## Same-Day PrEP

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## **Considerations for same-day PrEP**

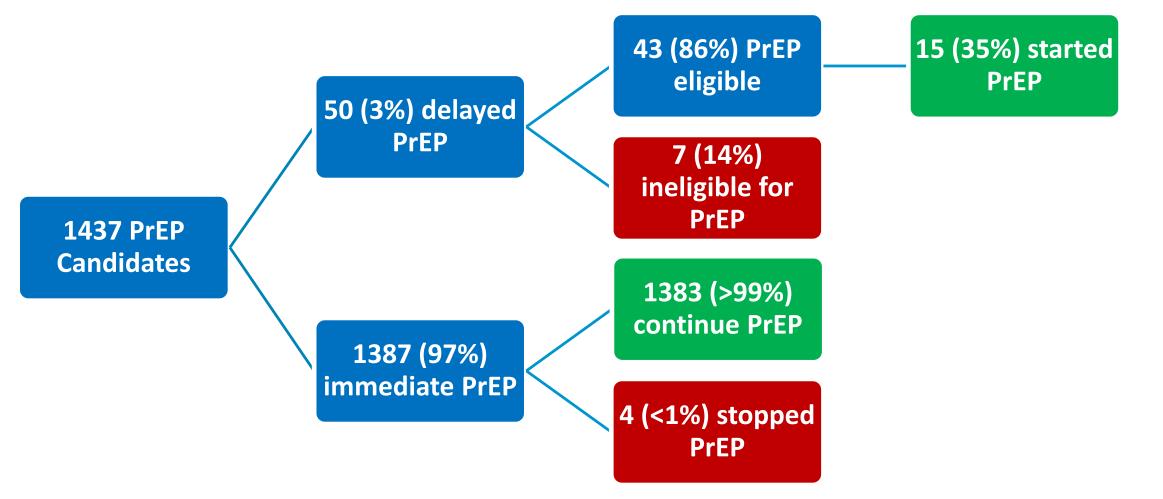
### **Advantages**

- May improve PrEP uptake
- May reduce delays in initiating PrEP
- More patient-centered?
- Similar to delivery of other sexual health interventions (e.g., oral contraception)

### Disadvantages

- May be logistically more complicated for clinics
- Concerns about starting PrEP before all laboratory results have returned
- Unknown impact on PrEP persistence

## Same-day PrEP increases uptake while maintaining safety.



Mikati T. Immediate PrEP initiation at New York City sexual health clinics. Conference on Retroviruses and Opportunistic Infections. Seattle, Washington, 2019. Abstract 962.

## **Denver Metro Health Clinic (DMHC) experience**

#### Eligible for same-day PrEP if:

- 18 years or older
- No history of renal disease, chronic hepatitis B, HIV, current pregnancy, indications for PEP, symptoms of acute HIV
- Willing to follow up within 1 month

#### Process:

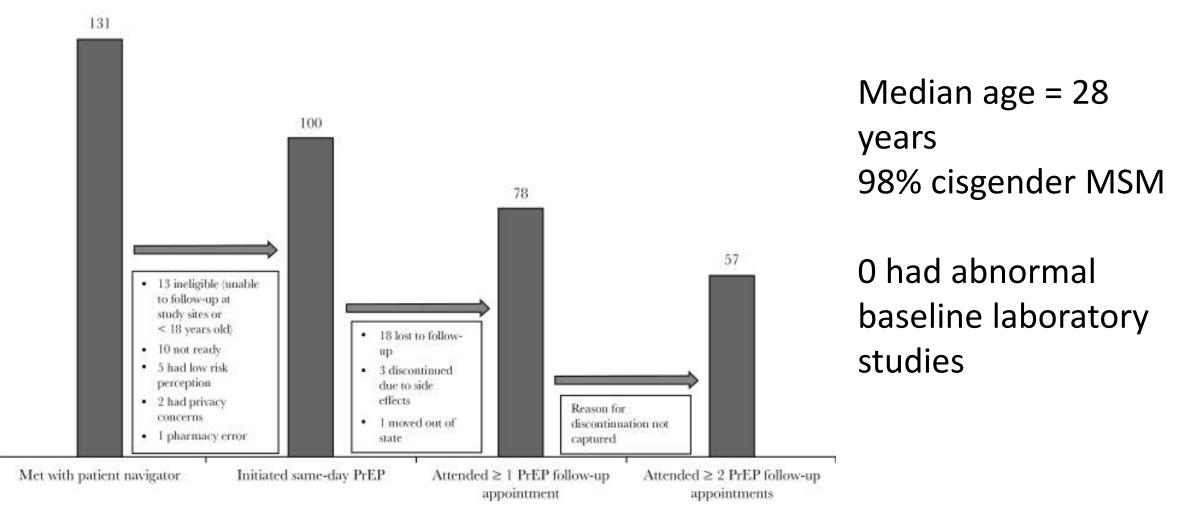
- Meet with NP or RN for PrEP evaluation
- Point-of-care HIV antibody/antigen test
- Laboratory testing for serum creatinine, hepatitis B surface antigen
- Meet with PrEP navigator
- Prescribed 30-day supply of oral PrEP

#### Table 2:Clinical Signs and Symptoms of Acute (Primary) HIV Infection<sup>71</sup>

		Sex		Route of transmission	
	Overall	Male	Female	Sexual	Injection Drug Use
	(n = 375)	(n = 355)	(n = 23)	(n = 324)	(n = 34)
Features	%	%	%	%	%
Fever	75	74	83	77	50
Fatigue	68	67	78	71	50
Myalgia	49	50	26	52	29
Skin rash	48	48	48	51	21
Headache	45	45	44	47	30
Pharyngitis	40	40	48	43	18
Cervical adenopathy	39	39	39	41	27
Arthralgia	30	30	26	28	26
Night sweats	28	28	22	30	27
Diarrhea	27	27	21	28	23

## **DMHC same-day PrEP outcomes**

Number of Individuals



### Same-day PrEP process at MGH Sexual Health Clinic

Person responsible	Step
Administrative assistant	<ol> <li>Checks in patient, obtains preferred contact information and consent to text</li> </ol>
Nurse practitioner	<ol> <li>Elicits information about sexual behavior and drug use. Discusses PrEP, asks about symptoms of acute HIV, obtains baseline laboratory studies at the same time as STI testing, writes prescription</li> </ol>
Nurse	<ol><li>Provides on-demand benefits assistance and enrollment</li></ol>
Data coordinator	<ol> <li>Enters patient into a clinical database for quality tracking and adherence support</li> </ol>
Administrative assistant	5. Books follow-up appointment
Nurse practitioner or nurse	6. Performs follow up visits

## **MGH** experience

- ~284 people start/re-start PrEP each year through this process
- No cases of unexpected renal disease or chronic hepatitis B infection
- Most common medical contraindication (though still uncommon): Newly diagnosed HIV on baseline laboratory studies; all patients contacted within 1-2 days

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#### Preventing New HIV Infections

The listed guidelines and related implementation resources provide guidance about prevention strategies and services that can prevent or diagnose new HIV infections and link individuals at risk to relevant prevention, medical and social services.

#### Guidelines

Current Guidelines	Some sections may be out-of-date.	Out of date/Superseded	
<b>Ø</b>	0	8	

<u>Updated (2013) U.S. Public Health Service Guidelines for the Management of Occupational Exposures to Human</u> Immunodeficiency Virus and Recommendations for Postexposure Prophylaxis (oPEP)

Updates U.S. Public Health Service recommendations for the management of health-care personnel (HCP) who have occupational exposure to blood and/or other body fluids that might contain HIV. Although the principles of exposure management remain unchanged, recommended HIV postexposure prophylaxis (PEP) regimens and the duration of HIV follow-up testing for exposed personnel have been updated.

#### Preexposure Prophylaxis (PrEP)

Title and Description	Publication Year	Status
Preexposure Prophylaxis for the Prevention of HIV Infection in the United States (2021 Update) - Clinical Practice Guideline № [PDF - 2 MB] This updates the review of scientific evidence on the safety and efficacy of antiretroviral HIV preexposure prophylaxis (PrEP). The update includes guidance for recommended initial and follow-up STD screening, revised HIV testing strategies, and recommended primary care practices for patients being prescribed oral or injectable PrEP.	2021	0
Preexposure Prophylaxis for the Prevention of HIV Infection in the United States (2021 Update) – Clinical Providers Supplement Prevention (PDF – 764 KB) This update provides revised checklists, patient information sheets, and billing codes for both oral and injectable PrEP and includes guidance for counseling patients about adherent PrEP use.	2021	0

#### www.cdc.gov/hiv/guidelines/preventing.html

## 2021 CDC PrEP guidance: Same-day initiation

**Requirements for Same-Day PrEP** 

Conduct point-of-care HIV testing or draw blood for laboratory-based HIV testing when same-day results are not available; draw or obtain at the point of care other baseline testing (e.g., serum creatinine)

Provide benefits navigation assistance

Have the ability to contact patients rapidly if testing shows pre-existing HIV or renal dysfunction

Provide a scheduled follow-up appointment

Dispense or prescribe PrEP medication

# Same-day PrEP is not appropriate if... (according to the 2021 CDC guidelines)

- Patients are ambivalent about starting PrEP
- Blood cannot be drawn for baseline testing
- Patients have signs/symptoms of acute HIV or history concerning for acute HIV
- Patients have a known history of renal disease, hypertension, or diabetes mellitus
- Patients have unresolved financial barriers to obtaining PrEP medication
- Patients have no confirmed means of contact

## Discussion

- What concerns do you have about same-day PrEP?
- What would your clinic need to start or expand same-day PrEP?