



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 incidence¹

¹ Pathela P, Braunstein SL, Blank S, Schillinger JA. Clin Infect Dis. 2013 Oct;57(8):1203-9



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



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)

Reason for PEP	N	%
Condomless sex with an HIV positive partner	139	47
Condomless receptive anal intercourse	128	44
Sexual assault	8	2.7
Sharing injection drug works	1	0.3
Other	18	6
Total	294	100



Who took PEP?

	N = 294	%
Gender		
Male	277	94
Female	16	5
Transgender	1	0.3
Race		
Hispanic	90	31
White	79	27
Black	73	25
Other	52	18

	N = 294	%
Age Group		
15-19	9	3
20-24	64	22
25-29	97	33
30-34	53	18
35-39	36	12
40-44	15	5
45-49	11	4
50+	9	3
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?



Adherence (2)

	Day 2		Day 30	
	N=294	%	N=289*	%
Reached	241	82	183	63
Taking/completed PEP	236	98	173	95
Not taking PEP	(n=5)		(n=10)	
Not at risk for HIV	4	80	3	30
Could not pay for meds	n/a	n/a	3	30
Other	1	20	4	40
Unable to reach	14	5	28	10
Pending	39	13	78	27
Kept appointment (n=251)	211	84	n/a	n/a

*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
- Clinicians
- Public Health Advisors
- BHIV Sexual and Behavioral Health program colleagues