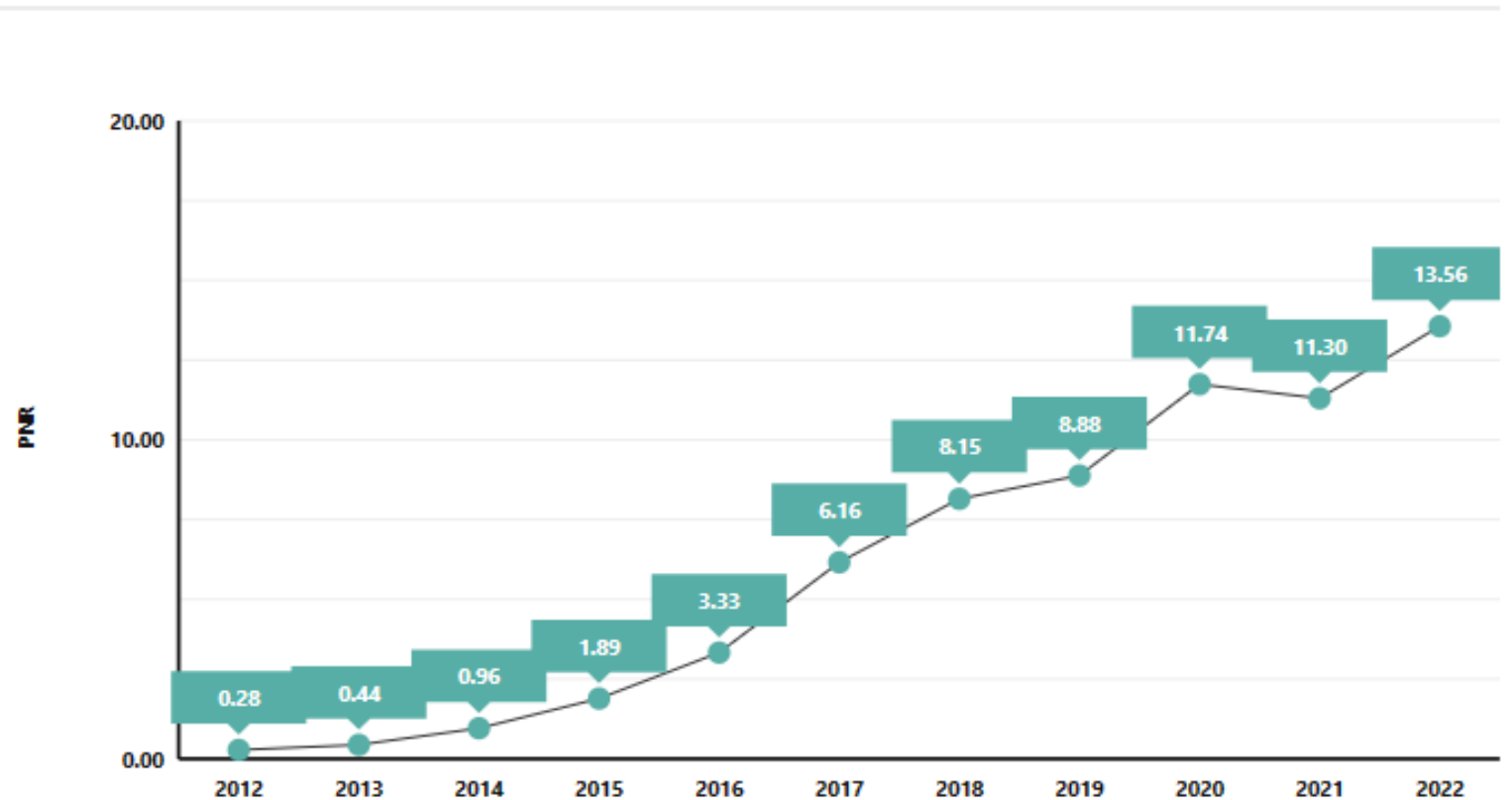
Aged 25-34: 17.13

Aged 35-44: 12.04

Aged 45-54: 10.54

Aged 55+: 10.38

PNR, 2012-2022



PRINCIPLES OF HIV PREVENTION IN THE SETTING OF SUD AND SMI

- Identify substance use and mental illness
- Assess and manage root causes of SUD and SMI
- Understand provider and patient factors that contribute PrEP uptake and persistence
- Use a trauma-informed approach to obtain comprehensive sexual history to assess any behavioral risks of acquiring HIV
- Utilize Motivational Interviewing to increase engagement in behavior change
 - Recommend appropriate testing and services
 - Provide counseling and education
 - Recommend appropriate HIV PrEP options as well as other STI prevention options
- Work collaboratively with the patient to start treatment

BREAKOUT ROOM 1– 10 MINUTES

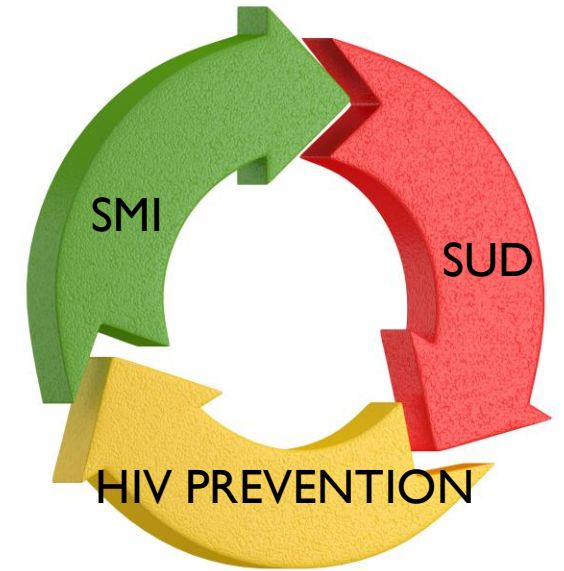
RISK OF HIV ACQUISITION STIGMA

- What have you heard?
- What have you heard patients/clients say or do?
- What have you heard family members/community members say or do?



BIASES/ASSUMPTIONS/JUDGMENTS AROUND SEX/SEXUALITY

- “It’s a lifestyle”
- Sexual orientation = sexual behavior
- People must “hit bottom” to be ready for change
- If you can make people feel bad enough, they will change
- Medical model of diagnosis and treatment
- Making moral judgments about people who take steps to prevent HIV transmission
- Feeling that people deserve to get HIV because of their choices



KEY BARRIERS TO HEALTH-SEEKING BEHAVIORS

- Shame
- Misinformation
- Clinician and care team competency
- Lack of public outreach



STRATEGIES TO PROMOTE HEALTH-SEEKING BEHAVIORS

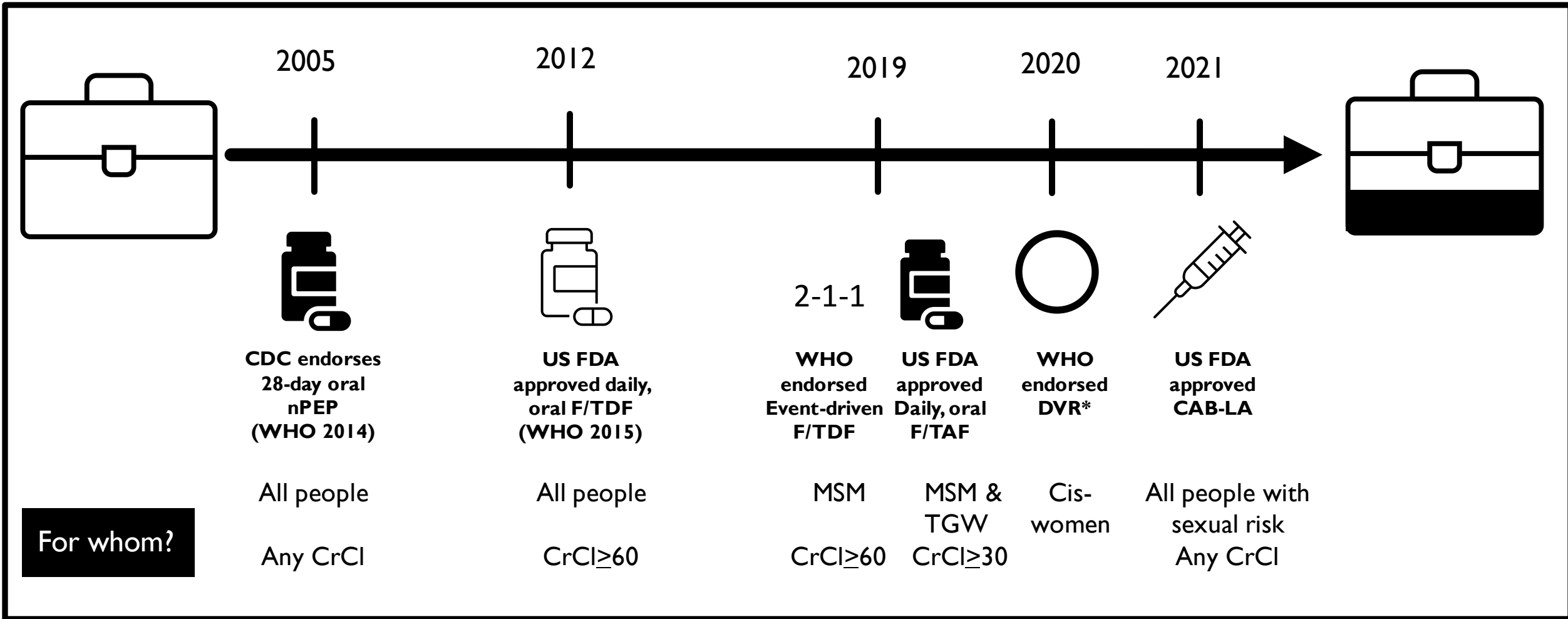
➤ SHAME → **DESTIGMATIZE**

- Emphasize behavior that increases likelihood of transmission and **NOT** sexual orientation
- Assess risk of transmission using motivational interviewing techniques
- Avoid making assumptions, judgements and generalizations
- Invite an open discussion of ways to reduce risk of transmission, when to seek testing and treatment

➤ MISINFORMATION → **EDUCATION**

- U=U (Undetectable=Untransmittable)
- HIV PrEP and PEP, & treatment options
- HIV and AIDS
- Other STIs counseling and prevention

HIV PREVENTION TOOLKIT PROGRESS: OPTIONS!



CDC 2021 PREP GUIDANCE

- Sexually active adults and adolescents who had anal or vaginal sex in the past 6 months **AND** any of the following
 - HIV-positive sexually active partner (esp if partner has an unknown or detectable viral load)
 - Bacterial STI in past 6 months
 - History of inconsistent or no condom use with sexual partner(s)
- **PWID**
 - HIV-positive partner **OR** sharing injection equipment

KEY: All people who desire PrEP should be offered PrEP despite risk assessment

Previous 2017 Guidance

- MSM
 - HIV-positive sexual partner
 - Recent bacterial STI
 - High number of sexual partners
 - History of inconsistent or no condom use
 - Commercial sex work
- Heterosexual women and men
 - Same as MSM plus in a high HIV prevalence area/network
- PWID
 - HIV-positive injecting partner
 - Sharing injection equipment

POLL – QUESTION 2

A barrier in discussing HIV PrEP with my patients is...

1. I'm not aware of the different PrEP options and which option is better for an individual patient
2. Not enough time in a visit
3. I don't have enough information to assess a patient's risk of HIV transmission
4. I am unfamiliar with what is needed to provide HIV PrEP care
5. I don't know where to refer a patient for HIV PrEP care if they need it
6. Combination of 1 through 5
7. Other (please explain in the chat)
8. There is no barrier



BREAK TIME

CURRENT PRE-EXPOSURE PROPHYLAXIS (PREP) OPTIONS FOR HIV

Oral
FTC/TDF (Truvada)

Oral FTC/TAF (Descovy)

LAI Cabotegravir (Apretude)



INSTRUCTIONS FOR USE

Apretude
(cabotegravir
extended-release
injectable suspension)

600 mg/3 mL
(200 mg/mL)

For gluteal intramuscular use only.

**600 mg/
3 mL Kit**

ORAL PREP OPTIONS

	Daily F/TDF	Daily F/TAF	Non-Daily F/TDF
FDA-approved	Yes	Yes	No
Persons at substantial risk for acquiring HIV infection	MSM/TGW Heterosexual cisgender women/cisgender men Adolescents (weight ≥35 kg)	MSM/TGW Non-vaginal exposure Adolescents (weight ≥35 kg)	MSM
Dose	200/300 mg qd (creatinine clearance >60 mL/min)	200/25 mg qd (creatinine clearance ≥30 mL/min)	2:1:1* 2 pills: 2 to 24 hours before sex 1 pill: 24 hours after initial 2-pill dose 1 pill: 48 hours after initial 2-pill dose
Key supporting studies	iPrEx/OLE, PROUD/OLE, Kaiser Permanente study, Demo project Partners PrEP, Botswana TDF2, VOICE, FEM-PrEP Bangkok tenofovir study/OLE ATN113	DISCOVER	IPERGAY/OLE Prévenir

POLL – QUESTION 3

Use of CAB-LA has been shown to be superior to oral TDF/FTC in all populations at risk of HIV

- A. TRUE
- B. FALSE

CURRENT PREP OPTIONS

	Oral FTC/TDF (Truvada)	Oral FTC/TAF (Descovy)	Long-acting Injectable (LAI) Cabotegravir (Apretude)
WHO	Cis-women (safe during pregnancy) Cis-men Adolescents age (weight >35kg) Transgender persons	MSM/Transgender women Non-vaginal exposure Adolescents (weight >35kg)	All patients (pregnancy safety data unknown)
EFFICACY	99%	99%	99%
FREQUENCY	Daily; On-demand (2-1-1) for MSM	Daily	Injection monthly x 2mo; then bi-monthly

MAKING GOOD DECISIONS – WHICH OPTIONS TO START?

Oral
FTC/TDF (Truvada)



Oral FTC/TAF (Descovy)



LAI Cabotegravir (Apretude)



INSTRUCTIONS FOR USE

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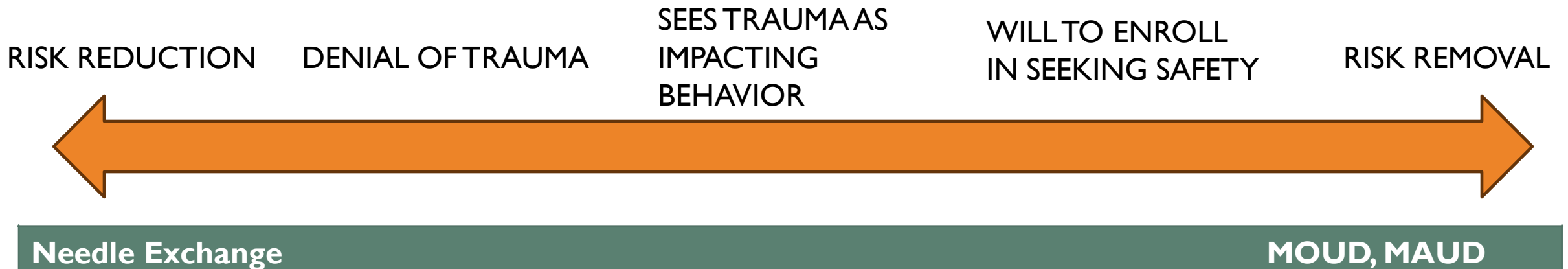
600 mg/
3 mL Kit

- **Whatever the patient will adhere/persist with best**
- **There is no ethical/moral obligation to use LAI PrEP**

STRATEGIES TO PROMOTE HEALTH-SEEKING BEHAVIORS

➤ CLINICIAN AND CARE TEAM COMPETENCY – **TRAINING AND MANAGEMENT APPROACH**

- Increase clinician awareness and knowledge of STI prevention → Sex positive approach
- Trauma-informed approach in gathering comprehensive sexual history
- Recognize behavior modification exists on an intervention continuum → Harm reduction approach
- Interventions must be tailored to the patient → Motivational interviewing



STRATEGIES TO PROMOTE HEALTH-SEEKING BEHAVIORS

➤ LACK OF PUBLIC OUTREACH – **REACHING OUT TO THE HARDLY-REACHED POPULATIONS**

- Multi-discipline/Interdisciplinary approach
- Recognize PrEP continuum among patients with SUD and/or SMI
- Active community outreach
 - a. Mobile vans (testing and screening services)
 - b. Street medicine
 - c. Contingency Management in prevention
 - d. Use of telehealth resources to deliver PrEP to groups who won't access in standard settings
 - e. Scale-up of HIV testing in EDs/UCs
 - f. Community generated strategies for Black/AA and Latinx communities

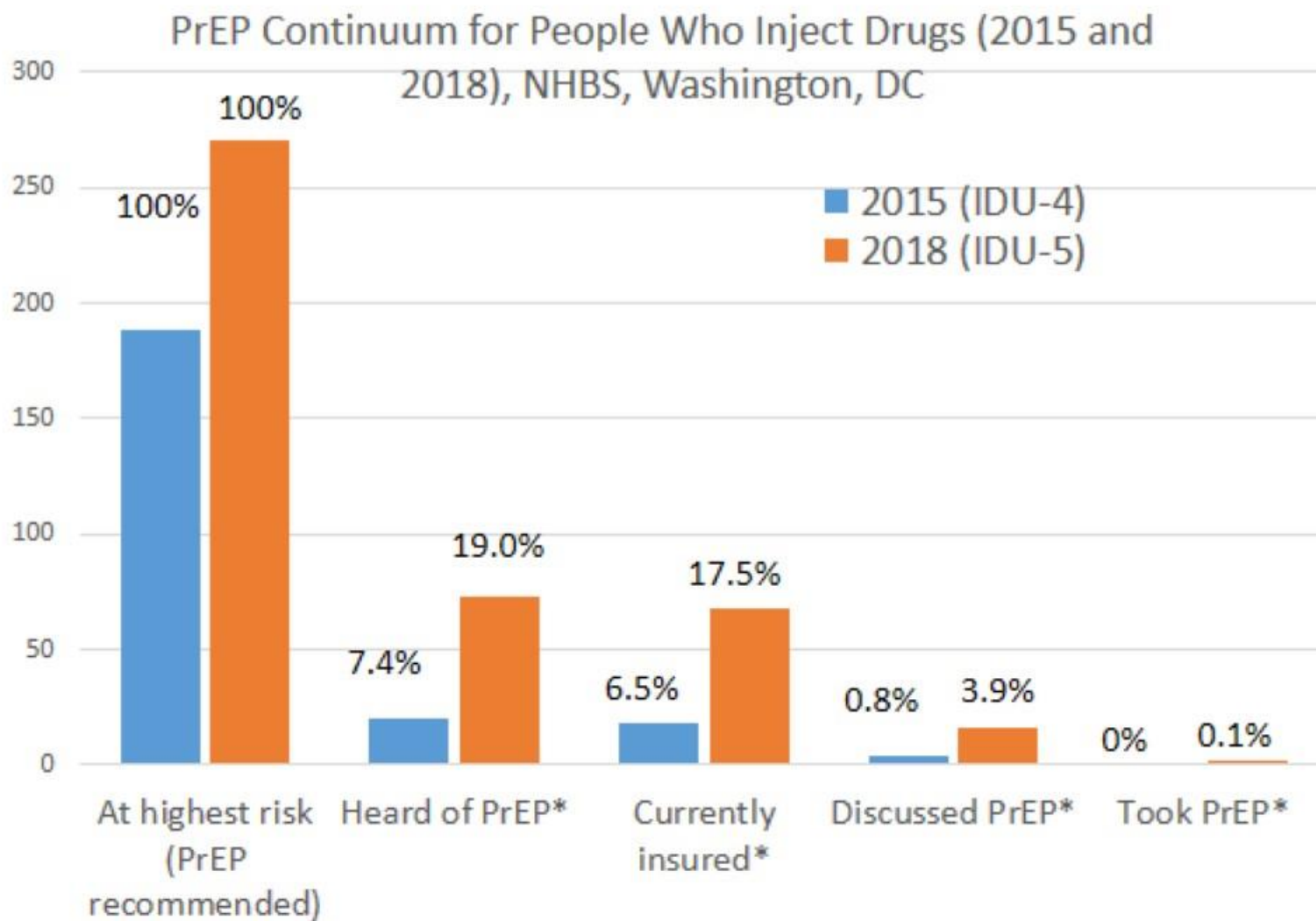


The PrEP Continuum of Care



Adapted From: Liu et al. (2014)

PrEP Continuum among People Who Inject Drugs, Washington, DC (2018 vs. 2015)



BARRIERS TO GETTING A COMPREHENSIVE SEXUAL HISTORY

■ Provider Factors

- Provider and patient are not sex concordant
- Provider bias and assumptions
- Provider discomfort



■ Patient/Public Factors

- Stigma and discrimination
- Guilt/Shame/Discomfort surrounding sexual health conversations
- Lack of knowledge about preventive sexual health services
- Underlying SUD and/or SMI symptoms

HOW TO OBTAIN A COMPREHENSIVE SEXUAL HISTORY

TIP: SEX-POSITIVE AND TRAUMA-INFORMED APPROACH

ASK FOR PERMISSION TO BEGIN GETTING A SEXUAL HISTORY

- **How often do you engage in sex?**
- **Last sexual encounter: #date**
- **Sexual partners in past 3-6 months: #partners**
- **Identification of sexual partners:** Non-binary, cis-men, cis-women, transgender M/W
- **Sexual practice/position:** anal (receptive/insertive), vaginal, oral, use of sex toys, barrier-less
- Do you use substance(s) during sex? If so, do you inject drugs or share needles?
- **History of STIs:** Gonorrhea, Chlamydia, Syphilis, others
- **Last STI testing: #date**
- How have you been protecting yourself from STIs including HIV?
- Birth control
- **History of Hepatitis A, B, C:** h/o hep A&B IZ
- **History of kidney condition:** Y/N

GROUP BREAKOUT ROOM 2 – SEX BEHAVIOR/PRACTICE (5 MINUTES)



INITIAL VISIT

A 34-year-old M with bipolar II disorder with anxious distress, moderate meth use disorder who endorses intravenous use of drugs. He states he started using meth in his early 20s to address his mood fluctuation and became more dependent. He doesn't think it was as helpful as before but still uses it daily because it helps enhance sex. He has a main job in solar installation but endorses sex work on occasion. He identifies as heterosexual and reports his sexual partners are non-binary, trans persons, and cis-men/women.

Current med:

Lurasidone 80mg daily; hydroxyzine 25mg TID PRN – Pt reports not being consistent with daily adherence to lurasidone

How would you gather sexual health history for this patient BH/psychiatry?

Discuss and list the different sexual practices/behaviors.

SEXUAL PRACTICE/BEHAVIORS THAT INCREASE LIKELIHOOD OF HIV TRANSMISSION

- Anal sex (insertive vs. receptive)
- Vaginal sex
- Fingering
- Fisting
- Rimming
- Masturbating with other's body fluid
- Oral sex on a woman during menstrual period

NOTE: NOT IN ANY SPECIFIC ORDER OF RANKING AS THERE ARE MANY HOST/AGENT FACTORS TO CONSIDER



SEXUAL PRACTICE/BEHAVIORS THAT INCREASE LIKELIHOOD OF HIV TRANSMISSION



**WHY THE CAMPAIGN
IS SO IMPORTANT**

- Sharing needles or blood while piercing or shooting drugs
- Chemsex: using certain substances immediately before or during sexual activity to facilitate, prolong; and/or intensify sexual experience; mainly by some communities of MSM
 - In Europe: methamphetamine, mephedrone, GHB/GBL, and ketamine
 - In US, especially in MSM from minority racial and ethnic identities, cocaine

NOTE: NOT IN ANY SPECIFIC ORDER OF RANKING AS THERE ARE MANY HOST/AGENT FACTORS TO CONSIDER

POLL – QUESTION 4

INITIAL VISIT

A 34-year-old M with bipolar II disorder with anxious distress, moderate meth use disorder who endorses intravenous use of drugs. He states he started using meth in his early 20s to address his mood fluctuation and became more dependent. He doesn't think it was as helpful as before but still uses it daily because it helps enhance sex. He has a main job in solar installation but endorses sex work on occasion. He identifies as heterosexual and reports his sexual partners are non-binary, trans persons, and cis-men/women.

Current med:

Lurasidone 80mg daily; hydroxyzine 25mg TID PRN – Pt reports not being consistent with daily adherence to lurasidone

What is the next appropriate approach?

1. Assess for adequacy of treatment for bipolar disorder
2. Assess his readiness and motivation to quit methamphetamines
3. Recommend HIV PrEP because he is at increased risk for HIV
4. Continue to build patient rapport and build insights around the patient's meth use, mental health condition and risk of HIV contraction
5. Refer him to his primary care provider and addiction specialist
6. All of the above

CURRENT PREP OPTIONS FOR HIV

	Oral FTC/TDF (Truvada)	Oral FTC/TAF (Descovy)	Long-acting Injectable (LAI) Cabotegravir (Apretude)
WHO	All patients (safe during pregnancy)	MSM Transgender women Adolescents (>35kg)	All patients (pregnancy safety data unknown)
EFFICACY	99%	99%	99%
FREQUENCY	Daily; On-demand (2-1-1)	Daily	Injection monthly x 2mo; then bi-monthly
LAB MONITORING	CrCl; HIV Ab/Ag; hep B Baseline & q3-6mo	CrCl; HIV Ab/Ag; Hep B; LDL Baseline, q3-6mo	HIV Ab/Ag; HIV quant Baseline & q2mo
CONSIDERATIONS	Decrease BMD; Small decrease eGFR	Weight gain; Small increase LDL; \$\$	Side effects (ISR); Not recommended for PWID; \$\$\$

Which medication should I prescribe for PrEP?

TDF/FTC
(Truvada)



TAF/FTC
(Descovy)



EFFECTIVENESS

- ✓ for multiple populations

SAFETY

- Small ↓ in eGFR and BMD

COST

- Generic in 2020

-2.0

-0.99%

-6.5

+0

100

0

EFFECTIVENESS

MSM & TRANSWOMEN

HETEROSEXUALS

PWID

SAFETY / 48 WKS

eGFR (mL/min)

HIP BMD

LDL (mg/dL)

BODY WEIGHT (kg)



EFFECTIVENESS

- ✓ for MSM and transwomen
- ? for other populations

SAFETY

- Small ↑ in LDL and weight

COST

- \$1,845/month in 2019

+2.0

+0.18%

+1.0

+1.1

0

100

ORAL PREP – KEY PATIENT EDUCATION



- Side effects: nausea, vomiting, headaches, fatigue, rash
- STIs counseling – oral PrEP does not protect other STIs
- Emphasized daily adherence for increased efficacy
- Onset of protection: 7d for level to be in anal tissue and at least 21d to be in vaginal tissue
- Discussed benefits of event-driven PrEP 2-1-1 as an alternative if monthly sexual activity is not frequent and only for F/TDF, **not** F/TAF
- Explained efficacy of event-driven PrEP vs. Daily PrEP

POLL – QUESTION 5

A 24 yo cisgender MSM is taking daily oral TDF/FTC for ~18 months. His refills have been requested on-time, and his creatinine clearance has been stable at 112 mL/min. He takes no other medications, and although he had some nausea when he began TDF/FTC, it resolved entirely after approximately 2 weeks. He has no history of bone fractures. He says “all his friends have switched to TAF/FTC” – should he?

- A. Yes, switch to TAF/FTC because it is safer
- B. No, keep him on TDF/FTC because TAF/FTC is not clearly safer
- C. The best PrEP is the PrEP that he will persist with, so a balanced conversation laying out all considerations is appropriate
- D. Tell him to “grow up and use a condom!”

Oral PrEP Follow-Up Care

At Least Every 3 Months

- HIV Ag/Ab test
- Medication adherence support
- Behavioral risk reduction support
- Bacterial STI screening for MSM and TGW who have sex with men
 - Gonorrhea/chlamydia (oral, rectal, urine)
 - Syphilis (blood)

Every 6 Months

- Renal function* for those
 - ≥ 50 years of age or
 - CrCl < 90 mL/min at PrEP initiation
- Bacterial STI screening for all sexually active patients
 - Gonorrhea/chlamydia (oral, rectal, urine)
 - Syphilis: blood

Every 12 Months

- Renal function* for those
 - < 50 years of age or
 - CrCl ≥ 90 mL/min at PrEP initiation
- Chlamydia screening
 - Heterosexually active cisgender women and cisgender men (vaginal, urine)
- For patients on F/TAF
 - Weight
 - Triglyceride and cholesterol levels

LONG-ACTING INJECTABLE - CABOTEGRAVIR

INSTRUCTIONS FOR USE

Apretude
(cabotegravir
extended-release
injectable suspension)

600 mg/3 mL
(200 mg/mL)

For gluteal intramuscular use only.

**600 mg/
3 mL Kit**



Trial	Long-Acting Strategy	Population	Preference for Long-Acting (LA) Therapy (observed measures)
HPTN-083 ⁴	HIV Prevention (CAB)	Cisgender MSM/Transgender Women Adults (≥ 18)	96%
HPTN-084 ⁵		Cisgender Women	78%

Patient preference for LAI PrEP is high!

LONG-ACTING INJECTABLE - CABOTEGRAVIR

Sig: 1 injection monthly for 2 months, then 1 injection every other month

- Need baseline HIV Ag/Ab and HIV RNA quant before starting
- Onset of protection: 2 days
- Durability: Up to 9 weeks
- Cab tail: risks during declining cabotegravir levels



INSTRUCTIONS FOR USE

Apretude
(cabotegravir
extended-release
injectable suspension)

600 mg/3 mL
(200 mg/mL)

For gluteal intramuscular use only.

**600 mg/
3 mL Kit**

LAI PREP – KEY PATIENT EDUCATION



- Side effects: ISR, soreness, joint or muscle aches, N/V, headache, fatigue, rash, fever
- STIs counseling: LAI PrEP does not protect other STIs

When discontinuing cabotegravir injection

- Re-educate patients about the “tail” and risks during declining cabotegravir levels
- Assess ongoing HIV risk and prevention plans
- If PrEP is indicated, prescribe daily oral F/TDF or F/TAF beginning within 8 weeks after last injection
- Continue follow-up visits with HIV testing (including RNA testing) quarterly for 12 months

ASSESSMENTS FOR LAI PREP FOLLOW-UP CARE

1 Month After 1st Injection

- HIV Ag/Ab test
- HIV-1 RNA assay

Every 2 Months Beginning With 3rd Injection

- HIV Ag/Ab test
- HIV-1 RNA assay

Every 4 Months Beginning With 3rd Injection

- Bacterial STI screening for MSM and TGW who have sex with men
 - Gonorrhea/ chlamydia (oral, rectal, urine)
 - Syphilis (blood)

Every 6 Months Beginning With 5th Injection

- Bacterial STI screening for all heterosexually-active cisgender women and cisgender men
 - Gonorrhea/ chlamydia (oral, rectal, urine)
 - Syphilis (blood)

At Least Every 12 Months

- Assess desire to continue injections for PrEP
- Chlamydia screening
 - Heterosexually active cisgender women and cisgender men (vaginal, urine)

POLL – QUESTION 7

SCENARIO: A 34-year-old M with bipolar II disorder with anxious distress and moderate meth use disorder who endorses intravenous use of drugs. He states he started using meth in his early 20s to address his mood fluctuation and became more dependent. He doesn't think it is as helpful before but still uses daily because it helps enhance sex. He has a main job in solar installation but endorses sex work on occasion. He identifies as heterosexual and reports his sexual partners are non-binary, trans persons, cis-men/women.

Current med:

Latuda 80mg daily; hydroxyzine 25mg TID PRN - Pt reports not being consistent with daily adherence to lurasidone

SUBSEQUENT VISIT: After much thoughts, patient returned to clinic expressing motivation in getting protected against HIV.

What would you recommend to this patient?

1. Prioritize managing meth use disorder with medication and contingency management
2. Oral PrEP with FTC/TDF or FTC/TAF
3. LAI PrEP
4. Support patient in weighing out the benefits of oral vs. LAI PrEP
5. Explore LAI antipsychotics for his bipolar disorder
6. All of the above

SUMMARY OF KEY POINTS

- Certain populations and communities, esp those with SUD and SMI, are more vulnerable to poor sexual health
- Many patients with SUD and/or SMI meet the criteria for PrEP
- All people who desire PrEP should be offered PrEP (risk assessment removed)
- Take a sex-positive and trauma-informed approach when gathering a comprehensive sexual history
- Use motivational interviewing skills to address ambivalence about PrEP options
- All available PrEP options are 99% effective if adherent
- Support the patient in the PrEP option that the patient will likely adhere



REFERENCES AND RESOURCES

1. Centers for Disease Control and Prevention: US Public Health Service: Preexposure prophylaxis for the prevention of HIV infection in the United States—2021 Update: a clinical practice guideline.
<https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf>.
Published December 2021.
2. [Ask about PrEP: How providers can prescribe PrEP to prevent HIV and reduce health disparities – East Bay Getting to Zero \(ebgtz.org\)](https://www.ebgtz.org/)
3. National Clinicians Consultation Center (<https://nccc.ucsf.edu/>, (800) 933-3413 treatment, (855) 448-7737 PrEP)

POLL – QUESTION 8

I am still hesitant to discuss HIV PrEP with my patients because...

1. I do not think it is part of my role as a BH/psych provider
2. My patient are medically complex, and I am concern for PrEP adherence
3. I do not have enough time in a visit
4. I would need to learn more about PrEP to be more comfortable
5. I am unfamiliar with community resources
6. I would need more implementation support
7. I feel comfortable recommending HIV PrEP to patients and collaborate with my team to support my patients in getting HIV PrEP as desired



RESOURCES

1. Take Me Home – HIV and STI lap process testing kits
2. Q Care Plus | Get PrEP Online Free & Delivered to Your Door
3. HIV Drug Interactions
4. Local PrEP Resources: <https://www.ebgtz.org/>
5. Interested in more training or one-on-one training contact:
Dr. Sami Lubega sami@ebgtz.org
and
Jayne Gagliano jayne@egbtz.org

EVALUATION

Please complete the evaluation
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THANK YOU

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**ARE
YOU**

