

# PrEP implementation in an academic center in the Southeast

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Medical Director, Duke PrEP Clinic

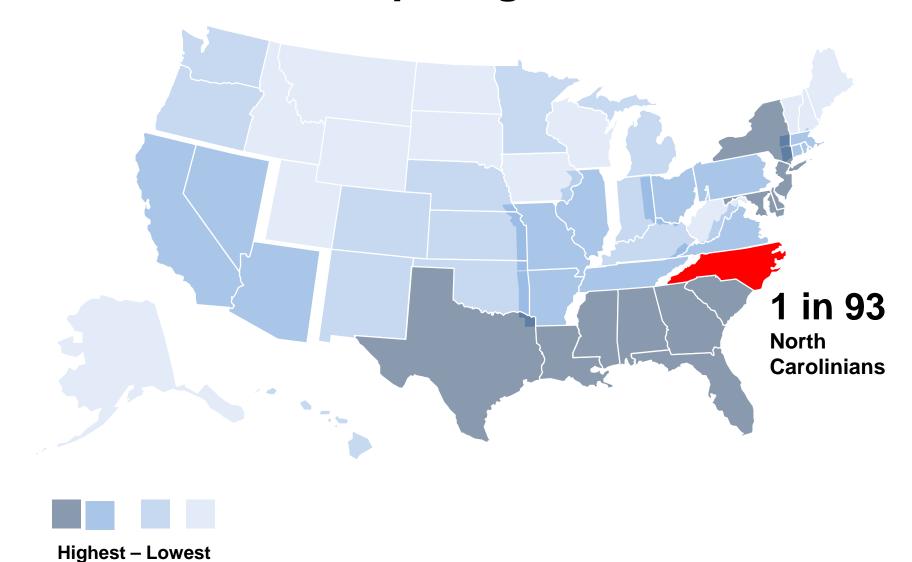
#### **Overview**

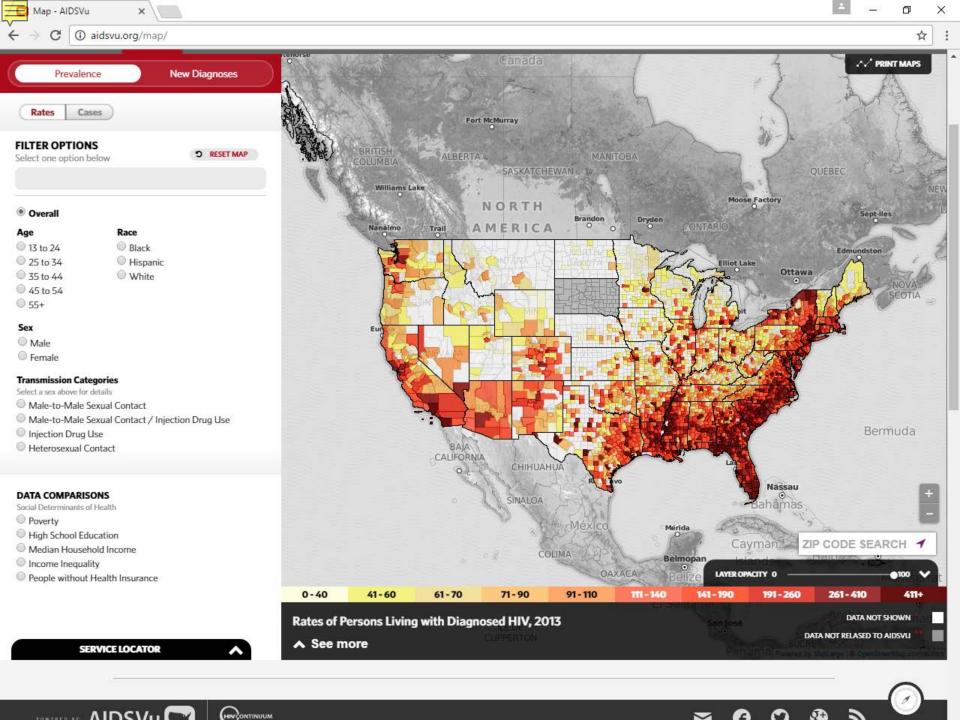
- Background of the Duke PrEP Clinic in Durham, NC
- Clinic demographics and results
- Pearls and pitfalls
- North Carolina control measures

### Disclosures

 Gilead, ViiV, BMS – site PI for sponsored studies

### Lifetime risk of acquiring HIV







# **Duke's PrEP Efforts**



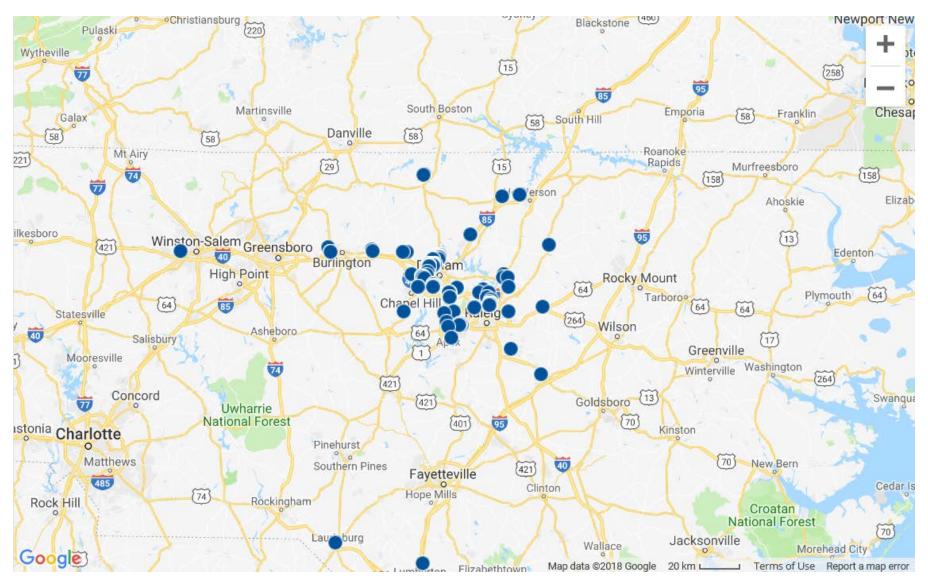
# When you think about Duke







# When you think about Duke



# **PrEP Implementation**

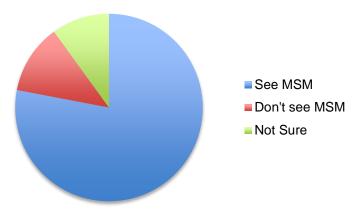


PrEP survey launched

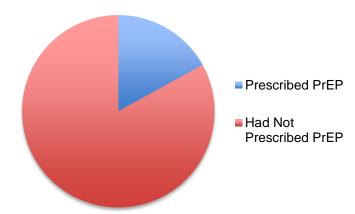


## PrEP Survey – Duke PCP's

#### Duke PCP's Reporting Seeing MSM

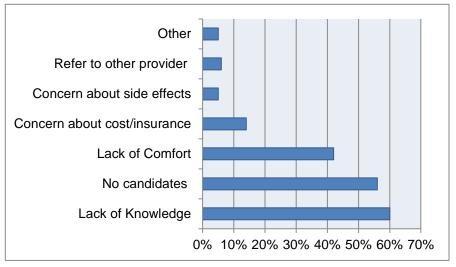


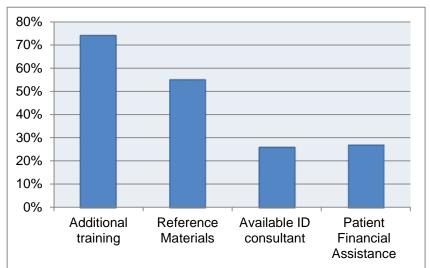
#### Duke PCP's Prescribing PrEP



Why PCP's had NOT prescribed PrEP







M. Clement, et al. An Educational Initiative in Response to Identified PrEP Prescribing Needs Among PCPs in the Southern U.S., AIDS Care, Oct 27, 2017



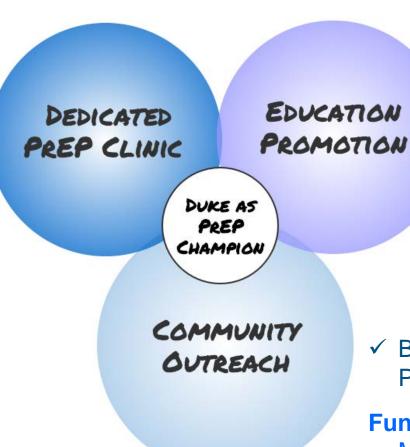


### Our Solution: Three Pronged Approach

- ✓ Dedicated PrEP Clinic in 1K Duke South
- ✓ Referral in MaestroCare
- ✓ Counseling, Labs, Drug Assistance

#### **Funding from DIHI**

PrEP ClinicPromotion andImplementation



✓ Pilot an educational training session

#### **Funding from DIHI**

- Educational Toolkit
- On-site trainings
- QI assessment of intervention

✓ Building Community Partnerships

#### **Funding from DIHI**

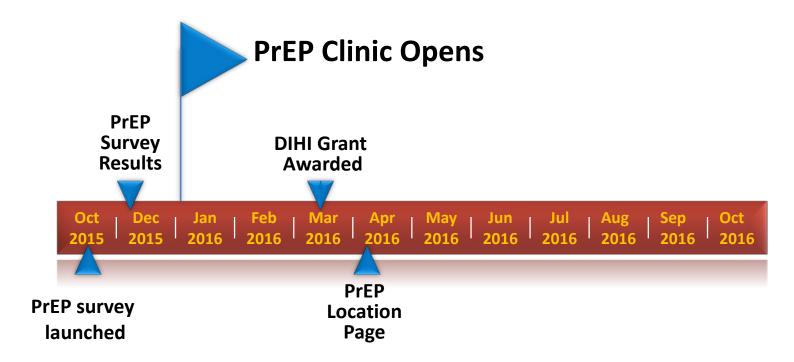
 Marketing Campaign to raise awareness

#### **Duke AETC PT site**

- Posters/advertising
- Educational events
- Partial support for a mid-level provider who is seeing majority of PrEP patients
- THANK YOU!

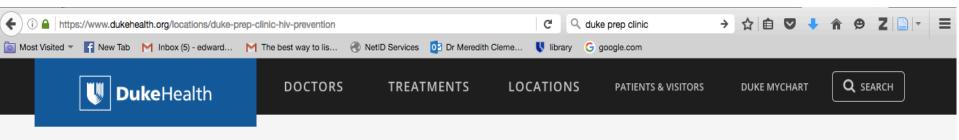


# **PrEP Implementation**





# **PrEP Clinic Location Page**



★Locations



#### **Appointments**

\$ 919-620-5300

#### Location number

**919-668-3197** 

#### Fax number

**919-613-6430** 

#### Duke PrEP Clinic for HIV Prevention

Type: Duke University Hospital Outpatient Department

The Duke PrEP Clinic specializes in offering pre-exposure prophylaxis (PrEP) to HIV-negative individuals at risk for HIV infection who are interested in PrEP as a means to prevent HIV.

Our providers are HIV and infectious disease specialists. They are committed to patient care and dedicated to the idea that PrEP offers a unique and promising strategy for preventing new HIV infections in our community.

Read more: PrEP HIV-prevention clinic opens at Duke

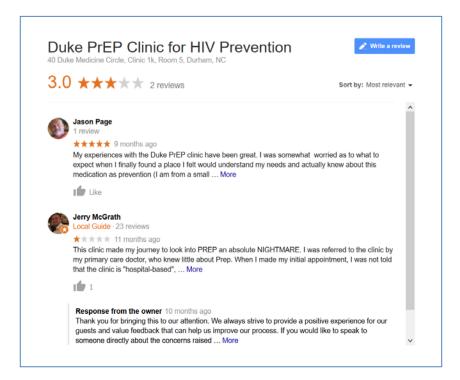
#### Services

The clinic offers:

Address Counseling (risk reduction, assistance in obtaining PrEP medication, etc.)

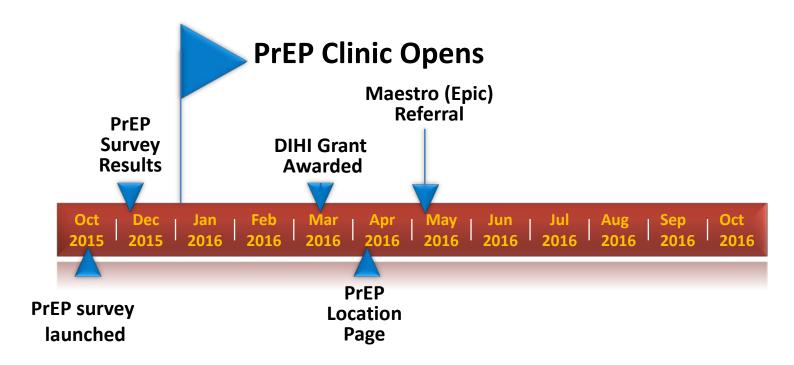


# Be savvy on social media

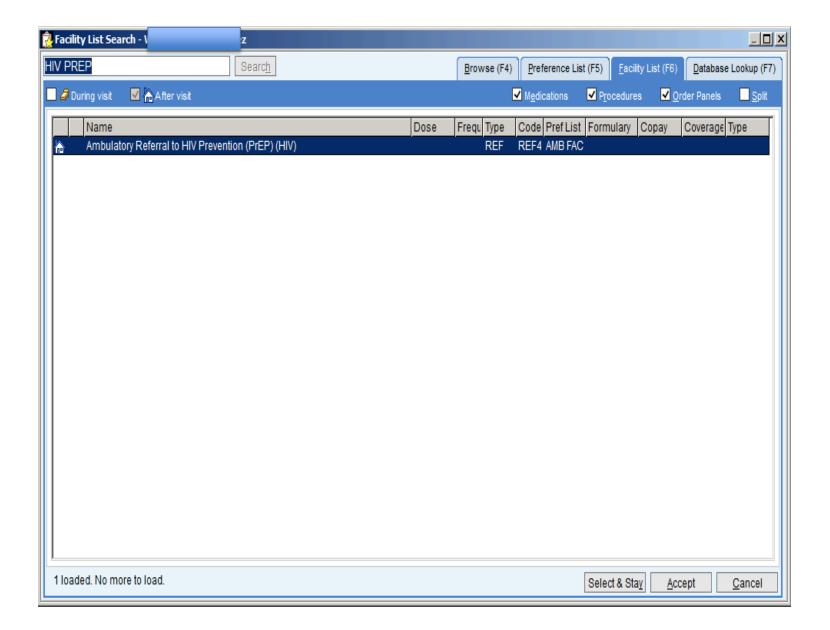


- Encourage patients to fill out a review
- Give them simple link to click on
  - Via email or a post card at front desk
- May need to shorten the URL
  - https://www.google.com/searc h?q=duke+prep+clinic&rlz=1C1 PRFI enUS712US712&oq=duke +prep+clinic&ags=chrome..69i5 7j69i60.1871j1j4&sourceid=chr ome&ie=UTF-8#lrd=0x89ace6ae99aa56a3:0x
    - 9d133b0dcaaae2cb,3,,,

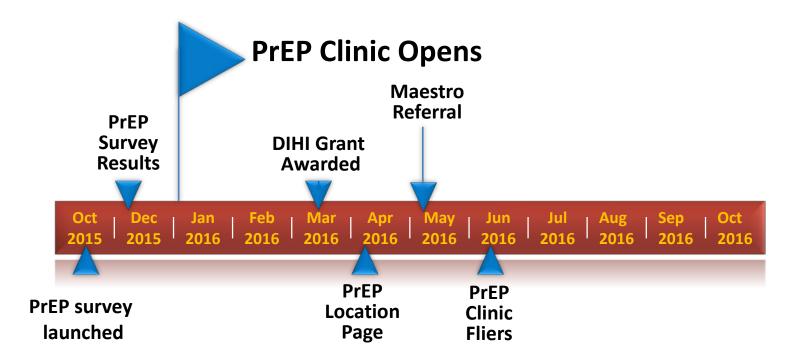
# **PrEP Implementation**



#### Referral to PrEP Clinic in Maestro Care



### **PrEP Implementation**



# Be Prepared

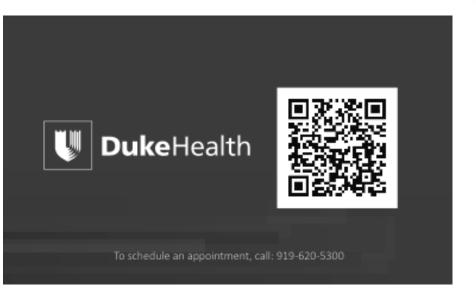
PrEP to prevent HIV infection

#### Protect Yourself With PrEP



(pre-exposure prophylaxis)

- for anyone concerned about becoming infected with HIV
- · one pill, once each day
- taking it daily gives very strong protection against HIV
- · covered by insurance
- assistance is available if you don't have health insurance



#### PrEP might be right for you if

- you use condoms sometimes or not at all
- · you are a man who has sex with men
- you have a sexual partner(s) who is HIV-positive or multiple partners with unknown status
- you have been treated recently for an STD, such as syphilis or gonorrhea
- · you inject drugs intravenously





# **Duke PrEP Clinic posters**





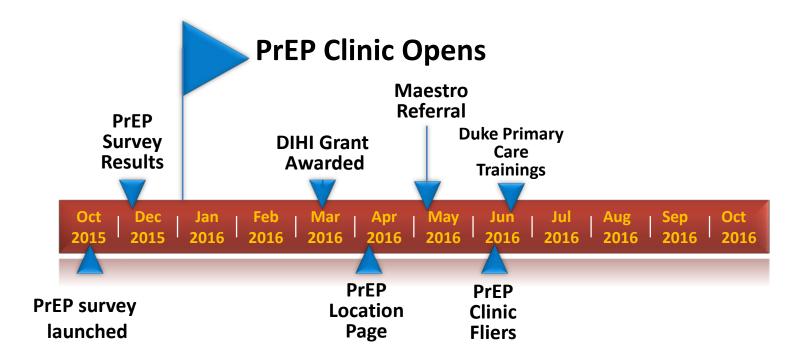


# **Duke PrEP Clinic posters**





# **PrEP Implementation**





# Pre-Exposure Prophylaxis (PrEP) for HIV Prevention

Meredith Clement, MD

Division of Infectious Diseases



### Who is a good candidate

US Public Health Service

PREEXPOSURE PROPHYLAXIS FOR THE PREVENTION OF HIV INFECTION IN THE UNITED STATES - 2014

A CLINICAL PRACTICE GUIDELINE



Preexposure Prophylaxis for the Prevention of HIV Infection in the United States - 2014 Clinical Practice Guideline Page 1 of 6

# What if there were a pill that could help prevent HIV? There is.

Ask your doctor if PrEP is right for you.

Pre-exposure prophylaxis: A daily pill to reduce risk of HIV infection

www.cdc.gov/hiv/basics/prep.html





# Who is a good candidate

US Public Health Service

PREEXPOSURE PROPHYI FOR THE PREVENTION O INFECTION IN THE UNIT STATES - 2014

A CLINICAL PRACTICE GUIDELINE



HIV uninfected, plus:

Any HIV+ partner(s)

Condomless sex in past 6m

Any STI in past 6m

High number of sex partners

In high-prevalence area or sexual network

Commercial sex work

Shared injection equipment

Recent drug treatment & current relapse

ere were a pill elp prevent HIV?

ere is.

if PrEP is right for you.

daily pill to reduce risk of HIV infection





Preexposure Prophylaxis for the Prevention of HIV Infection in the United States – 2014 Clin



### Who Qualifies?

- Men who have sex with men (MSM) who:
  - Engage in condomless sex
  - Have multiple sex partners
  - Have been diagnosed with syphilis or rectal STD's
  - Have one or more HIV+ sex partners
- Heterosexual men and women with one or more HIV-positive sex partners or who do not regularly use condoms during sex with partners of unknown HIV status
- IV drug users

### **Determining Clinical Eligibility**





- o HBsAg
- o HBsAb
- o HCV Ab

Caution if active HBV



#### **Renal function**

- Creatinine
- o eCrCl

*eCrCl must be* ≥ 60 mL/min



HIV status (pick one)

- O **Ag/Ab** (lab-based over rapid)
- o Rapid (blood)
- o ELISA/EIA

Must be HIV(−)

→ Maybe RNA, too?

Ab = antibody; Ag = antigen; eCrCl = estimated creatinine clearance; EIA = enzyme-linked immunoassay; ELISA = enzyme-linked imminosorbent assay; HBsAb = hepatitis B surface antibody; HBsAg = hepatitis B surface antigen; HBV = hepatitis B virus; HCV = hepatitis C virus.

CDC. PrEP for the Prevention of HIV Infection in the US - 2014: A Clinical Practice Guideline. www.cdc.gov/hiv/pdf/guidelines/PrEPguidelines2014.pdf. Accessed 10/6/17.

### **Determining Clinical Eligibility (Cont.)**

#### Screen for symptoms of acute HIV

- Must be free of these within prior <u>4 weeks</u>:
  - Fever (75%)
  - Fatigue (68%)
  - Skin rash (48%)
  - Pharyngitis (40%)
  - Cervical adenopathy (39%)
- Suspect acute HIV? Send HIV RNA (viral load)



# **CDC: Follow-up and Monitoring**

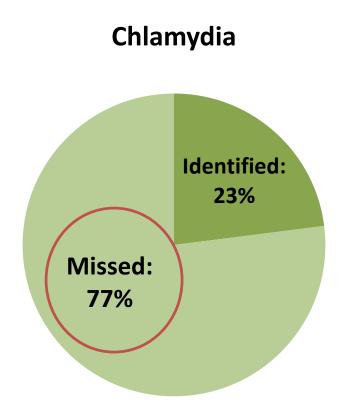
Follow-up	At Least Every 3 Mos	After 3 Mos and at Least Every 6 Mos Thereafter	At Least Every 6 Mos	At Least Every 12 Mos
All patients	<ul> <li>HIV test</li> <li>Medication adherence counseling</li> <li>Behavioral risk reduction support</li> <li>Adverse event assessment</li> <li>STI symptom assessment</li> </ul>	<ul> <li>Assess renal function</li> </ul>	<ul> <li>Test for bacterial STIs</li> <li>Update in 2017 suggest Q 3 mo for STD testing</li> </ul>	<ul><li>Evaluate need to continue PrEP</li></ul>
Women	<ul><li>Pregnancy test (where appropriate)</li></ul>			
HBsAg+			■ HBV DNA by quar	ntitative assay*

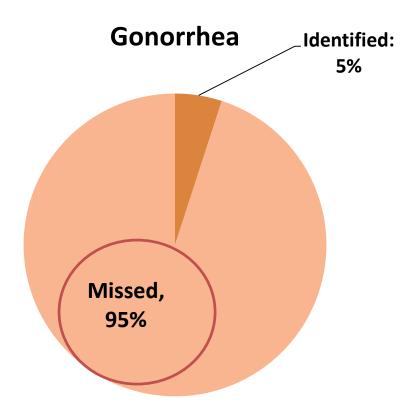
<sup>\*</sup>Every 6-12 mos.

## **Extragenital Testing Is Important**

CT and GC infections MISSED among 3,398 asymptomatic MSM when ONLY urine/urethral sites were screened

San Francisco, CA 2008–2009







### **Duke PrEP Primer**



Pre-Exposure Prophylaxis (PrEP): A primer for Duke Primary Care Providers

Daily emticitables/etgos(c)(\_Tuxusqae\*) is safe and effective for reducing the risk of HIV acquisition in sexually active men and women and injection drug users. This primer will serve as a brief "how to guide" for Duke providers interested in providing PCEP to their patients.

#### 1) Identify patients who may benefit from PrEP.

The CDC guidance recommends that PCEQ be offered to patients who are HIV-negative and "at substantial risk for HIV infection." In practice, this can be difficult to determine and risk varies depending on local epidemiology. Identifying potential PCEQ candidates begins with taking a sexual and drug use history. Some groups that may benefit from PCEQ include:

Men who have sex with men (MSM)	Heterosexual women and men	Injection drug users
Sexual partner with HIV     Recent bacterial STI     High number of sex partners     History of inconsistent or no condom use     Commercial sex work	Sexual partner with HIV     Recent bacterial STI     High number of sex partners     History of inconsistent or no condom use     Commercial sex work     Lives in high-prevalence area or network	HIV-positive injecting partner     Sharing injection equipment     Recent drug treatment (but currently injecting)

#### 2) Take a medical and social history and conduct a review of symptoms. Check specifically for:

- · Any history of renal or liver disease or osteoporosis: caution or avoid using tenofoxing
- . Recent symptoms of a mono-like illness: Test for acute HIV (HIV RNA or 4th generation HIV Ag/Ab test)

#### 3) Assess how patient will pay for PREP

#### **Insured patients**

- . Most private insurers cover PCEP but some may require prior authorization
- ICD10 codes include:
  - Z72.5 High risk sexual behavior
  - Z20.82 Contact with and (suspected) exposure to other viral communicable diseases
  - Z20.6 Contact with and (suspected) exposure to HIV
- If patient has a high co-pay, Gilead (maker of Truyadg<sup>®</sup>) has a co-pay assistance program: http://www.truvada.com/truvada-patient-assistance or 1-877-505-6986

#### Uninsured patient

- The Gilead PCEP patient assistance Program will provide Towarda® at no cost for those who are
  uninsured and meet income guidelines
- Fax application and proof of income to the program:
  - https://start.truvada.com/Content/pdf/Medication Assistance Program.pdf or 1-855-330-5479
  - One bottle (30 day supply) shipped to providers office
  - Patients have to re-apply (i.e. resubmit proof of eligibility) every 6 months



Pre-Exposure Prophylaxis (PrEP): A primer for Duke Primary Care Providers

#### 4) Obtain baseline testing:

Test	Comments & Rationale	
HIV test:	• If there are signs or symptoms are acute HIV infection, use either a 4 <sup>th</sup> generation HIV	
Rapid HIV antibody test	Ag/Ab assay or a HIV RNA PCR.	
OR	If HIV screening test is positive, refer to Duke Infectious Diseases for management of	
4th generation Ag/Ab test	HIV infection.	
Creatinine	CrCl should be ≥ 60ml/min (Cockcroft Gault) to safely use tenofoxic.	
Hepatitis B surface	Truvada is active against hepatitis B virus (HBV). Patients with chronic HBV CAN use	
antigen and surface	Truyada for Prep, but should have liver function tests monitored regularly during Prep	
antibody	use and after discontinuing PCEP, and should be cautioned that hepatitis can flare if	
	Truvada is discontinued. Patients who are HESAb negative should be offered HBV vaccination.	
Hepatitis C antibody	Confirm with HCV RNA; Referral to infectious diseases or hepatology for treatment	
STDs	MSM should be tested for syphilis, urethral, rectal and pharyngeal GC and CT.	
	Heterosexual men and women should be tested for syphilis and genital GC and CT.	
Pregnancy test for	HIV-negative pregnant women in secodiscordant relationships who want to get pregnan	
women	can use Prep to assist with safe conception.	

#### 5) Initiate PrEP

- If there are no contraindications to PCEP, use and the patient is interested in using PCEP as an HIVprevention tool, PCEP, can be initiated.
- Consider prescribing a 30-day supply, and no more than 90 days, for first dispensation.
- . If it has been more than 1 week since baseline labs were obtained, repeat an HIV test.
- Patient education:
  - Provide risk reduction and adherence counseling, review importance of adherence, provide anticipatory guidance about common side effects when Tryvage is started, and suggest a pill box to help patient with adherence.
  - Takes 7 days before effective for receptive anal sex; 21 days before effective for insertive anal sex and vaginal sex.
  - Patient should report immediately to clinic if they develop symptoms compatible with acute HIV infection (fever, fever with sore throat; fever with rash; fever with headache)

#### 6) Monitor and provider ongoing support for patients using Prep

Timeframe	Action	
30 days after initiation	Assess side effects and the patient's interest in continuing	
MyChart correspondence	<ul> <li>Adherence counseling: reinforce importance of daily use and address any challenges patient has faced.</li> </ul>	
Every 3 months:	HIV test: 4th generation preferred	
Labs	If the patient has been off PCEP form more than a week, consider screening	
Visits	for acute HIV at time of PCEP re-initiation	
Refills	Creatinine: stop if CrCl < 60 ml/min	
	STD screening (don't forget rectal GC and chlamydia)	
	Pregnancy test for women; If pregnant, ensure that the patient has been	
	informed about use during pregnancy and that she discusses PCEP use with her prenatal provider	
	Renew prescription for 90 days only if HIV test negative	
	At visit: adherence and risk reduction counseling	



#### **Training Video – Duke Primary Care Intranet**



**DPC News** 

Intranet Site Managers -

BROWSE ITEMS LIST

Duke Primary Care DPC Sharepoint Training

Duke Urgent Care -

DukeMedicine.org

Search t

Currently Viewing: Duke Primary Care > DPC News > Prevent HIV Infection with One Pill, Once Daily. The How-To's for Pre-Exposure Prophylaxis (PrEP) Prescribing - DPC News

#### Categories

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**Employee Appreciation** 

**Employee Spotlight** 

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Lab

Maestro Care

Marketing

MyChart

New Providers

Operational

#### Prevent HIV Infection with One Pill, Once Daily. The How-To's for Pre-Exposure Prophylaxis (PrEP) Prescribing

Thursday, September 15, 2016

HIV infection remains a serious public health concern, especially in young people, blacks, and men who have sex with men (MSM). In fact, a recent study from the CDC demonstrates that 1 in 2 black MSM and 1 in 4 Latino MSM will be diagnosed with HIV during their lifetimes. Pre-Exposure Prophylaxis (PrEP) is a method approved by the FDA and shown to be highly effective in preventing HIV transmission. PrEP entails giving Truvada (emtricitabine/tenofovir disoproxil fumarate) once daily to persons at high risk for acquiring HIV. Unfortunately, there is lack of awareness about PrEP and so uptake has been slow.

As providers on the front line, PCP's are uniquely positioned to talk to patients about their sexual health and prescribe PrEP for patients who are candidates. This video offers guidance on who qualifies for PrEP and provides education on the how-to's for prescribing. PrEP is a promising strategy for decreasing HIV in our community. Watch this video to understand how you can play a role. Click here for a list of prescribing providers.

by Cynthia Sparrow at 7:33 AM

Like · · ·

#### Links

✓ URL

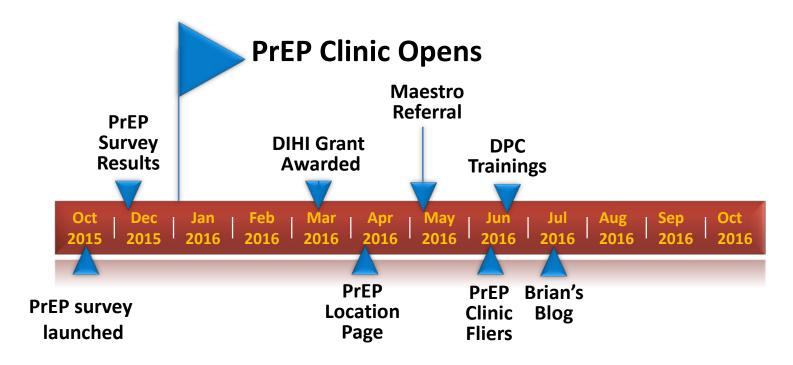
Back to DPC Intranet Home page

# Has our educational innovation worked?

- Same survey sent out 11 months later
- 79 PCPs responded (20%) compared to 30%
- 90% reported seeing MSM (up from 78%)
- 35% had prescribed PrEP (up from 17%)

 PCPs who had attended a training were more likely to have prescribed PrEP (OR 4.84, CI 1.77-13.21)

# **PrEP Implementation**





### PrEP HIV-prevention clinic opens at Duke

By MaryAnn Fletcher

July 14, 2016

Share:











Duke's new PrEP clinic helps people at high risk for HIV take steps to prevent infection. Read answers to your questions about HIV PrEP.

#### What is PrEP?

PrEP stands for pre-exposure prophylaxis. "It's a way for people who are at higher risk for getting HIV to prevent infection before they come in contact with the virus," said infectious disease specialist Dr. Mehri McKellar, MD, who directs the Duke PrEP clinic.

PrEP involves taking a pill every day. The pill combines two medications often used to treat HIV and is sold under the brand name Truvada. PrEP medication, when taken preventively, can keep the virus from taking hold in your body if you are exposed to it—for example, through unprotected sex or injection drug use.

#### How effective is PrEP medication?

When people who are at high risk for HIV take PrEP medication consistently, it can reduce their risk of HIV infection by as much as 92%, according to the CDC.

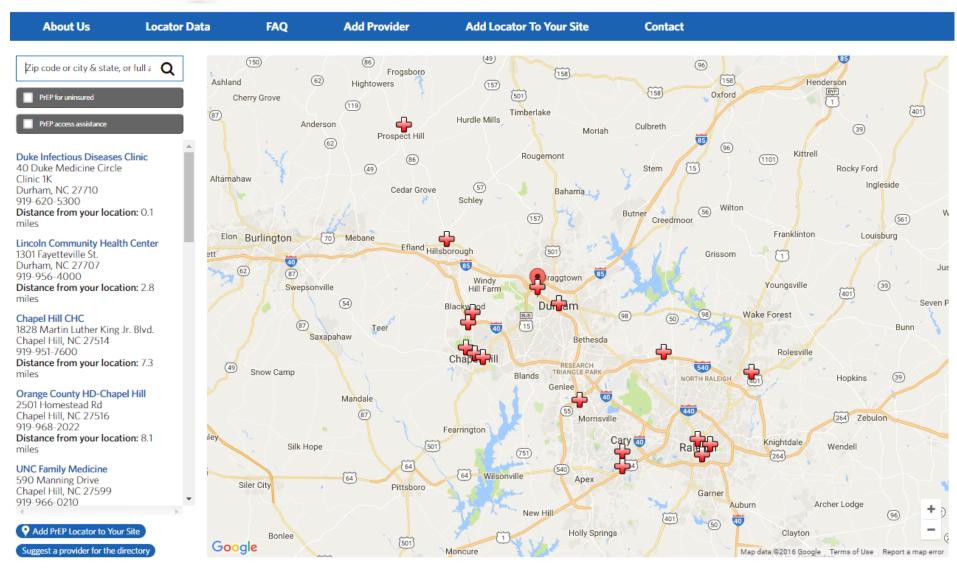
#### Who should get PrEP?

PrEP is recommended for those who are HIV negative but are at very high risk of getting infected with HIV.

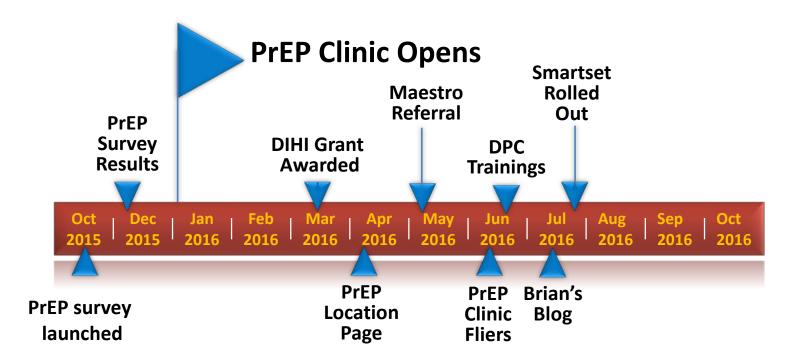
You may be at very high risk if you are a man who has sex with men or a heterosexual man or woman who:

Uses condoms sometimes or not at all

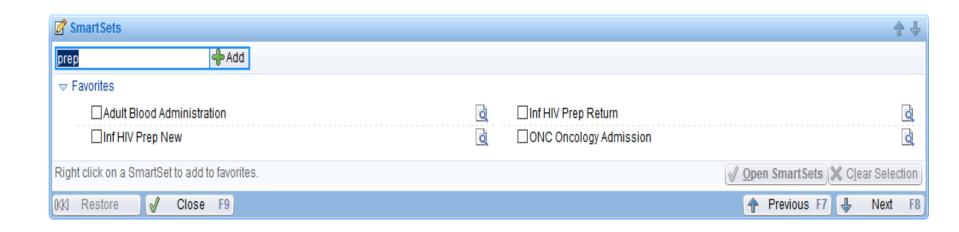
### PrEP Locator **Q** Find Your Provider

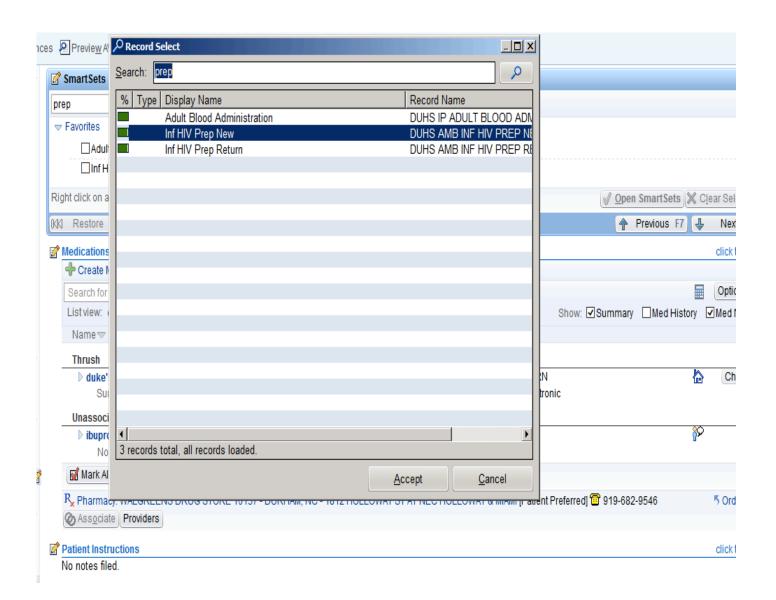


### **PrEP Implementation**

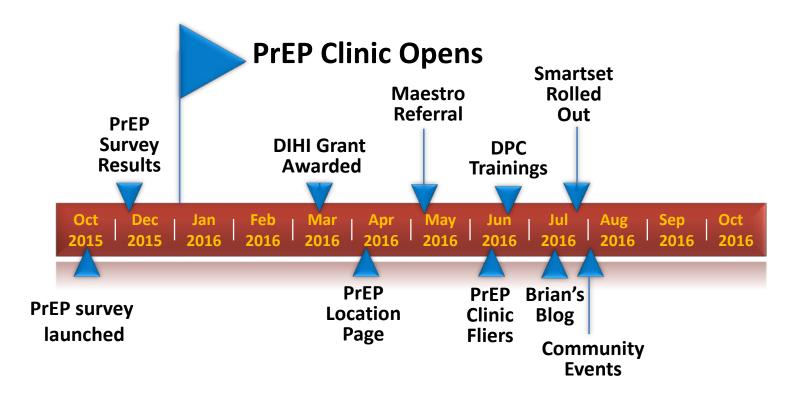








### **PrEP Implementation**





#### **Are You Ready for PrEP?**



#### What is PrEP?

"PrEP" stands for Pre-Exposure Prophylaxis. PrEP is a method of HIV prevention available to all people who are HIV-negative. PrEP is an antiretroviral medication also known as Truvada. PrEP is only available with a doctor's prescription and is covered by most insurances.

- PrEP when taken daily has an estimated 92 to over 99% efficacy rate.
- PrEP does not protect against other sexually transmitted diseases and only offers protection against HIV transmission.
- PrEP reaches maximum protection in blood and vaginal tissues after 20 days.
- PrEP reaches maximum protection in rectal tissue after 7 days of continuous use.
- PrEP is not a vaccine.

#### Side effects / Healthcare

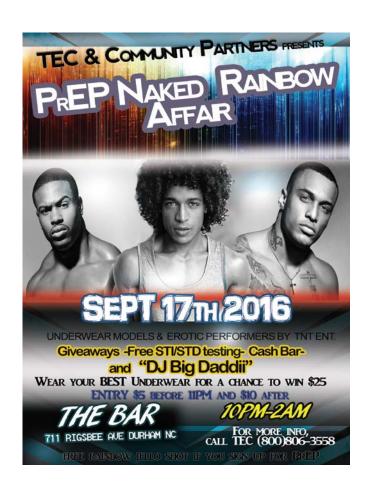
- Some people may experience upset stomach, headache or loss of appetite. These side effects are mild and usually disappear within the first month of taking PrEP.
- People who use PrEP will have to return to their health care provider every 3 months to repeat an HIV test, prescription refills, and follow-up examinations.

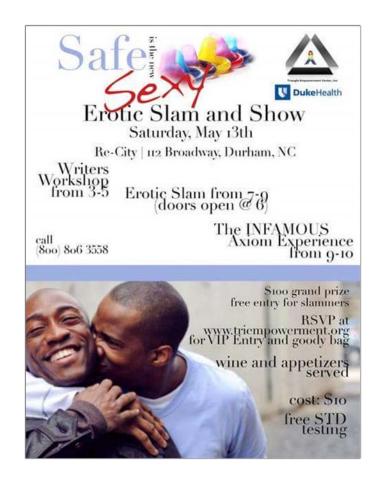
Consult your healthcare provider to see if PrEP is right for you.

TEC PrEP Navigation Program



### **Community Events**





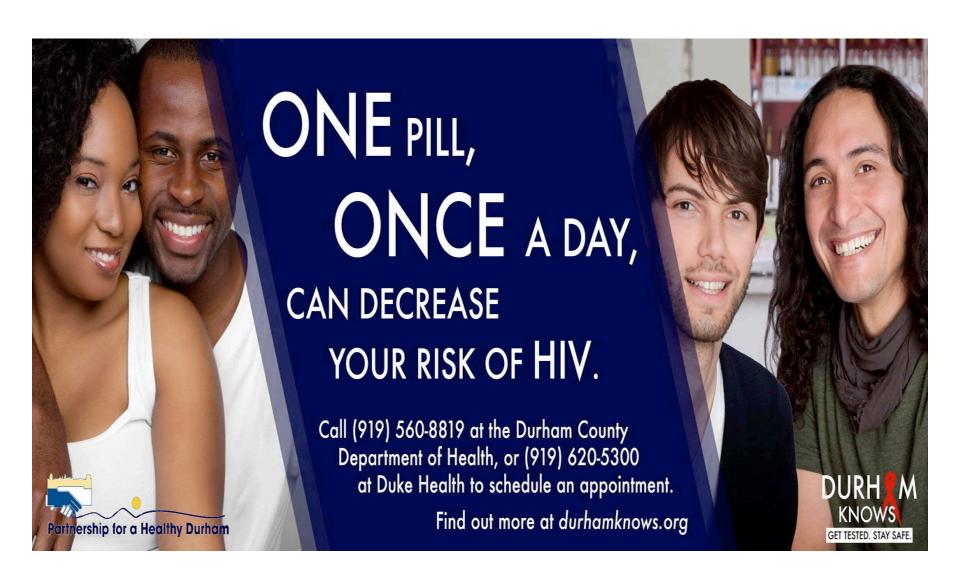
### **Community Events**



### **Community Events**

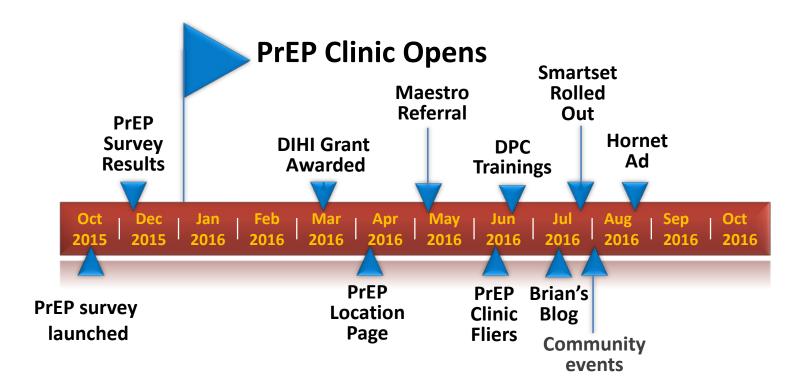


## **Durham County Bus Ads**





### **PrEP Implementation**



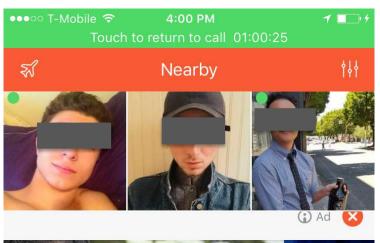


# **Dating Apps**





























# **Dating Apps**

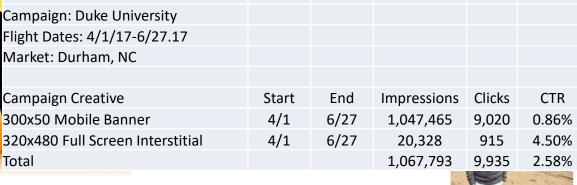


**Grindr** 

























### August 2018, by the numbers...

45 In-service Duke trainings 1026 Duke Providers trained >200
PrEP Clinic
Patients
& 0 Conversions

12 Community Events 3000+ Hits to PrEP location page and blog site

14
Members of
our PrEP
Task Force

### **Duke PrEP Clinic, n=170**

### **Demographics:**

- 87% male, 10% women
- 41% Black (compared to 10% nationally in 2015), 43% White, 6% Latino, 9% Other
- Median age 31 (range 19-66)
  - 21% <25 years old
- 85% identified as MSM, 2% TGW

### **Risk factors/indication for PrEP:**

- 65% reported multiple sexual partners
- 19% with STI at baseline
- 16% with a known HIV+ partner
- 4 cases of HIV at baseline (2%)

### **Duke PrEP Clinic**

#### Referral source:

Self referral 34%, PCP 19%, Community based organizations (CBO) 17%

### Referral by race:

- Black patients CBOs (36%)
- White patients self referral (55%)
- Only 1 Black patient referred by PCP

#### Insurance status:

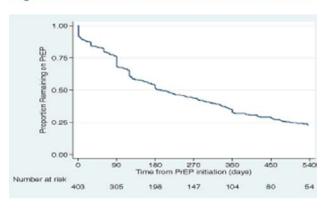
- 71% private insurance
- 21% with no insurance
- 7 with Medicare/Medicaid

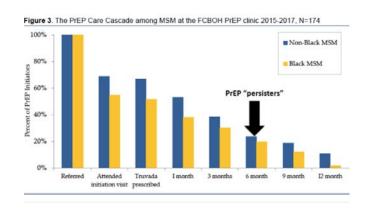
### **Duke PrEP Clinic**

#### Persistence in care:

- 106/156 (68%) f/u at 3 months
- 75/136 (55%) at 6 months
- AA/Black MSM less likely to be retained in care at 6 months
- Similar to other clinics:
  - 72% retained in care at 3 month, 57% at 6 months in Rhode Island<sup>1</sup>
- Defining the HIV pre-exposure prophylaxis care continuum<sup>2</sup>
  - Is the patient still indicated for PrEP and not retained in care?
  - Is the patient no longer indicated for PrEP?
  - Or is the patient completely lost to follow up for PrEP care?
- One strategy: make sure that your PrEP Navigators not only helps initiate but keep people on PrEP

Figure 1: K-M curve of time to PrEP discontinuation





### What has worked

- Engage your community
  - Get to know your CBOs<sup>1</sup> and help find them funding!
- Work closely with local health departments<sup>2</sup>/STD clinic
- Get buy-in from your leadership (and hopefully funding)
  - Direct phone line/mid-level providers
  - Advertising support
- Having popular opinion leaders on PrEP speaking on your behalf
- Dating apps!
- Social media campaigns
  - Instagram/Facebook/Twitter ughh
    - M. Clement, et al. Partnerships between a university-affiliated clinic and community based organizations to reach black men who have sex with men for PrEP care. JAIDS, 2018.
    - 2. H. Zhang, et al. HIV Preexposure prophylaxis implementation at local health departments: a statewide assessment of activities and barriers. *JAIDS*, 2018.

### What hasn't worked

- Bus ads (no idea why... message too dilute?)
- Hard to monitor for STD infections, i.e. going elsewhere for testing/treatment
- Persistence in care is not ideal
  - Not knowing why they aren't coming back
- We haven't done a good job monitoring substance use
  - Recommend adding AUDIT C and questions on substance use (type and frequency)
  - In Rhode Island and CT, over 54% with unhealthy alcohol use and 57% with any drug use<sup>1</sup>
    - Unhealthy alcohol use associated with greater number of reported sex partners and a lower number of HIV+ partners.



### Systemic barriers

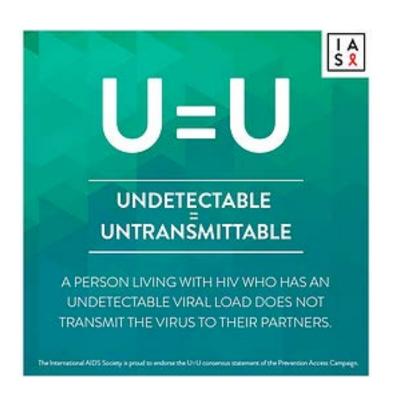
- States in the South have highest HIV infection rates but lowest use of PrEP.
  - Cultural/political barriers
  - No Medicaid expansion (Medicaid covers the cost)
  - Inadequate public transportation
  - Only 2 of 58 North Carolina public health departments prescribed PrEP<sup>1</sup>
- Stigma "Truvada whores"
- Inadequate sexual histories
- Have to visit doctor every 3 months
- Cost of medication, labs, hospital visit

### Systemic barriers

- Underinsurance
  - Out of network
  - High deductibles
  - Co-pay cards from Gilead only work for medications (not Q 3 month lab costs, medical visits)
  - Requires a financial care coordinator to look at insurance plans beforehand

**Preprost.org** is a new, online health plan finder that helps Preproving is a new, online health plan finder that helps preproving is a new, online health plan finder that helps preproving is a new, online health plan finder that helps preproving is a new, online health plan finder that helps preproving is a new, online health plan finder that helps preproving is a new, online health plan finder that helps preproving is a new, online health plan finder that helps preproving is a new, online health plan finder that helps preproving is a new, online health plan finder that helps preproving is a new, online health plan finder that helps preproving is a new, online health plan finder that helps preproving is a new, online health plan finder that helps preproving its preproving is a new, online health plan finder that helps preproving its preproving its

### Undetectable = Untransmittable







"The scientific evidence is clear. Someone whose HIV is undetectable does not pose an infection risk to their sexual partners."

For information on HIV you can rely on: www.aidsmap.com

William validit





### Criminalization of HIV exposure

- 34 states still have HIV-specific criminal statutes.<sup>1</sup>
- 23 states have applied more general laws to criminalize HIV exposure.
- Most don't reflect current evidence that undetectable = untransmittable (U=U).
  - No association between HIV rates and criminal exposure laws across states over time, aka no detectable HIV prevention effect.<sup>2</sup>
- California, Oct 2017, reduced criminal charges associated with exposing a sexual partner to HIV without disclosing one's status.
  - Reduced HIV exposure from felony to misdemeanor.

### **North Carolina**

- Early 2017, North Carolina AIDS Action Network (NCAAN) in combination with Duke Health Justice Clinic, the Department of Health and Human Services, HIV medical providers and task force of people living with HIV, started to make recommendations.
  - Took into account PrEP and treatment as prevention
- Nov 2017 North Carolina Commission for Public Health put forward a draft for comment.
- Dec 2017 administrative change approved.
- Jan 2018 law went into effect.

### Modernizing NC HIV criminal laws

#### **OLD LAW (1988)**

- Person who is living with HIV must disclose their status to all sexual partners.
- Person who is living with HIV must use a condom during sexual intercourse.

Person who is living with HIV cannot donate organs.

#### **NEW LAW (2018)**

- If person who is living with HIV is virally suppressed for at least 6 months and following the treatment plan of their HIV clinician, they do not have to disclose their status to sexual partners.
- If person who is living with HIV is virally suppressed for at least 6 months and following the treatment plan of their HIV clinician, they do not have to use a condom during sexual intercourse.
- If their partner is using PrEP, person who is living with HIV does not have to use a condom during sexual intercourse
- If all partners are living with HIV, they do not have to use a condom during sexual intercourse
- Person who is living with HIV can donate organs to other individuals living with HIV



### Points to reflect on...

- Old laws fueled epidemic by making people afraid to get tested and treated. The hope is that the new law will reduce stigma and encourage people to get tested and linked to care.
- However...some advocates worry that if the focus is solely on U=U is in state laws, it would effectively create two classes of HIV positive people: those who can afford treatment, and those who can't.
  - The latter group would bear the brunt of laws that allow prosecutions of people who aren't virally suppressed.

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