

# PrEP uptake among cisgender women at an urban, community-based STI clinic

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Cedric Bien MD & Sachin Jain MD MPH**

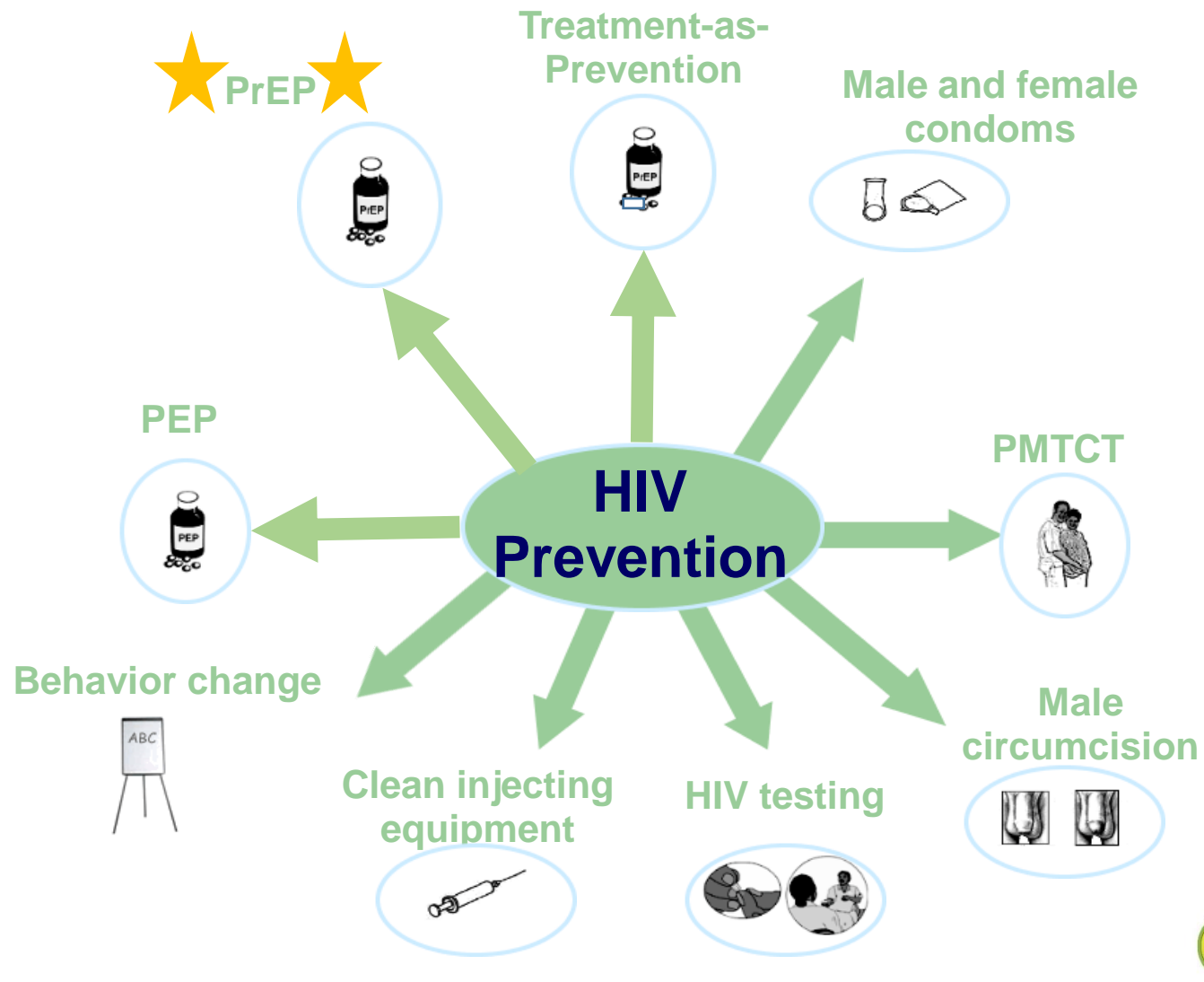
11<sup>th</sup> International Conference on HIV Treatment and Prevention Adherence

May 10, 2016

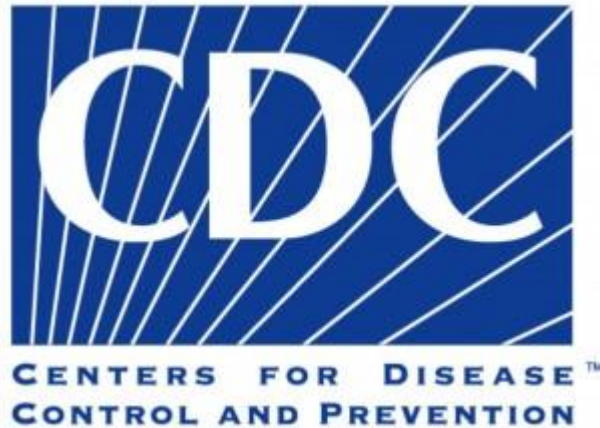
# Conflict of Interest Disclosure

Oni Blackstock, MD, MHS

Has no real or apparent  
conflicts of interest to report

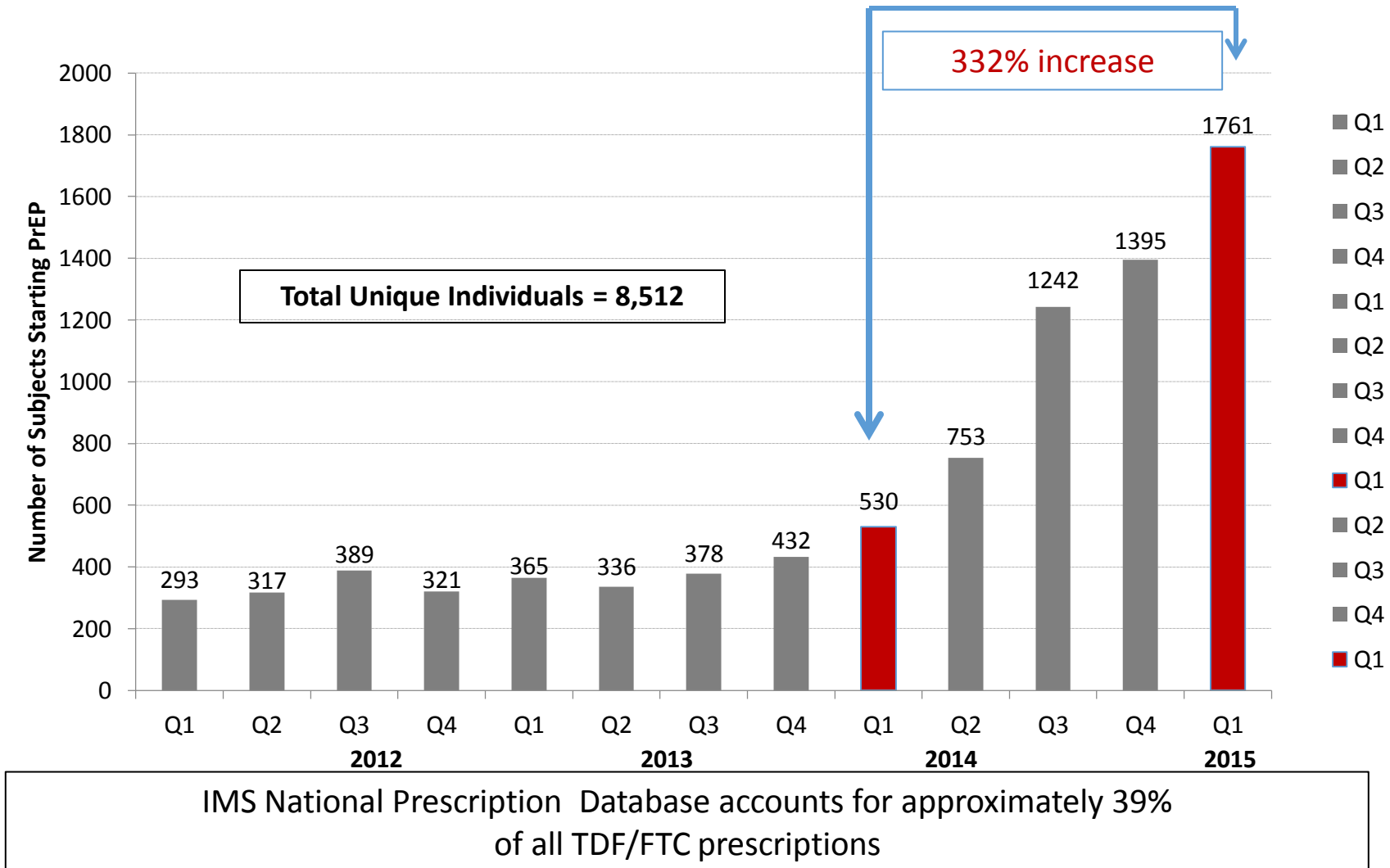


# Estimated cisgender heterosexually active women with indications for PrEP

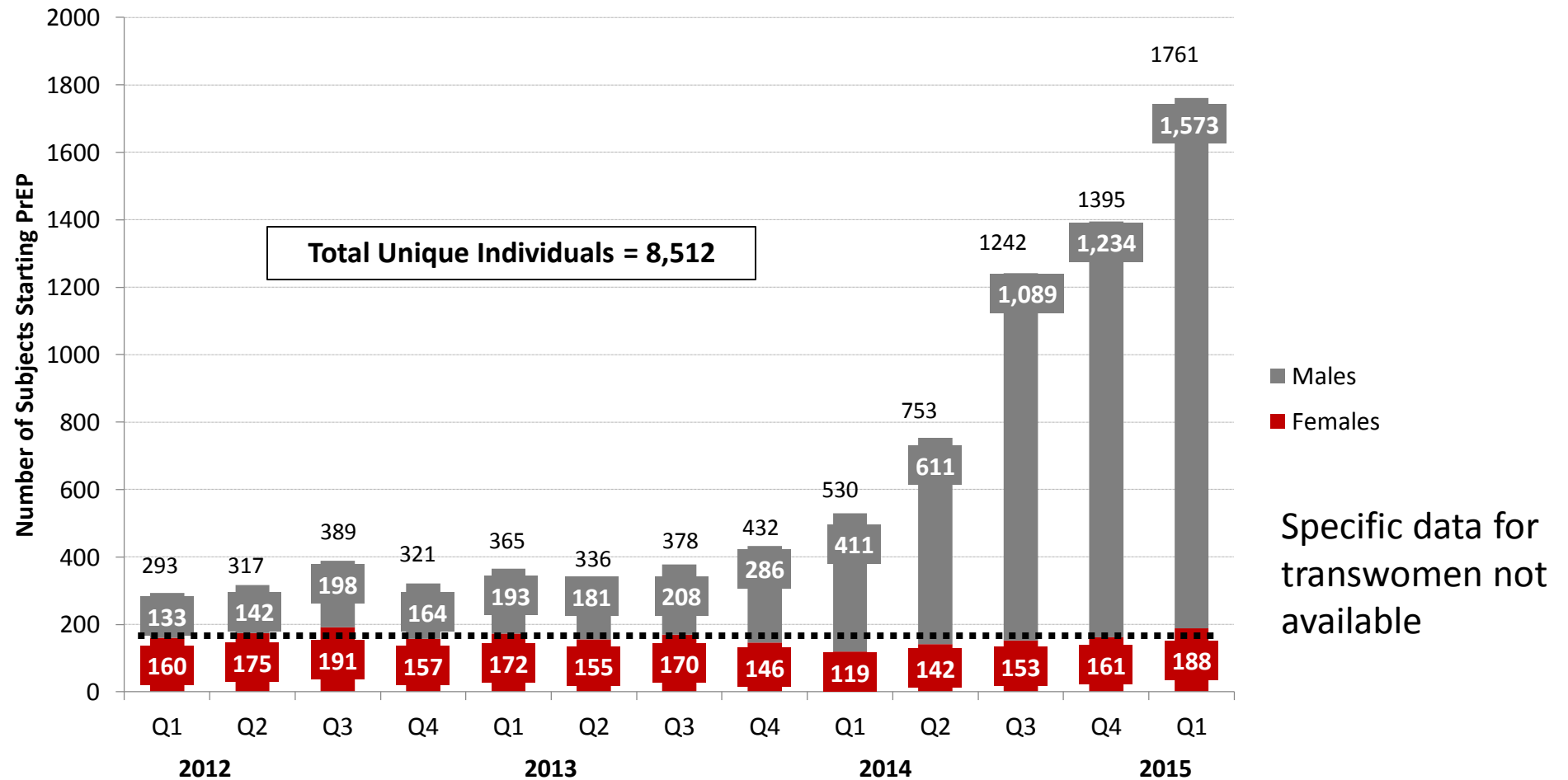


468,000  
(95%CI: 274,000-662,000)

# New PrEP Starts per Quarter



# New PrEP Starts by gender



IMS National Prescription Database accounts for approximately 39% of all TDF/FTC prescriptions

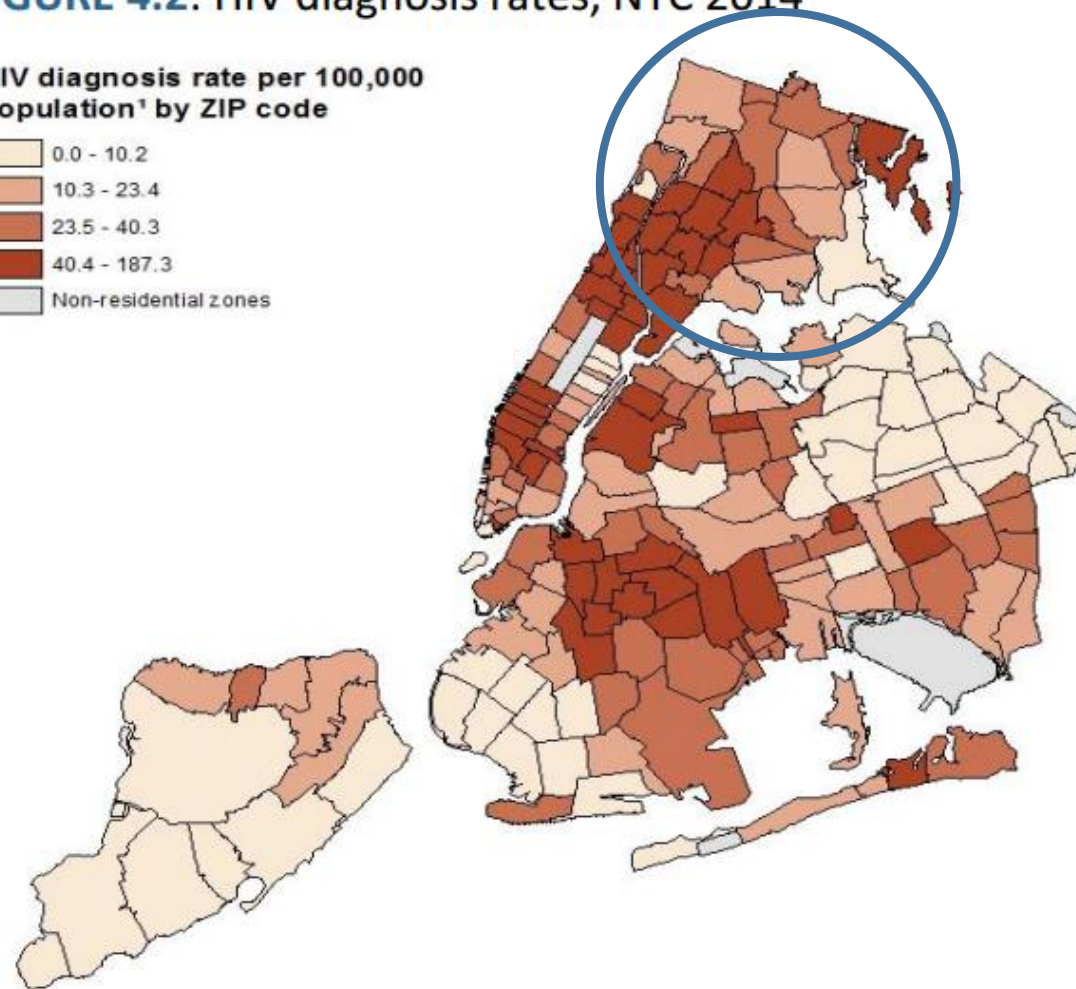
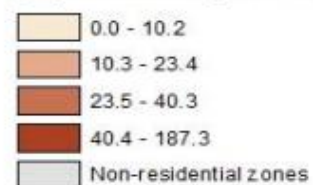
What has the experience been with  
PrEP uptake among cisgender  
women at an urban,  
community-based STI clinic?

# The Bronx



**FIGURE 4.2:** HIV diagnosis rates, NYC 2014

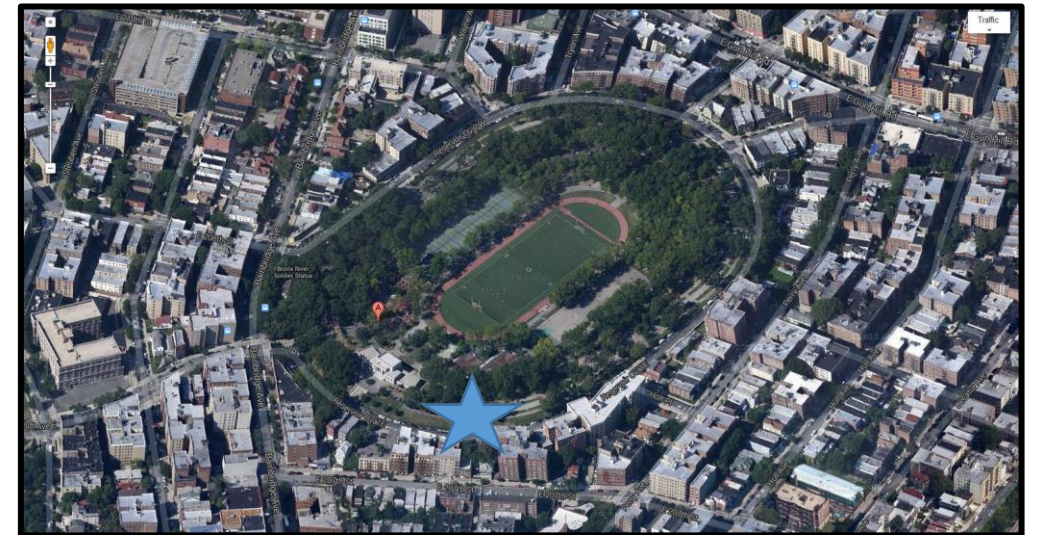
HIV diagnosis rate per 100,000 population<sup>1</sup> by ZIP code



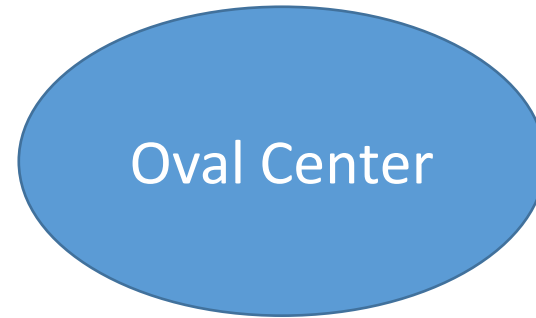


# Oval Center at Montefiore Medical Center

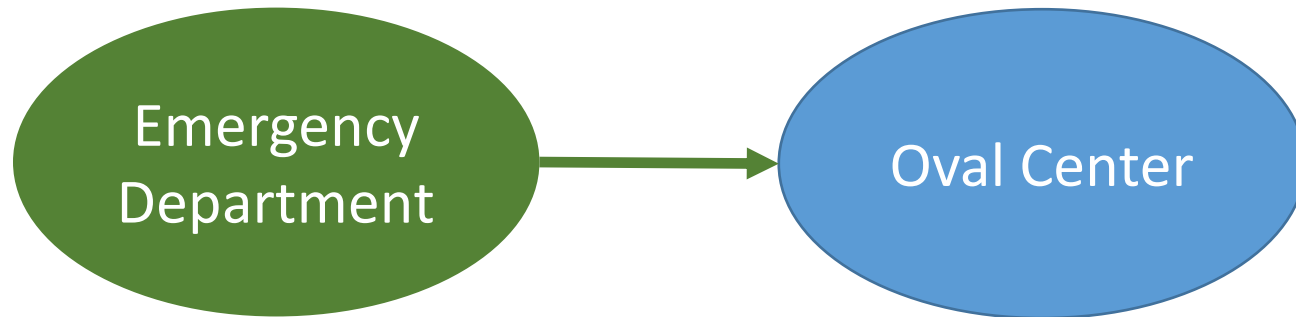
- Community-based site
- Confidential screening and treatment for sexually transmitted infections
- Rapid HIV testing
- PrEP and PEP
- Sexual healthcare for LGBTQ individuals
- Hepatitis C screening and treatment
- Sliding fee scale and assistance in obtaining insurance for those in need



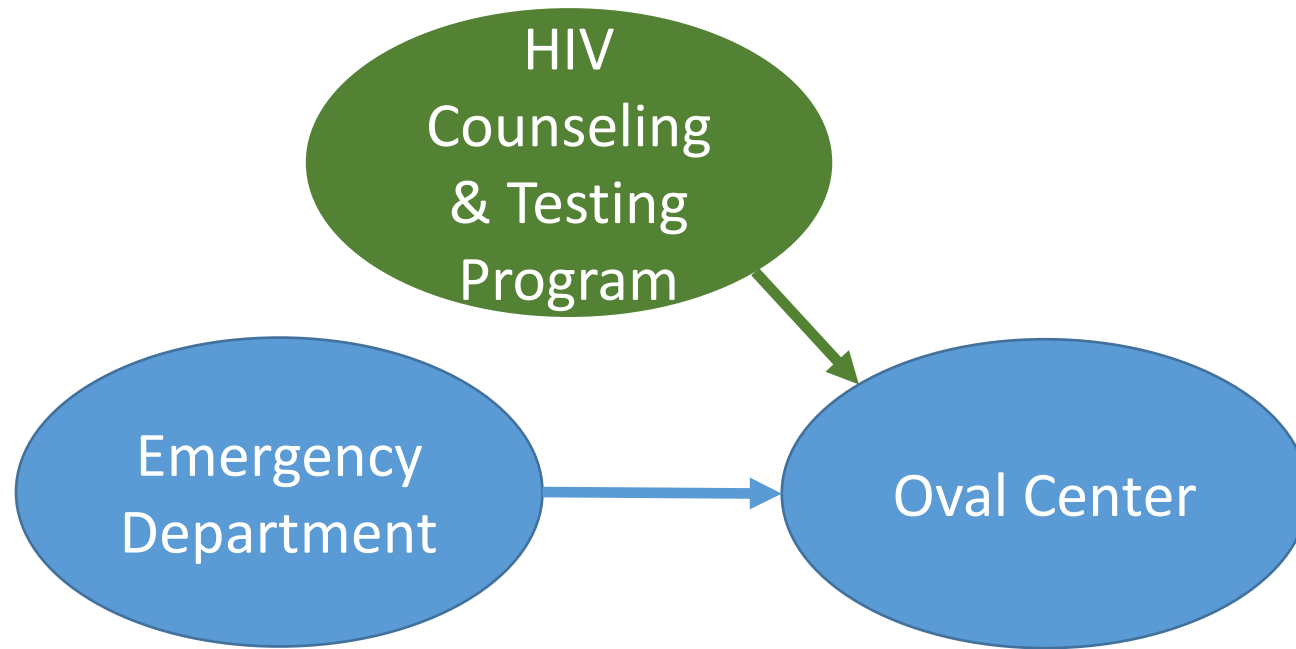
# PrEP referral sources for the Oval Center



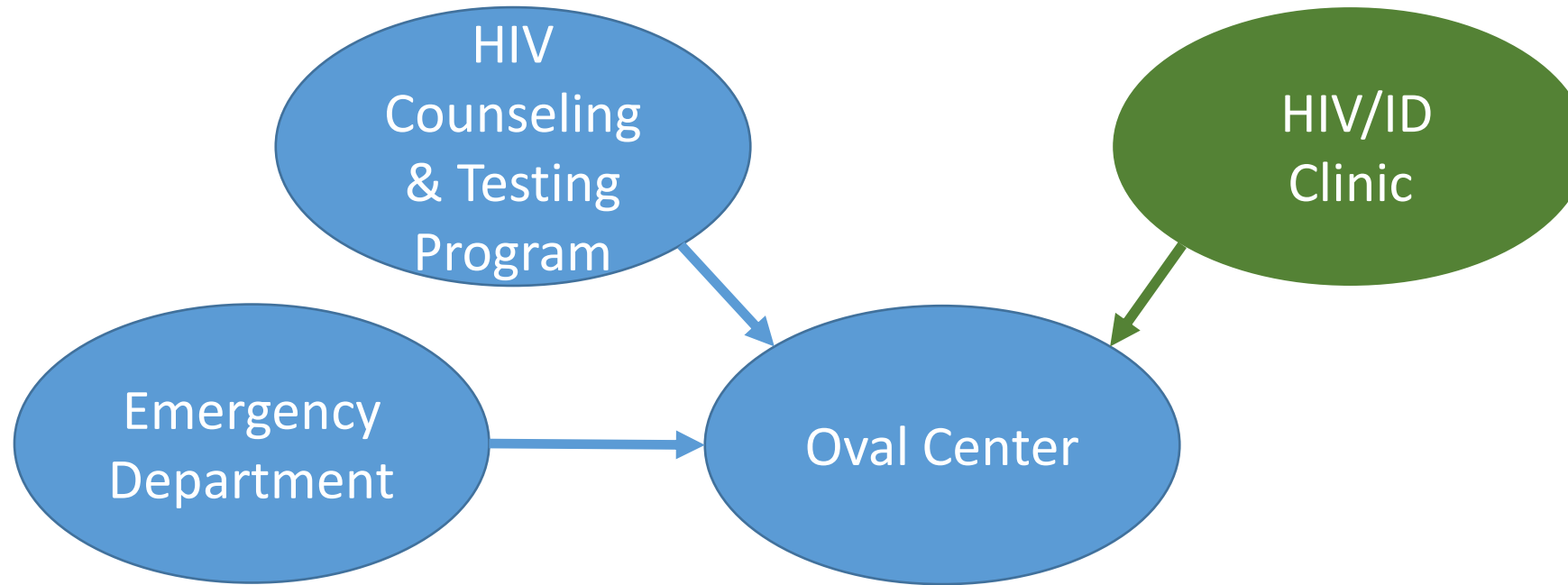
# PrEP referral sources for the Oval Center



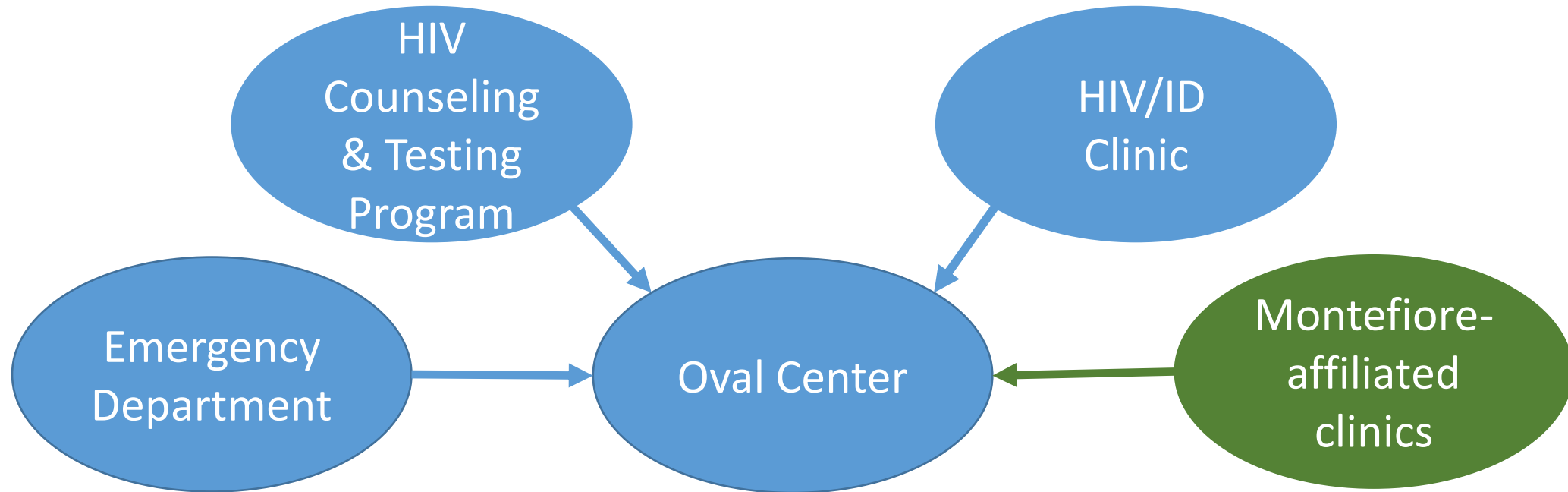
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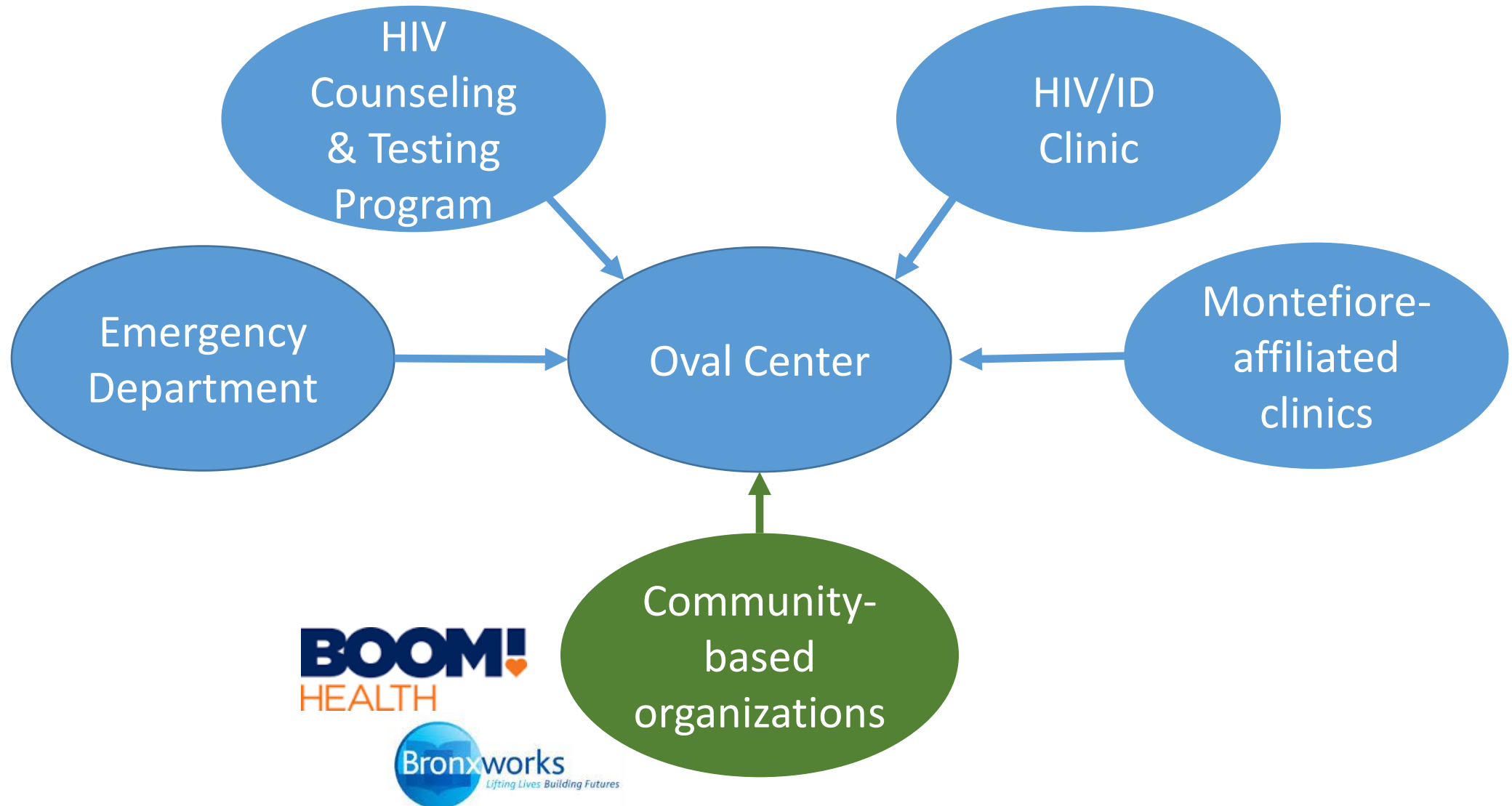
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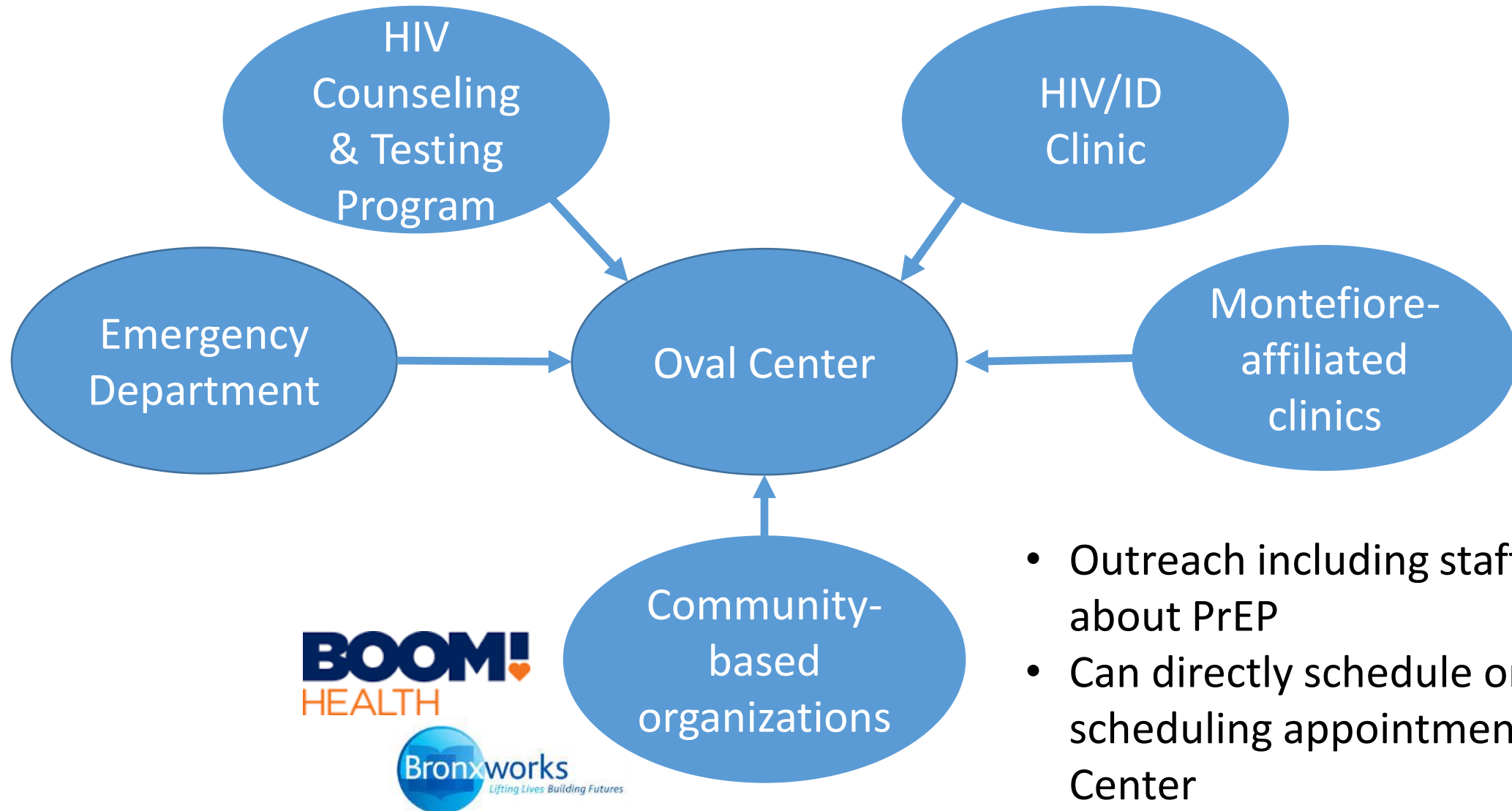
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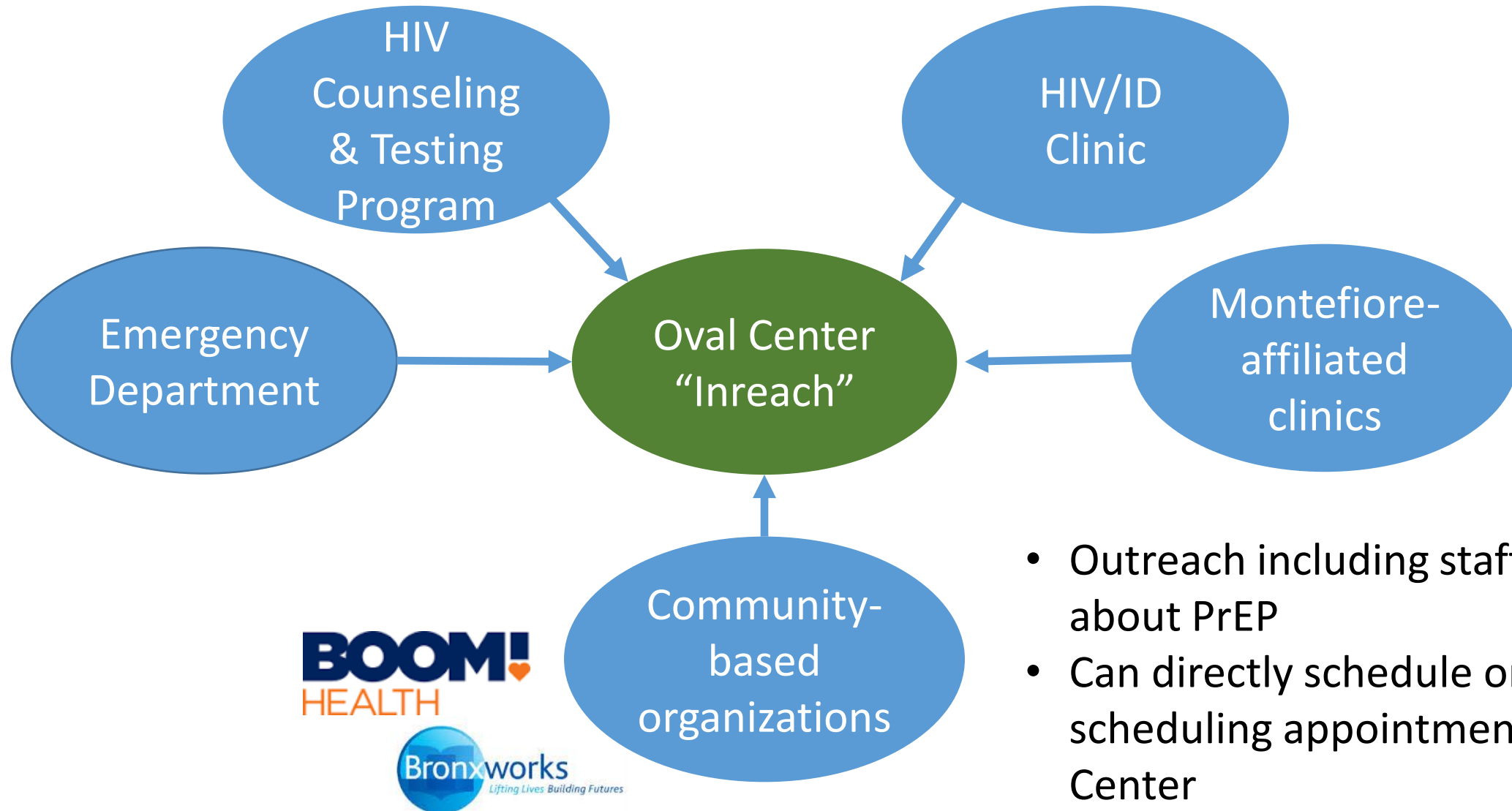


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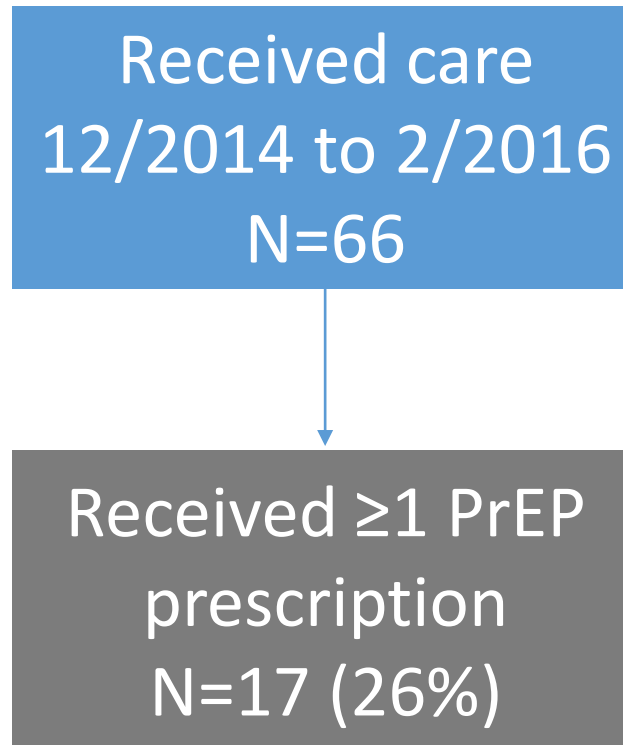


# PrEP referral sources for the Oval Center



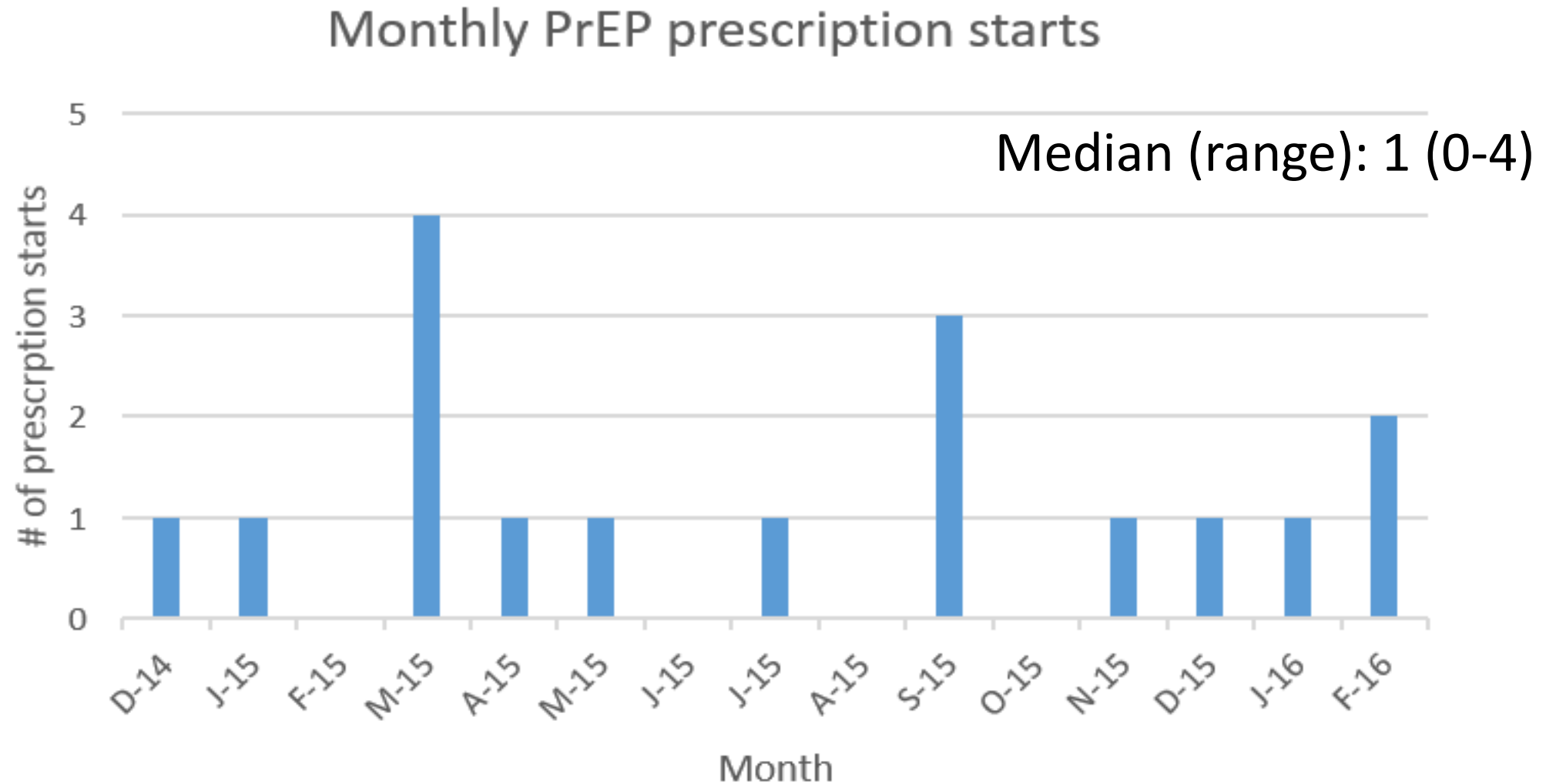
- Outreach including staff trainings about PrEP
- Can directly schedule or facilitate scheduling appointments at Oval Center

# PrEP and cisgender women at the Oval Center



- Receive appointment reminder call
- Follow-up call for missed appointments

# PrEP starts among women over time at Oval Center



# Characteristics of cisgender women prescribed PrEP

Characteristics	n=17
<b>Age</b> , years, median (range)	37 (20-56)
<b>Race/ethnicity</b> , n(%)	
Non-Latina Black	5 (29%)
Latina	7 (41%)
White	2 (12%)
Multiracial	1 (6%)
Declined	3 (18%)
<b>Insurance status</b> , n(%)	
Medicaid	13 (76%)
Private insurance	4 (24%)

# Referral Sources to Oval Center

Characteristics	n=17
<b>Referral sources, n(%)</b>	
ID clinic	4 (24%)
HIV testing and counseling program	3 (18%)
ED (referred for PEP)	2 (12%)
Montefiore-based or outside clinic	3 (18%)
Inreach (STI testing)	2 (12%)
Not documented	3 (18%)

# PrEP indication and retention in PrEP care

Characteristics	n=17
<b>PrEP indication</b>	
Serodiscordant relationship with a male partner	15 (88%)
<i>Reports partner on ARVs</i>	13 (87%)
<i>Trying to conceive</i>	3 (20%)
Has male partner with multiple female partners	1 (6%)
Serodiscordant relationship with female partner	1 (6%)
<b>Retention in PrEP care</b>	
% completed 3-month visit	50% (8/16)
% completed 6-month visit	39% (5/13)

# STI testing

- Of 11/17 who had STI testing at baseline, only one STI was diagnosed (Chlamydia); patient was symptomatic
- No STIs diagnosed on subsequent routine screening at 6-month visit although screening rates were low due to drop-off
  - 5/13 women with sufficient follow-up time had a 6-month visit
    - 4/5 were screened for STIs with zero STIs diagnosed

# Lessons learned

- PrEP can be feasibly offered in a community-based clinical setting with multiple diverse referral sources



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Learned



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- PrEP can be feasibly offered in a community-based clinical setting with multiple diverse referral sources
- PrEP uptake in this setting occurred primarily among women in serodiscordant relationships with ARV-using male partners
- Retention in PrEP care was low
- Unclear if our program is reaching women at highest risk in light of the most common PrEP indication as well as STI testing results



Lessons  
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# Recommendations

- Increase “inreach” and outreach to women who are at high risk for HIV, but who may not be in known serodiscordant partnerships

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  - Low perceived benefit?

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- Explore reasons for low retention in PrEP care after initiation
  - Low perceived benefit?
- Practice guideline-concordant care for STI screening

Recommendations



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PrEP may not be for EVERY woman,  
but it's an option for ALL women

-Kimberleigh Smith, Harlem United

# Acknowledgements

- Sachin Jain
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# Thank you!

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