



# An Online Survey of HIV Testing and Pre-Exposure Prophylaxis Attitudes and Practice Habits among Physicians at an Academic Medical Center

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# Disclosures

- None



# Background

- There remain existing opportunities to reduce new HIV infections by improving primary and secondary prevention services
- Adolescents are at high risk of HIV and STIs and engaging pediatricians in primary and secondary HIV prevention efforts is critical



# Background

- Persons aged 13–29 years represent 23% of the U.S. population, but account for 40% of diagnoses of HIV
- HIV diagnoses by age groups (/100,000)
  - 13–15 years (0.7)
  - 16–17 years (4.5)
  - 18–19 years (16.5)
  - 20–21 years (28.6)
  - 22–23 years (34.0)
  - 24–25 years (33.8)
  - 26–27 years (31.3)
  - 28–29 years (28.7)
- “These findings underscore the importance of targeting primary prevention efforts to persons aged <18 years, specifically those aged 16–17 years, and continuing through the period of elevated risk in the mid-twenties.”



# Background

**U.S. Food and Drug Administration Approves Expanded Indication for Truvada® (Emtricitabine and Tenofovir Disoproxil Fumarate) for Reducing the Risk of Acquiring HIV-1 in Adolescents**

May 15, 2018 10:58 AM ET

*– First Agent Indicated for Uninfected Adolescents at Risk of Acquiring HIV –*

FOSTER CITY, Calif.--(BUSINESS WIRE)--May 15, 2018-- Gilead Sciences, Inc. (Nasdaq:GILD) today announced that the U.S. Food and Drug Administration (FDA) has approved once-daily oral Truvada® (emtricitabine 200 mg/tenofovir disoproxil fumarate 300 mg)—in combination with safer sex practices—to reduce the risk of sexually acquired HIV-1 in at-risk adolescents. The safety and efficacy profile of Truvada for HIV prevention in uninfected adults, a strategy called pre-exposure prophylaxis (PrEP), is well established, and Truvada for PrEP was first approved for use in adults in 2012.

The addition of the adolescent indication is based on a study in HIV-negative individuals 15 to 17 years of age. In the United States, adolescents and young adults 13 to 24 years of age comprised 21 percent of all new infections in 2016, according to the U.S. Centers for Disease Control and Prevention, and 81 percent of those infections were among young men who have sex with men (YMSM).

Truvada for PrEP is now indicated in combination with safer sex practices to reduce the risk of sexually acquired HIV-1 in at-risk adults and adolescents weighing at least 35 kg. Individuals must have a negative HIV test immediately prior to initiating Truvada for PrEP. Truvada has a boxed warning in its product label regarding the risks of post treatment acute exacerbation of hepatitis B and the risk of drug resistance with the use of Truvada for PrEP in undiagnosed early HIV infection. Further important safety information, adverse drug reactions and prescribing considerations are included below.

“Study ATN113 has demonstrated that Truvada for PrEP is a well-tolerated prevention option for adolescents who are vulnerable to HIV,” said Sybil Hosek, PhD, Clinical Psychologist at the Cook County Health and Hospital System’s Stroger Hospital, Chicago, and lead investigator of the study. “In addition to traditional risk-reduction strategies, healthcare providers and community advocates are now equipped with another tool to help address the incidence of HIV in younger at-risk populations.”



# Aims

1. Evaluate providers attitudes and beliefs about their role in screening for sexual health services
2. Understand and compare differences in providers attitudes and beliefs about screening in different clinical environments
3. Identify barriers to routine screening in different clinical environments



# Methods

- We conducted a convenience sample of residents
  - Internal Medicine
  - Pediatrics
  - Emergency Medicine
- Conducted online via Qualtrics
- E-mails sent out by program directors and chief residents
  - E-mails sent out 4 times between August 2017 and June 2018



# Methods

- Survey (Up to 52 questions)
  - Covering 5 sexual health domains
    - **HIV**
    - **PrEP**
    - PEP
    - HCV
    - STI
- Conducted in Qualtrics
- Reimbursement of \$25 provided
- Average duration
  - 18.8 minutes





# Methods

Likert scale 1 - 5	Reported Analysis
Strong Disagree -> Strongly Agree	Percent of individuals choosing agree (4) or strongly agree (5)
Extremely knowledgeable -> Not knowledgeable at all	Percent of individuals choosing very (4) or extremely knowledgeable (5)
Extremely comfortable -> Not comfortable at all	Percent of individuals choosing very (4) or extremely comfortable (5)
Please rank your top 3 potential barriers to routine HIV screening	Percent of individuals choosing a barrier in their top 3

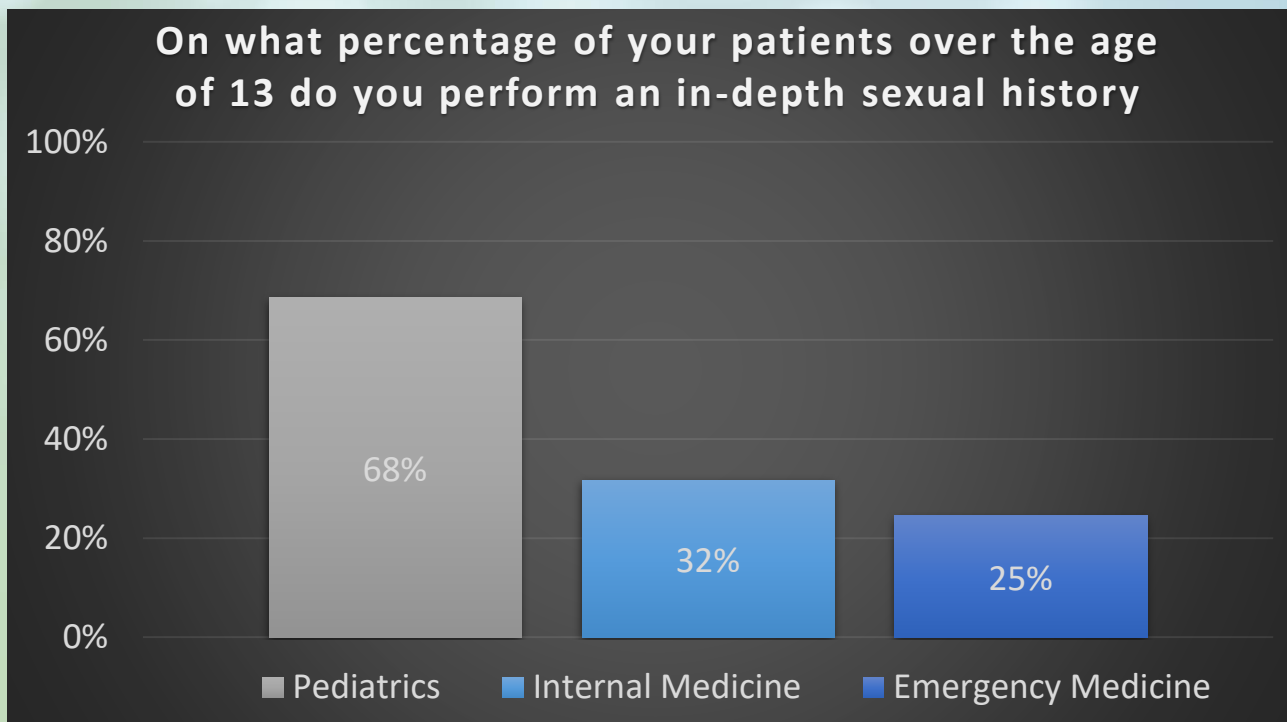


# Results

	<b>Internal Medicine</b>	<b>Pediatrics</b>	<b>Emergency Medicine</b>
<b>Completed Survey</b>	54	35	10
<b>Eligible for Survey</b>	128	78	48
<b>Response Rate</b>	42%	45%	21%

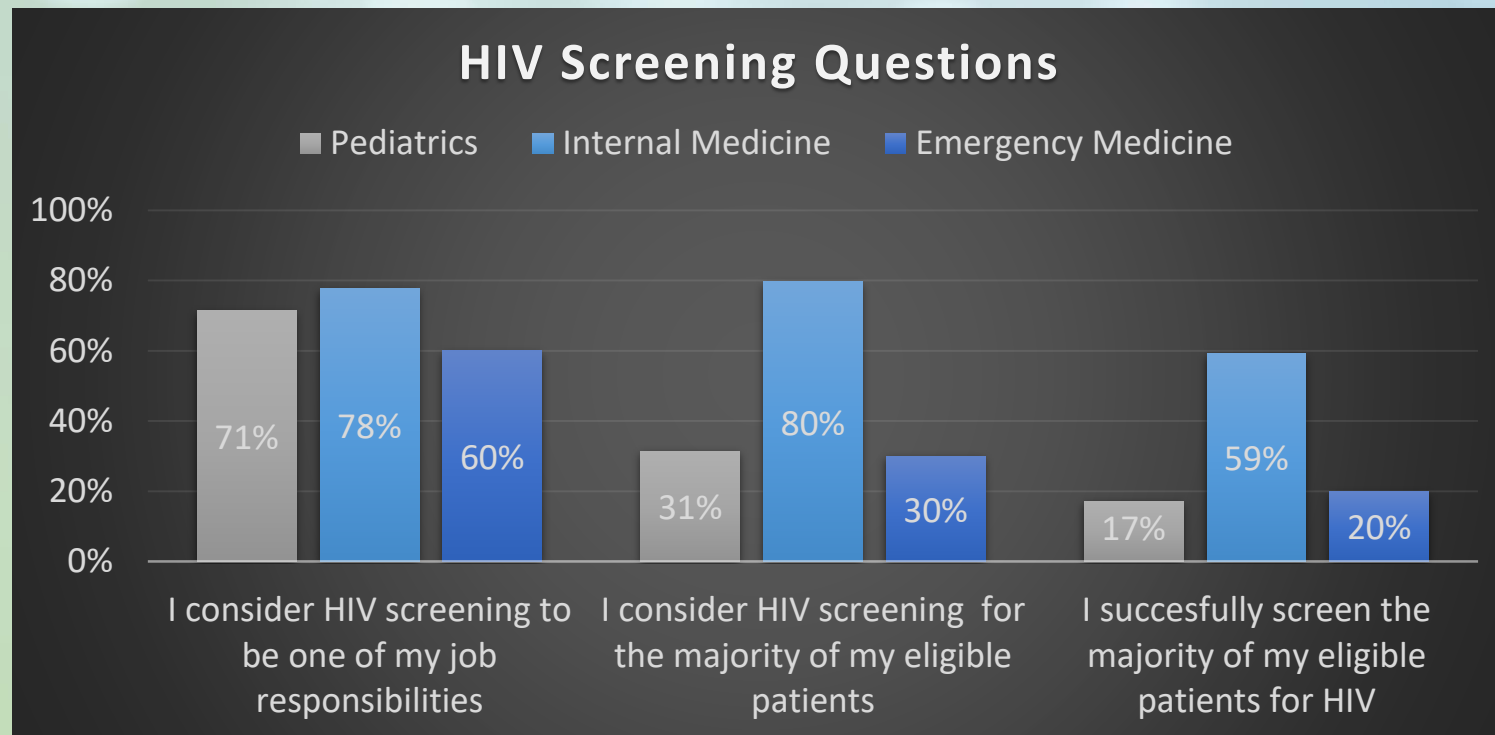


# Results



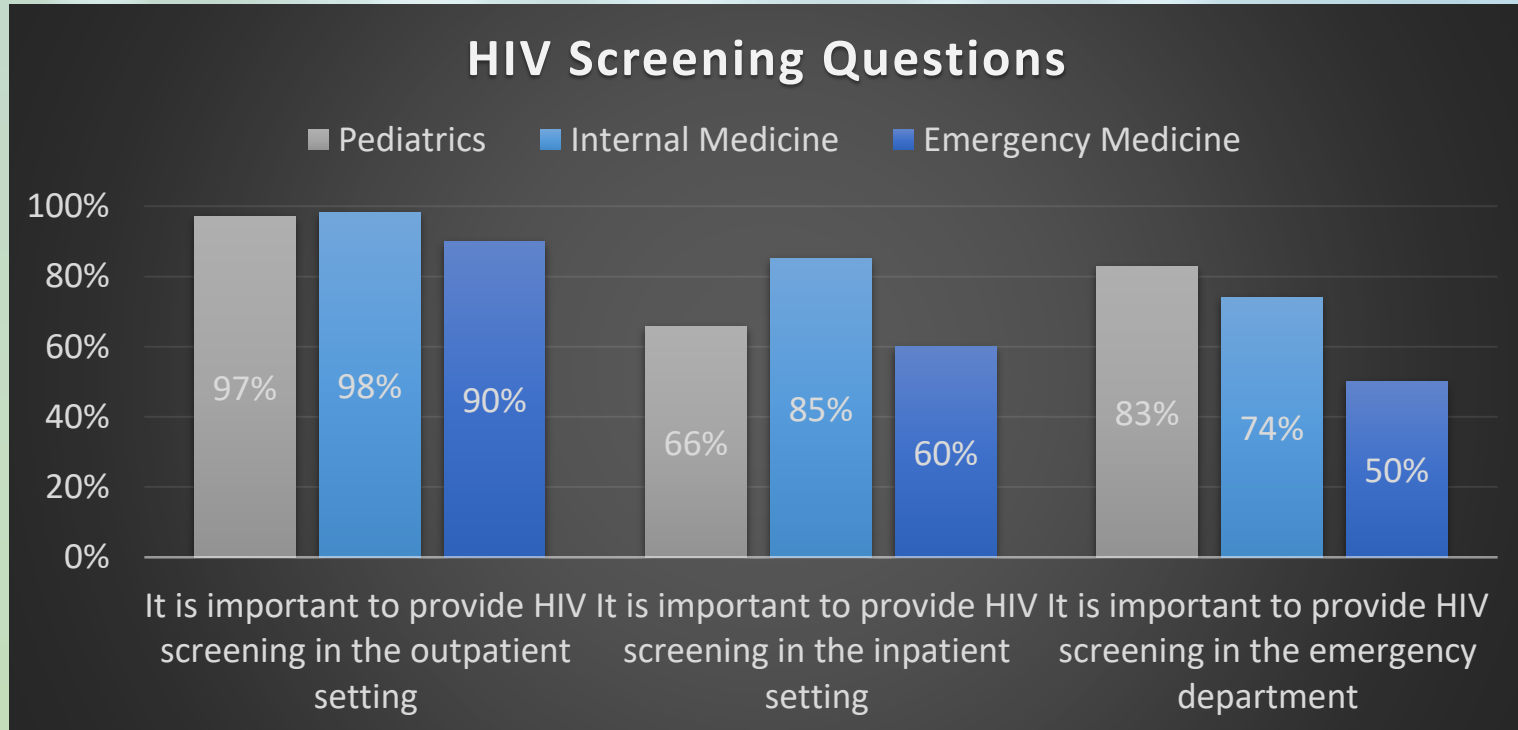


# Results





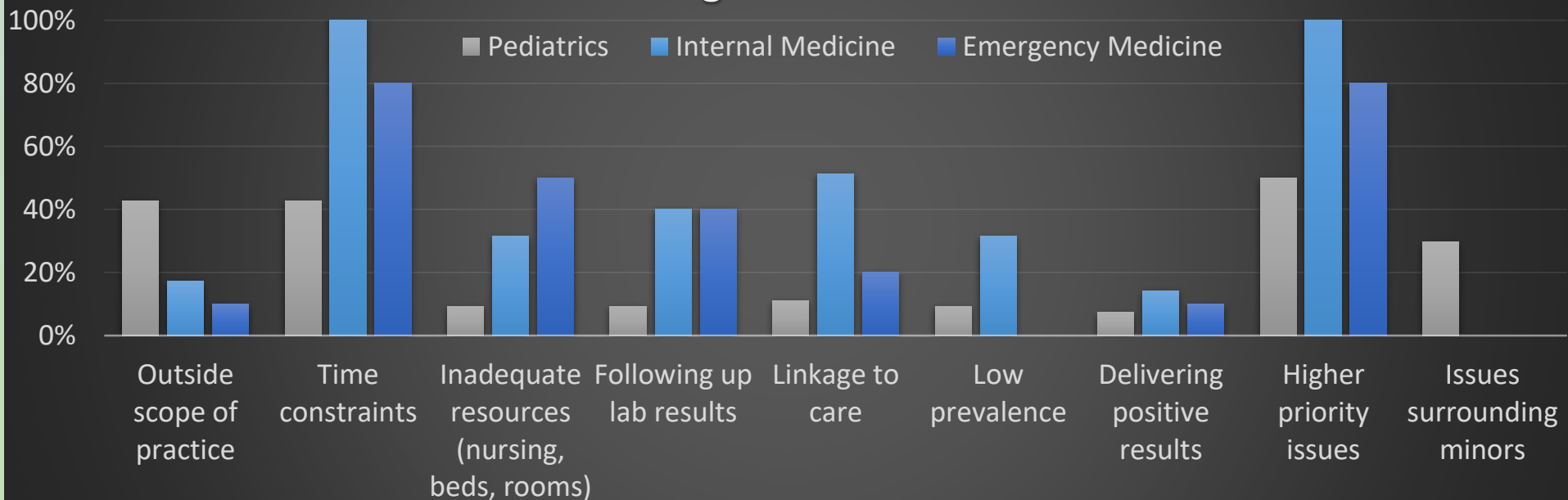
# Results





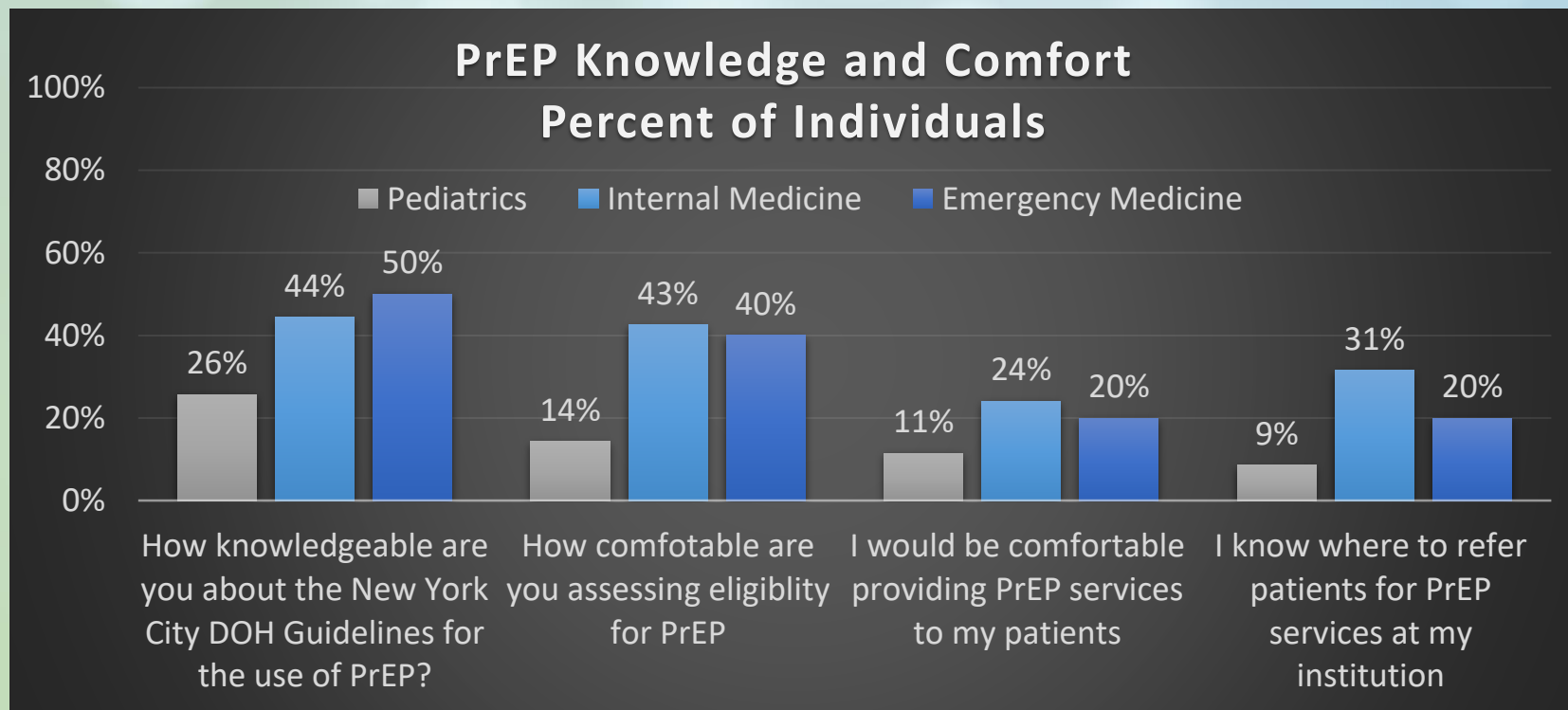
# Barriers

## HIV Screening Barriers



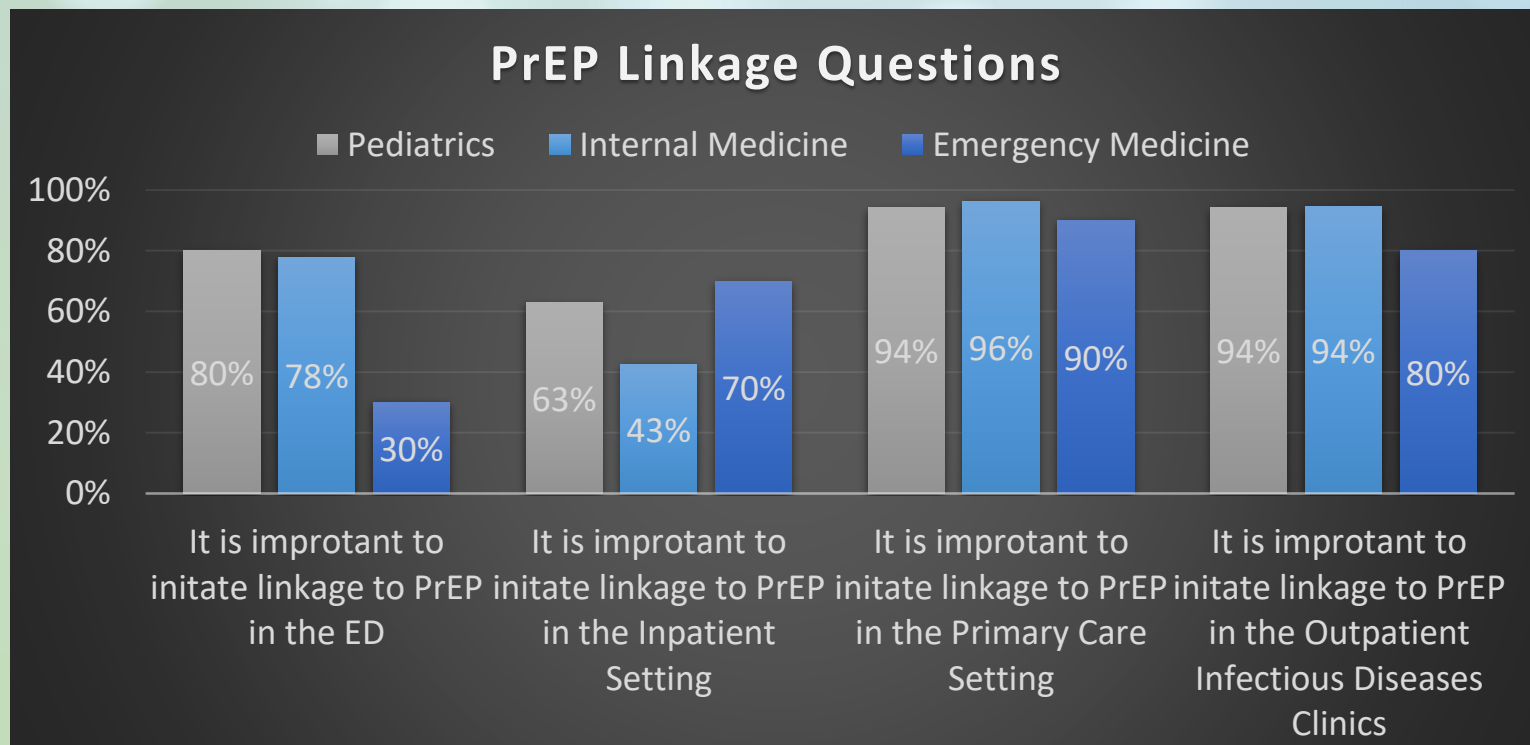


# Results





# Results

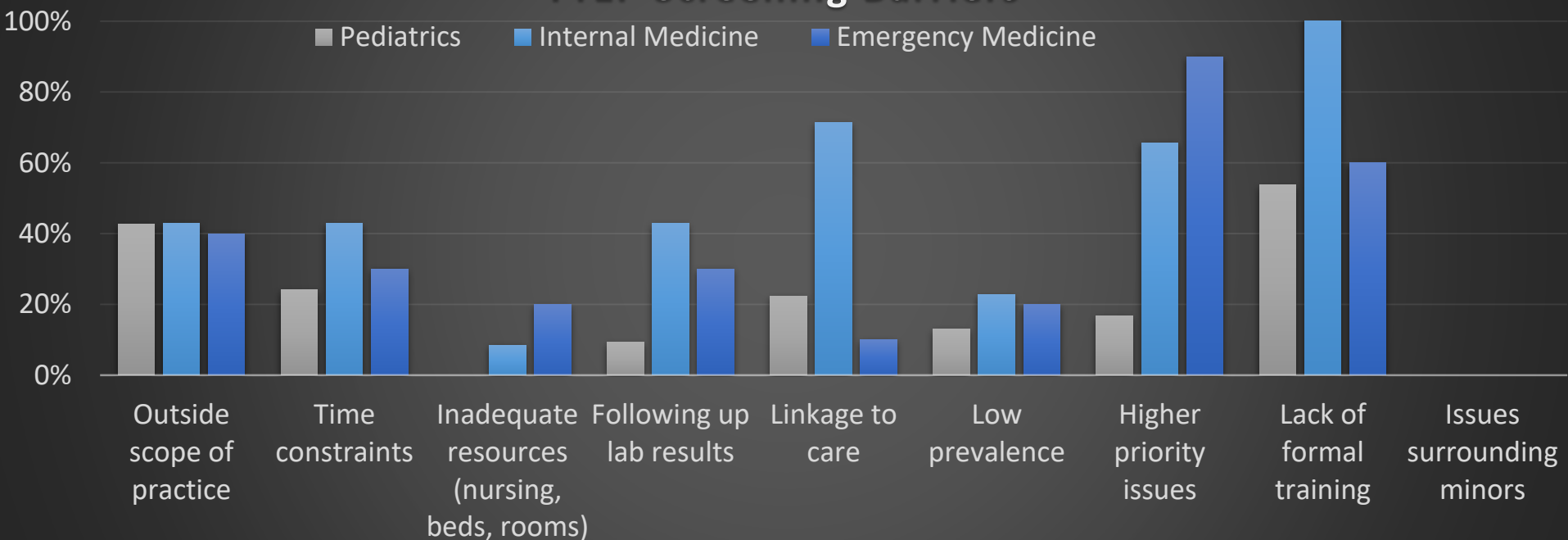






# Barriers

## PrEP Screening Barriers





# Summary

- The majority of providers recognized the importance of HIV testing and linkage to prevention services
- Pediatric providers were more likely to take a sexual history but less likely to consider or successfully screen patients for HIV
- Overall few providers would feel comfortable providing PrEP services or know where to refer a patient for PrEP
- Lack of formal PrEP training was a top barrier to the provision of PrEP services across groups
- Other barriers to the provision of HIV prevention services varied across specialties
- **These represent opportunities for targeted interventions**



# Thanks

## Research Team:

- Caroline Carnevale
- Jeremy Gold
- Alex Borsa
- Matt Scherer
- Alwyn Cohall
- Peter Gordon
- Magdalena Sobieszczyk
- Susan Olender

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# Questions?

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