Feasibility of Providing HIV Post-Exposure Prophylaxis Starter Kits in New York City Sexually Transmitted Disease Clinics

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The Setting: STD Clinics

- 8 clinics located in 4 of the 5 New York City (NYC) counties (boroughs)
- Comprehensive STD testing and treatment services
  - Anyone age 12+ regardless of ability to pay
- Behavioral Health Services
- HIV Screening protocol
  - Oraquick Rapid Test
    - Confirmatory testing at the NYC Public Health Laboratory
  - Additional screening for Acute HIV using pooled RNA testing for high risk individuals
- Extensive network of HIV care providers for linkage to care
The Setting: STD Clinics (2)

In 2014:

- 83,029 Patient Visits
  - MSM accounted for approximately 25%
- 55,424 visits included an HIV test
- 332 new HIV diagnoses (0.6%)
  - ~10% of new HIV diagnoses in NYC
- 53 cases of Acute HIV
  - ~20% of AHI in NYC
- 1251 diagnoses of anorectal infections in MSM – increased risk of HIV seroconversion; 6.7% annual incidence

An Unmet Need

- High risk population
  - Often seeking “safety net” or urgent services
  - Uninsured/underinsured
  - Recent high risk encounter
  - Unwilling or unable to see regular doctor

- Limited availability of PEP at low/no cost in NYC

- PEP is an emergency

- PEP as an opportunity to link patients to additional services
Obstacles to PEP in BSTD Clinics

• Cost (approx $35/day of treatment)
  – Patient assistance programs time/labor intensive
• Does not fit into BSTD clinic model
  – Repeat visits
  – Walk-in vs appointment
  – Prescriptions
• Associated testing
• Clinical expertise
PEP Starter Kits

• 3 day supply of medication
  – Truvada + raltegravir
  – Pre-packaged at the DOHMH pharmacy
    • Initial packaging only 30 day shelf life
    • Subsequent contract with compounding pharmacy extended shelf life to 1 year

• Active referral to partner facility offering full PEP regimen
  – Some at no-cost to patient if uninsured/underinsured*
  – Comprehensive medical/laboratory evaluation
  – Follow-up HIV testing
  – Ideally connect to comprehensive services

*Collaboration with NYC DOHMH Bureau of HIV/AIDS Prevention and Control Sexual and Behavioral Health Program
Starter Kit Eligibility

- In the last 36 hours, patient reports:
  1. Condomless anal or vaginal sex with a known HIV+ partner
  2. Condomless receptive anal sex with a person of unknown HIV status (male or trans-female only)
  3. Sharing injection drug works
  4. Sexual assault

** Tested HIV Negative on Day of Visit**
Implementation

• Agreements with referral facilities
• Electronic medical record modifications
• Changes to web, 311, call center
• Informational materials
• Distribution of medication to clinics
• Gradual roll-out at clinics starting in April 2014.
  – All clinics active by July 2014
PEP Starter Kit Uptake
From April 2014 – April 2015
• 294/300 (98%) patients offered PEP accepted it
  – 12 patients returned seeking an additional kit at a subsequent visit (1 patient received a 3rd kit)

<table>
<thead>
<tr>
<th>Reason for PEP</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condomless sex with an HIV positive partner</td>
<td>139</td>
<td>47</td>
</tr>
<tr>
<td>Condomless receptive anal intercourse</td>
<td>128</td>
<td>44</td>
</tr>
<tr>
<td>Sexual assault</td>
<td>8</td>
<td>2.7</td>
</tr>
<tr>
<td>Sharing injection drug works</td>
<td>1</td>
<td>0.3</td>
</tr>
<tr>
<td>Other</td>
<td>18</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>294</td>
<td>100</td>
</tr>
</tbody>
</table>
## Who took PEP?

<table>
<thead>
<tr>
<th>Gender</th>
<th>N = 294</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>277</td>
<td>94</td>
</tr>
<tr>
<td>Female</td>
<td>16</td>
<td>5</td>
</tr>
<tr>
<td>Transgender</td>
<td>1</td>
<td>0.3</td>
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</table>

<table>
<thead>
<tr>
<th>Race</th>
<th>N = 294</th>
<th>%</th>
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</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>90</td>
<td>31</td>
</tr>
<tr>
<td>White</td>
<td>79</td>
<td>27</td>
</tr>
<tr>
<td>Black</td>
<td>73</td>
<td>25</td>
</tr>
<tr>
<td>Other</td>
<td>52</td>
<td>18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group</th>
<th>N = 294</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>15-19</td>
<td>9</td>
<td>3</td>
</tr>
<tr>
<td>20-24</td>
<td>64</td>
<td>22</td>
</tr>
<tr>
<td>25-29</td>
<td>97</td>
<td>33</td>
</tr>
<tr>
<td>30-34</td>
<td>53</td>
<td>18</td>
</tr>
<tr>
<td>35-39</td>
<td>36</td>
<td>12</td>
</tr>
<tr>
<td>40-44</td>
<td>15</td>
<td>5</td>
</tr>
<tr>
<td>45-49</td>
<td>11</td>
<td>4</td>
</tr>
<tr>
<td>50+</td>
<td>9</td>
<td>3</td>
</tr>
</tbody>
</table>

Age (mean, min-max): 30, 16-59
Adherence

• Patient calls (dedicated central office staff) – 3 attempts per patient:
  – Day 2-3
    • Are they taking starter kit?
    • Any issues with referral or side effects?
  – Day 30
    • Did they complete regimen?

• Referral facility call (clinic staff):
  – Did patient attend appointment?
<table>
<thead>
<tr>
<th>Category</th>
<th>Day 2</th>
<th>Day 30</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N=294</td>
<td>N=289*</td>
</tr>
<tr>
<td>Reached</td>
<td>241</td>
<td>183</td>
</tr>
<tr>
<td>Taking/completed PEP</td>
<td>236</td>
<td>173</td>
</tr>
<tr>
<td>Not taking PEP</td>
<td>(n=5)</td>
<td>(n=10)</td>
</tr>
<tr>
<td>Not at risk for HIV</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Could not pay for meds</td>
<td>n/a</td>
<td>3</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Unable to reach</td>
<td>14</td>
<td>28</td>
</tr>
<tr>
<td>Pending</td>
<td>39</td>
<td>78</td>
</tr>
<tr>
<td>Kept appointment (n=251)</td>
<td>211</td>
<td>n/a</td>
</tr>
</tbody>
</table>

*Excludes n=5 who reported not taking meds at Day 2
Lessons Learned

• Use of 3 day starter kits is a feasible way of providing PEP in STD clinic setting
  – Limited resources (financial, staff, clinical)
  – Clinic model: walk-in vs appointment based
• Regimen adherence is a key component
  – Difficult to assess – patient self-report, low response rate to follow up calls
• Relationships with referral facilities key
  – Can provide link to comprehensive services
Next Steps

• Match with NYC HIV Surveillance data
• Expand to provide full 30 days
• Grow referral network
• What about PrEP?
Acknowledgements

• Kelly Jamison – data analyst
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