AETC AIDS Education & Training Center Program Southeast

Ending the HIV Epidemic: Prevention

PrEPing the South

Challenges and Innovations

Outline

- What is the Ending the HIV Epidemic Initiative?
- What is the HIV burden in the South?
- Prevention: How does PrEP play a role?
- What is the PrEP gap in the South?
- What are some of the challenges and innovations for expanding PrEP in the South?

THE VISION

The United States will become a place
where new HIV infections are rare,
and when they do occur,
every person, regardless of age, gender,
race/ethnicity, sexual orientation,
gender identity, or socio-economic circumstance
will have unfettered access
to high quality, life-extending care,
free from stigma and discrimination.

National HIV/AIDS Strategy

Burden of HIV in the US

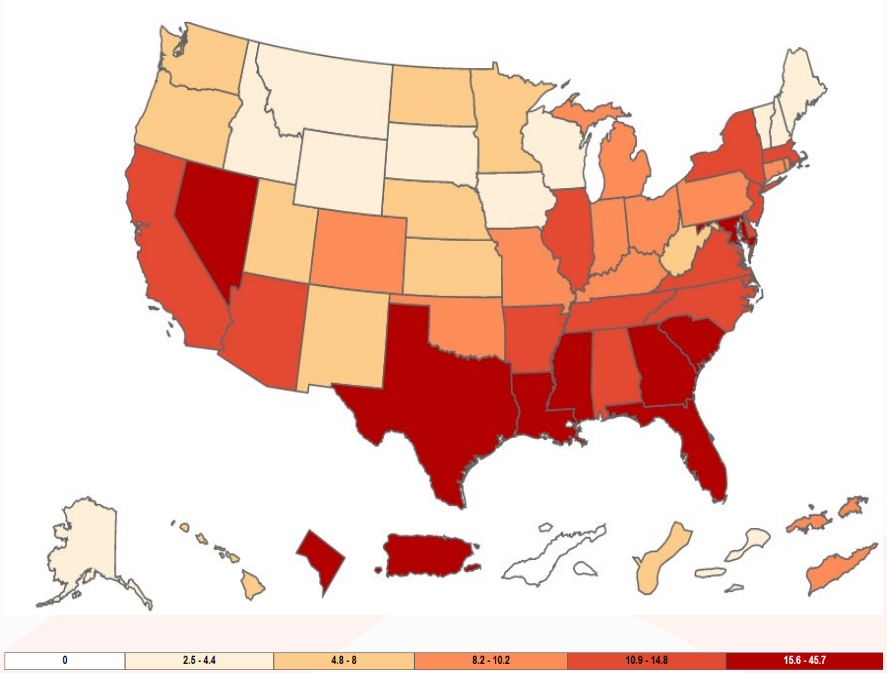
In 2018:

1.2 million people living with HIV

37,968 diagnosed with HIV*

1 in 7 unaware of their infection

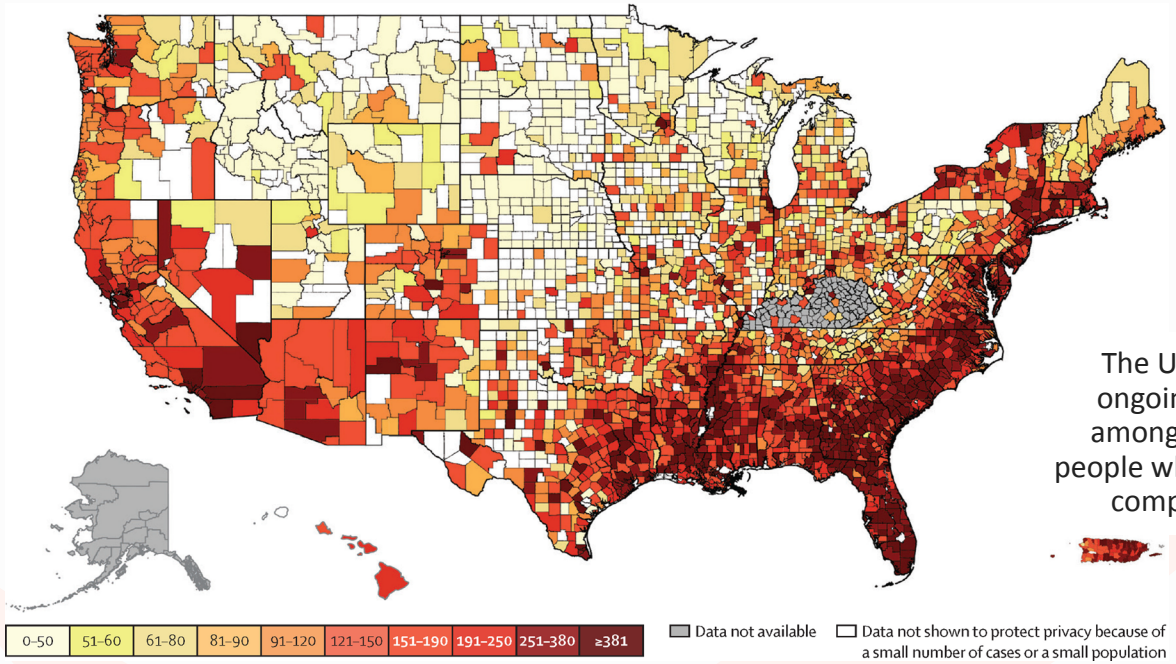
Rates of persons living with HIV by county, 2018



*Includes US and 6 dependent areas (American Samoa, Guam, the Northern Mariana Islands, Puerto Rico, Republic of Palau, and the US Virgin Islands).
MSM, men who have sex with men.
HIV.gov. U.S. Statistics. https://www.hiv.gov/hiv-basics/overview/data-and-trends/statistics. Accessed March 4, 2021;
AIDSVU. Annual Release of New Maps and resources.

Ongoing Disparities in the US HIV Epidemic

Diagnosed HIV Prevalence by US County, 2018



The US HIV epidemic is characterized by ongoing disparities, with a higher impact among people who are **Black** or **Hispanic**, people who live in the **South**, **MSM**, and **PWID**, compared with the general population

US, United States; MSM, men who have sex with men; PWID, people who inject drugs.
Sullivan PS, et al. *Lancet*. 2021;397;1095-1106.

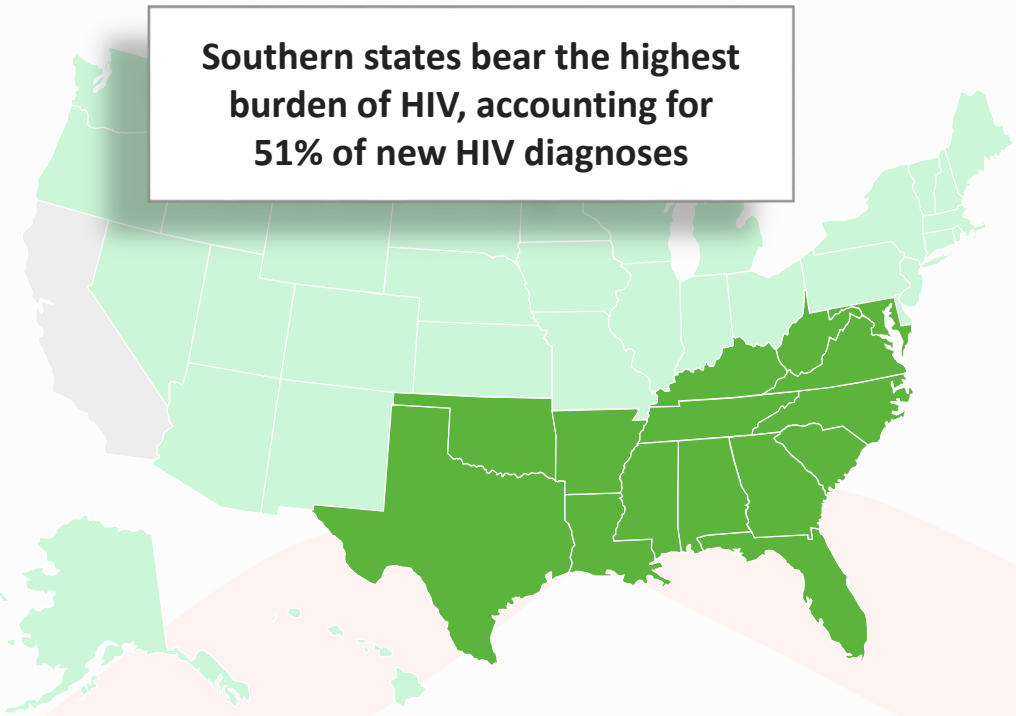
Burden of HIV - in the South

In 2018:

45% of all **persons with** HIV infections live in the South

3x higher **mortality rates** in some Southern states than other states

24% of new HIV diagnoses in the South are in suburban and **rural areas** – more than any other region

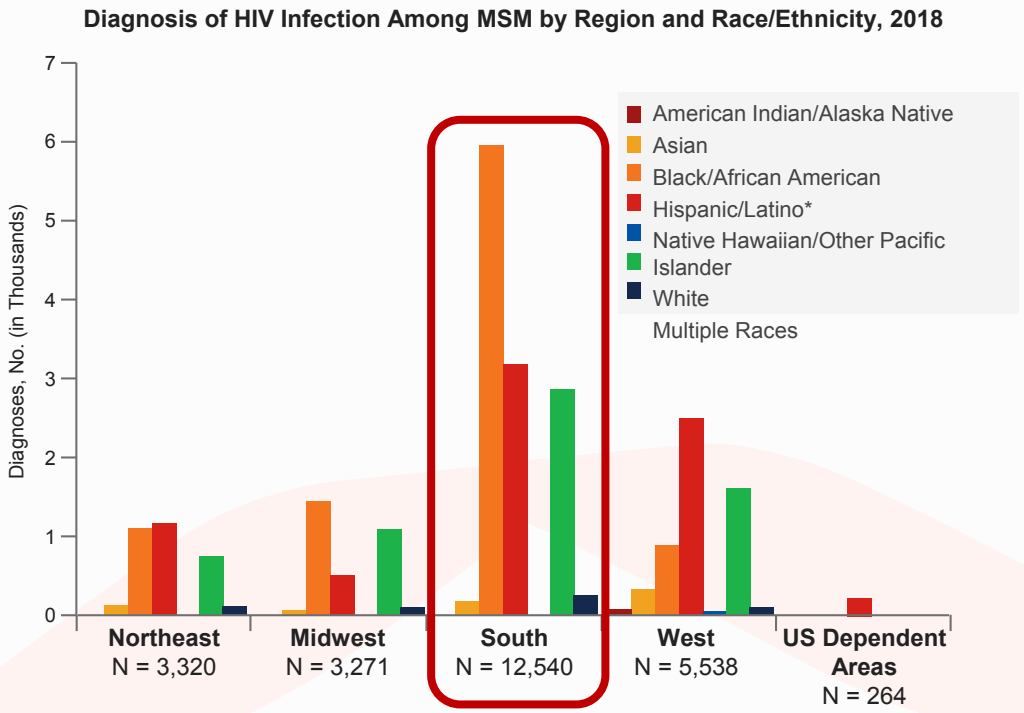


Centers for Disease Control and Prevention. HIV in the United States by Region. https://www.cdc.gov/hiv/statistics/overview/geographicdistribution.html. Accessed March 4, 2021;
Centers for Disease Control and Prevention. HIV Prevention in the South. https://www.cdc.gov/hiv/pdf/policies/cdc-hiv-prevention-south.pdf. Accessed March 4, 2021.

The US HIV Epidemic Disproportionately Affects MSM - in the South

HIV diagnoses in MSM in the South:

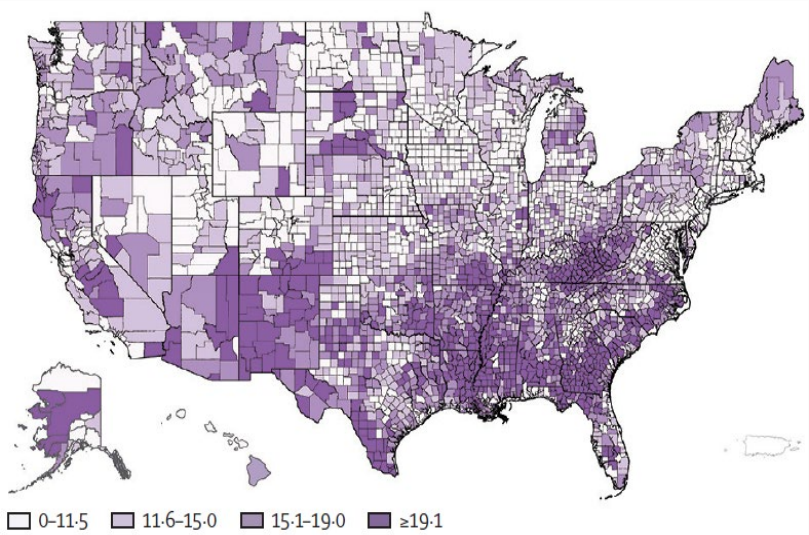
- More than any other region (12,540)
- Half of all diagnoses in MSM
- Highest percentage of diagnoses among Blacks (48%), followed by Hispanics/Latinos (26%) and Whites (23%)



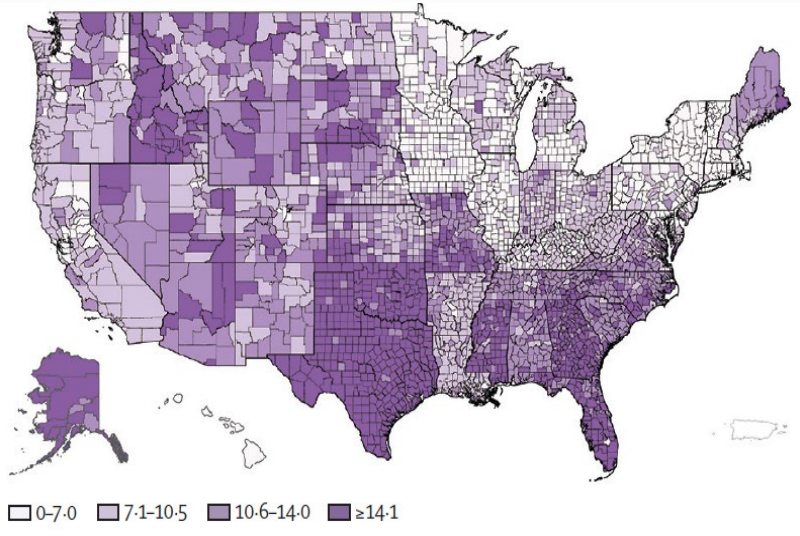
Note. Data have been statistically adjusted to account for missing transmission category.
*Hispanic/Latinos can be of any race.
Centers for Disease Control and Prevention. https://www.cdc.gov/hiv/pdf/library/reports/surveillance/cdc-hiv-surveillance-report-2018-updated-vol-31.pdf. Accessed April 20, 2021.

Disparities Are Driven By Differences in Access to Care and Stigma

Percent of Population Living in Poverty by US County, 2018



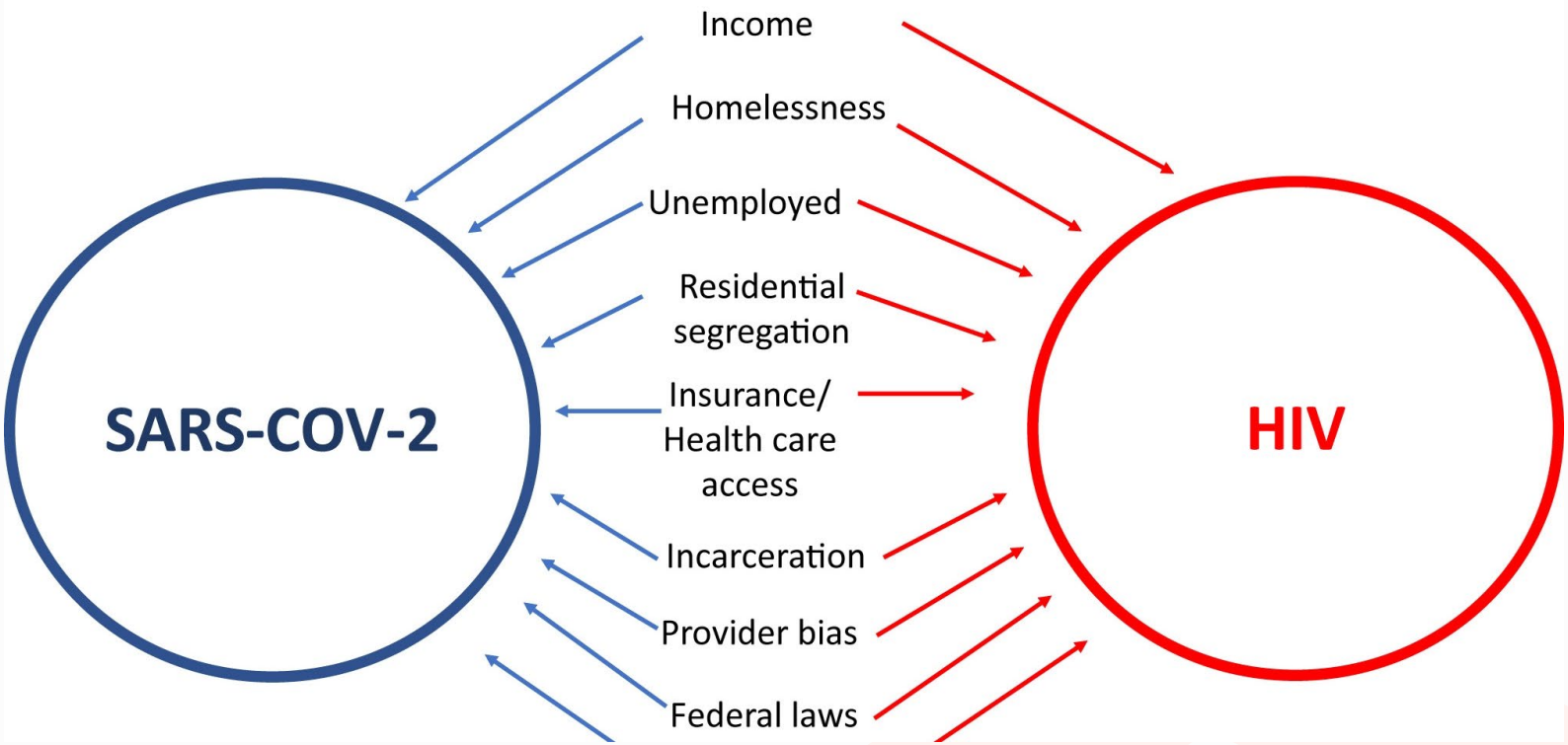
Proportion of Population Without Health Insurance by US County, 2018



HIV disparities in the South are probably driven by co-occurring **gaps in health insurance coverage**, **healthcare professional shortages**, **low health literacy**, **high rates of STIs**, and **stigma**

STIs, sexually transmitted infections.
Sullivan PS, et al. *Lancet*. 2021;397;1095-1106.

Structural Racism Pathways



Structural racism operates through social determinants of health to exacerbate SARS-COV-2 and HIV disparities in communities of colour.

Millett, G. A. New pathogen, same disparities: why COVID-19 and HIV remain prevalent in U.S. communities of colour and implications for ending the HIV epidemic. *J Int AIDS Soc*. 2020; 23(11):e25639

Barriers to Care in the Rural South
a *Synergy of Plagues**

- Poverty
- Racism
- Stigma
- Domestic violence
- Lack of transportation
- Poor educational systems
- Health funding and infrastructure challenges
- High rates of uninsured patients
- High number of medically underserved areas
- High rates of incarceration

*Paul Farmer, “Women, Poverty and AIDS”

Ending the HIV Epidemic

We have an unprecedented opportunity to end the HIV epidemic in America. Now is the time.

Ending the HIV Epidemic

A PLAN FOR AMERICA

GOAL:

75%

reduction in new HIV infections by 2025

and at least

90%

reduction by 2030.

www.hiv.gov

Diagnose all people with HIV as early as possible after infection.

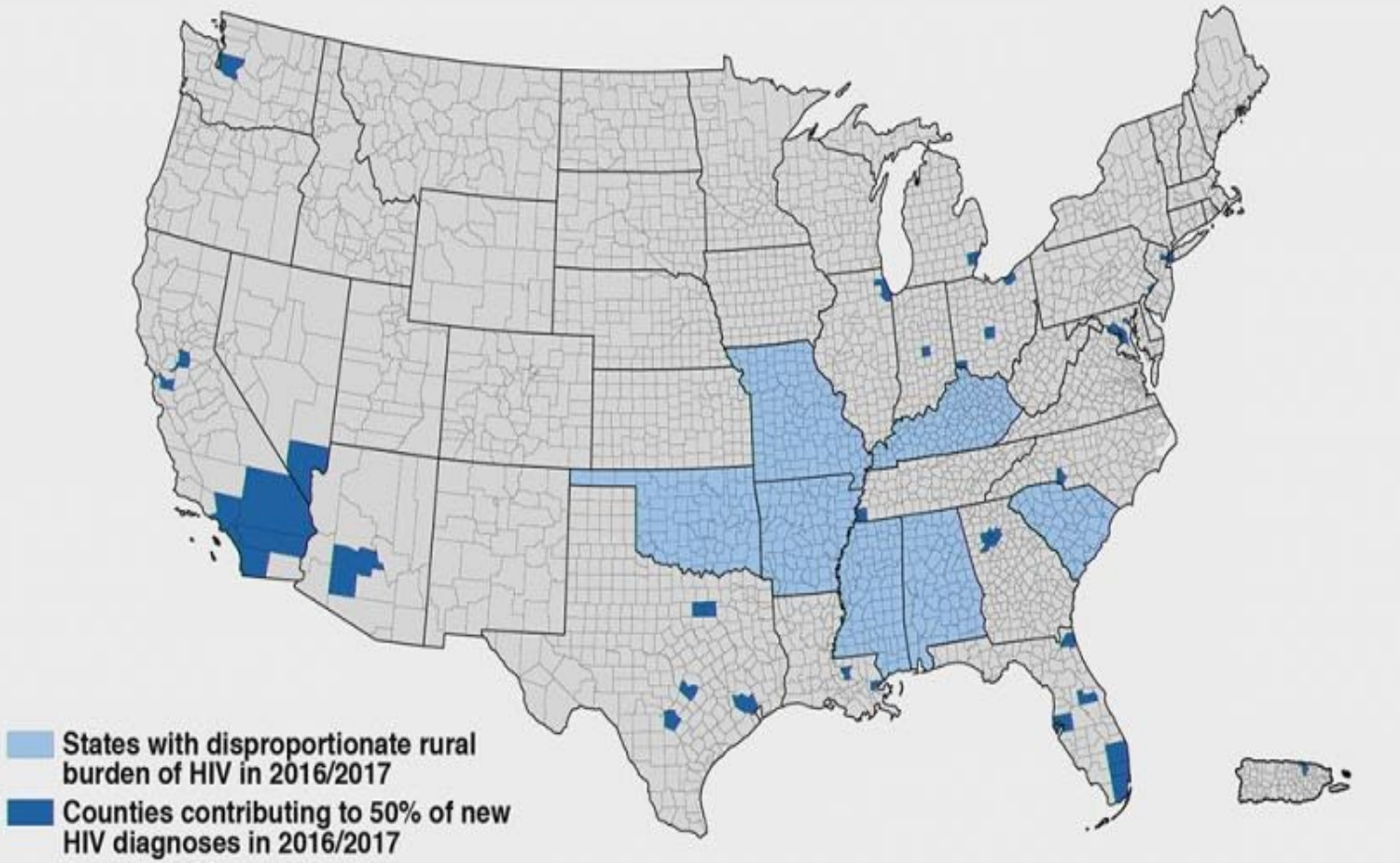
Treat the infection rapidly and effectively to achieve sustained viral suppression.

Protect people at risk for HIV using potent and proven prevention interventions, including PrEP, a medication that can prevent HIV infections.

Respond rapidly to detect and respond to growing HIV clusters and prevent new HIV infections.

HIV HealthForce will establish local teams committed to the success of the Initiative in each jurisdiction.

U.S. Areas with the Highest Burden of HIV Diagnosis



Source: CDC, June 2018

Implementation Plan to End the HIV Epidemic in the US

Focus Initially on High-Incidence Geographic Areas

- Target 48 counties that account for >50% of new HIV diagnoses
- Target 7 states with high rural HIV burdens

Emphasize Early Diagnosis, Immediate Treatment, Engagement

- Treat rapidly to stop HIV transmission
- Increase rates of viral suppression from 50% to 90%

Expand PrEP

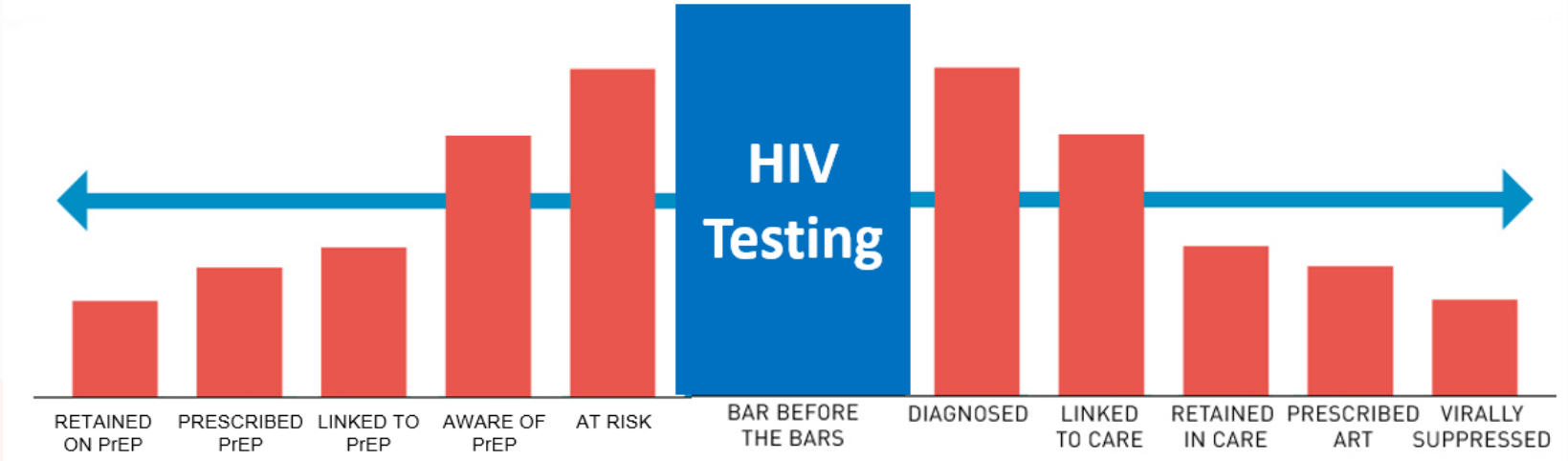
- Increase use of PrEP by at-risk populations to at least 50% by 2025

Rapid/Overwhelming Response to Emerging HIV Clusters

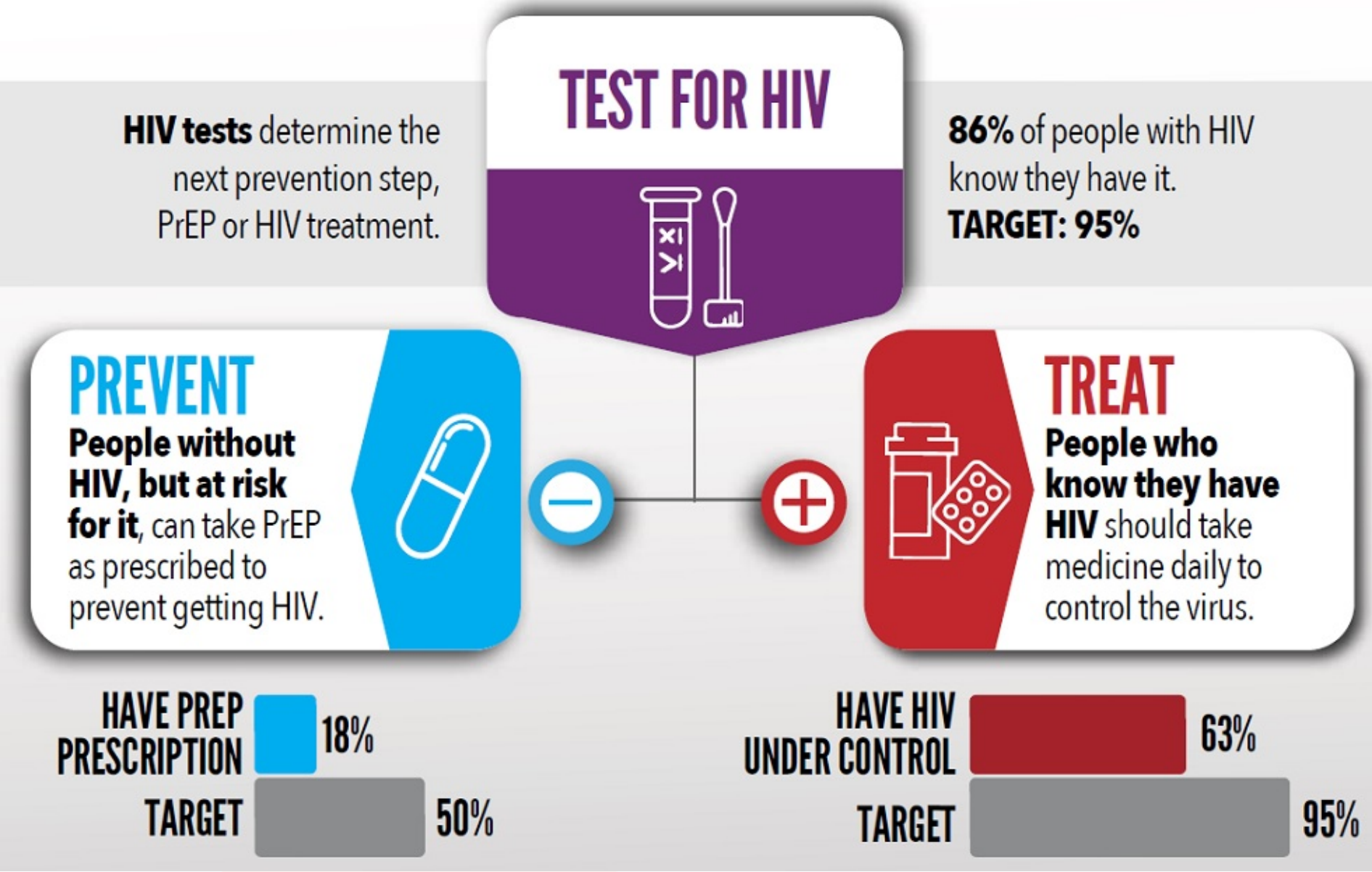
- Monitor for early detection clusters
- Treat each new HIV diagnosis as a "sentinel event"

Centers for Disease Control and Prevention. https://www.cdc.gov/endhiv/index.html. Accessed April 15, 2021;
Department of Health & Human Services. https://files.hiv.gov/s3fs-public/EndingTheHIV-EpidemicPACHA.pdf. Accessed April 15, 2021.

EtHE Focus: Status Neutral Continuum of HIV Prevention & Care



Slide Curtesy of Dr. Michael Mugavero, UAB/CFAR



https://www.cdc.gov/vitalsigns/test-treat-prevent/

CDC HIV Testing Recommendations

- **Universal "opt-out" HIV testing** has been recommended since 2013 by the CDC
- Patients ages 13 – 64 in all healthcare settings should be screened after the patient is notified that testing will be performed unless the patient declines (2013)
- HIV testing of people at high risk for HIV infection at least once a year
- Screening should be incorporated into the general consent for medical care
- Inclusion of HIV screening in the routine panel of **prenatal screening** tests for all pregnant women, unless patient declines, **repeat in third trimester** in certain areas with elevated rates of HIV infection among pregnant women

CDC HIV/AIDS SCIENCE FACTS, SEPTEMBER 2016

General Consent for HIV testing

Language in ADPH general consent form:

- For Routine Testing:
- I understand that routine testing, including that for HIV (the virus that causes AIDS), is needed to determine what treatment, counseling or referral may be required. I understand that testing is voluntary and I hereby give my consent for testing for myself or the above named child. I may withdraw my consent for testing at any time during this visit by notifying my nurse.

- If the patient declines the HIV test, it is documented in the chart.

What is PrEP?

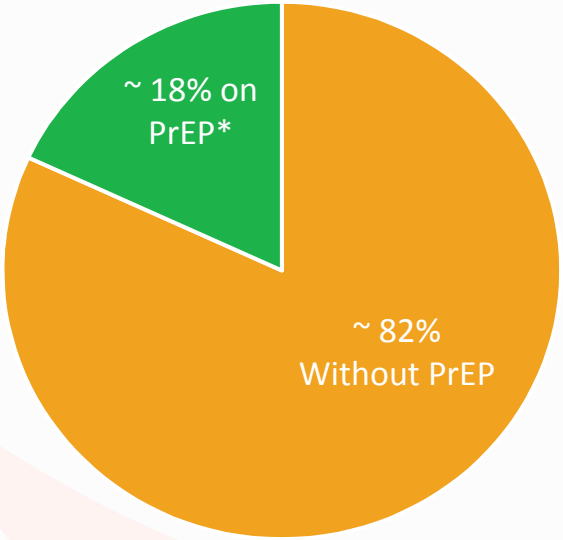
- PrEP is a comprehensive prevention strategy for lowering the risk of HIV acquisition
  - Behavioral risk reduction
  - Daily oral medication
  - Routine monitoring and counseling
- Currently, two approved options for PrEP:
  - Tenofovir disoproxil fumarate-emtricitabine (TDF/FTC)
  - Tenofovir alafenamide-emtricitabine (TAF/FTC)

Daily oral PrEP does not protect again STIs, prevent pregnancy, or function as a stand-alone treatment for HIV-positive individuals

Centers for Disease Control and Prevention. https://www.cdc.gov/hiv/clinicians/prevention/prep.html. Accessed March 9, 2021.

The PrEP Gap in the US

Approximately 1.2 million persons in the US likely to benefit from PrEP



Gaps Between PrEP Awareness, Willingness, and Use

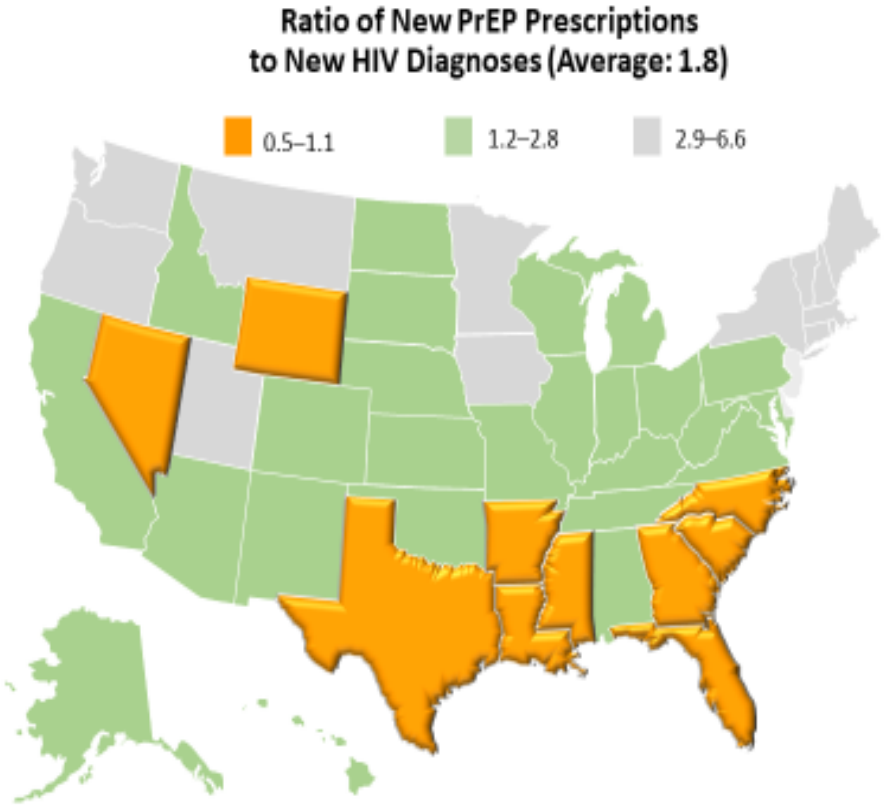
American Men's Internet Survey
(n = 4,475 PrEP-eligible MSM; 2017)

81% **Aware** of PrEP	**60%** **Willing** to Use PrEP	**20%** **Used** PrEP

Harris NS. *MMWR Morb Mortal Wkly Rep*. 2019;68:1117; Sullivan PS. *J Int AIDS Society*. 2020;23:e25461.

PrEP Prescriptions in the U.S.

- Southern US has lower levels of PrEP use relative to new HIV infections
- Number of PrEP providers has increased 4.4-fold (2014–2017)
  - Greatest increase among NPs
- Most PrEP providers are in urban locations
  - 3% of PrEP providers served 50% of PrEP patients
  - More providers are needed, especially in the South



NPs, nurse practitioners.

Zhu W, et al. NHPC 2019. Abstract 6193; Siegler AJ, et al. *Ann Epidemiol*. 2018;28:841-849;
Centers for Disease Control and Prevention. https://www.cdc.gov/vitalsigns/test-treat-prevent/index.html. Accessed April 15, 2021.

Barriers to PrEP

Clinicians

- Unaware of intervention
- Uncertainty about complexity and monitoring time involved
- Concerns about real-world effectiveness
- Logistical concerns
- Anticipated unintended consequences (eg, resistance, safety, STIs, behavioral disinhibition)
- **HIV providers have expertise, but primary care clinicians have the appropriate patients**

Patients

- Lack of awareness
  - Risk of HIV
  - PrEP availability
  - How to access it
- Lack of or delayed access to preventive care
- Uninsured; cannot afford
- Adherence problems
- Concerns about disclosure
- Stigma

Harris NS. *MMWR Morb Mortal Wkly Rep*. 2019;68:1117; Sullivan PS. *J Int AIDS Society*. 2020;23:e25461.

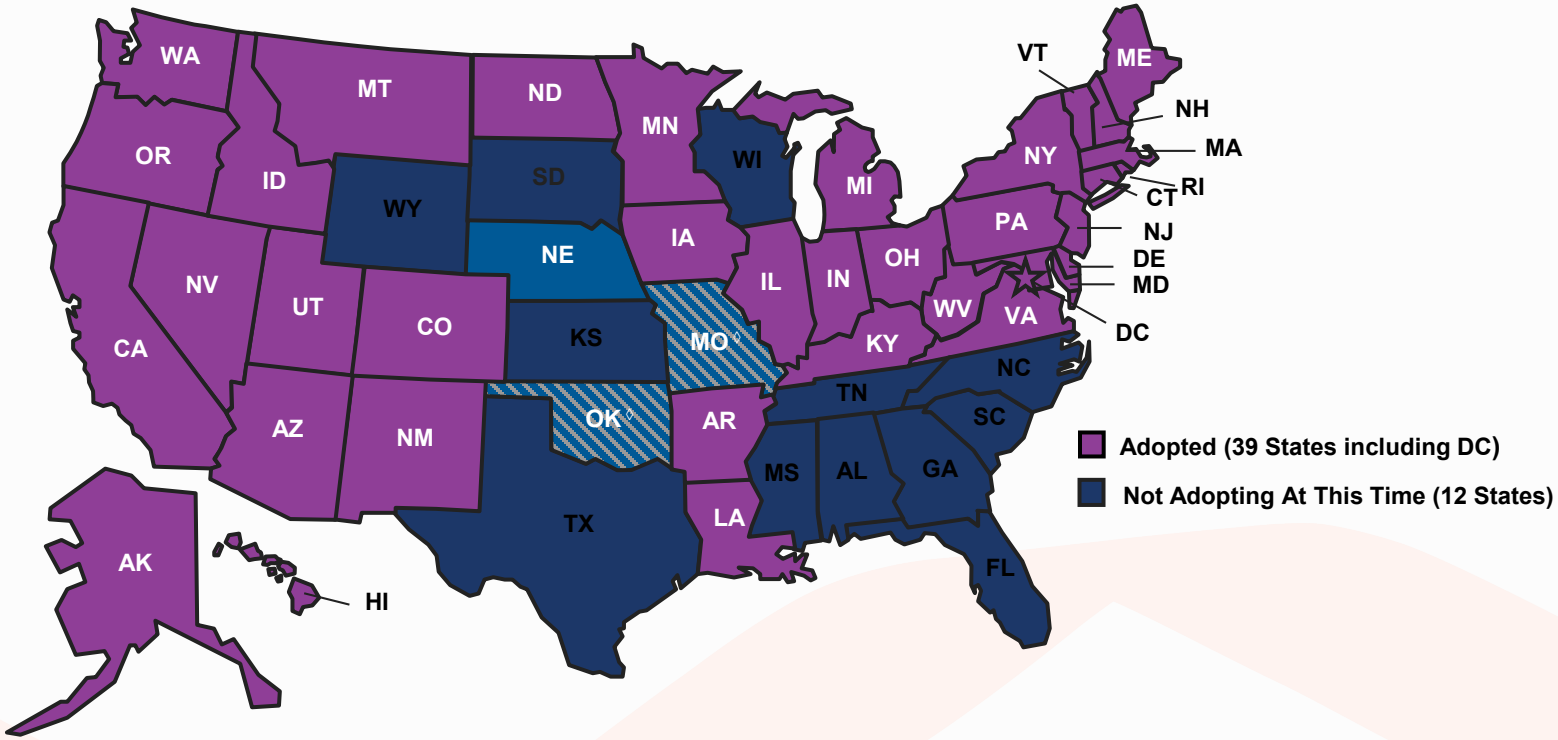
PrEP Challenges in the South

- Other Structural Issues:
- Lack of Funding for PrEP Programs:
  - Many Southern States have not Expanded Medicaid
  - Unable to use Ryan White Funding for PrEP

- Provider Disconnect
  - RW HIV providers have the expertise
  - Primary Care Providers have the patients, but are frequently overwhelmed with primary care with underserved area

- Lack of funding for “wrap-around” support
- Lack of Data Infrastructure
- Other Social Determinants of Health

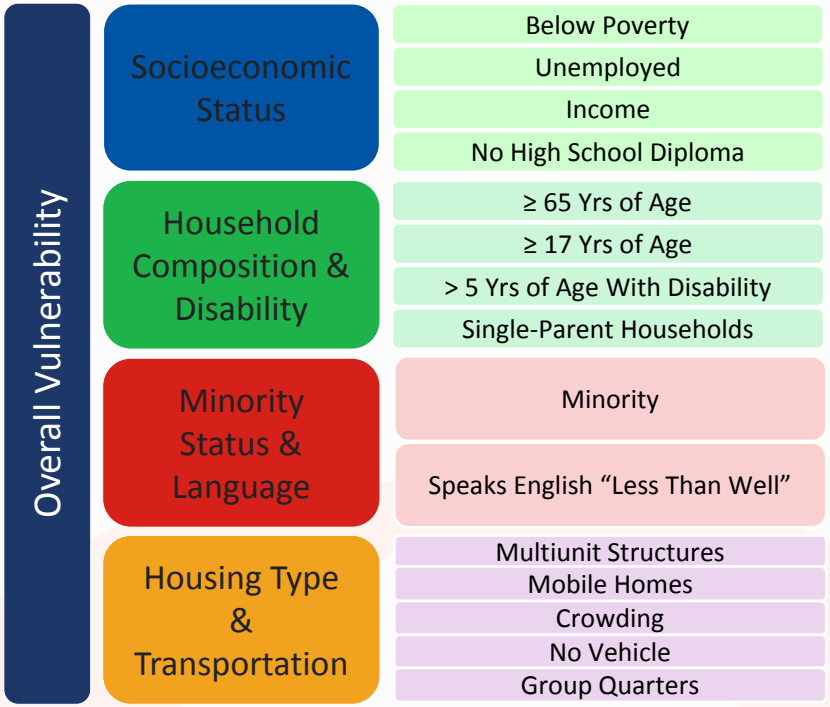
Status of State Medicaid Expansion Decisions



NOTES: Current status for each state is based on KFF tracking and analysis of state activity. ◊Expansion is adopted but not yet implemented in MO and OK. (See link below for additional state-specific notes).
SOURCE: "Status of State Action on the Medicaid Expansion Decision," KFF State Health Facts, updated May 19, 2021. https://www.kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act/

CDC: Social Vulnerability Index

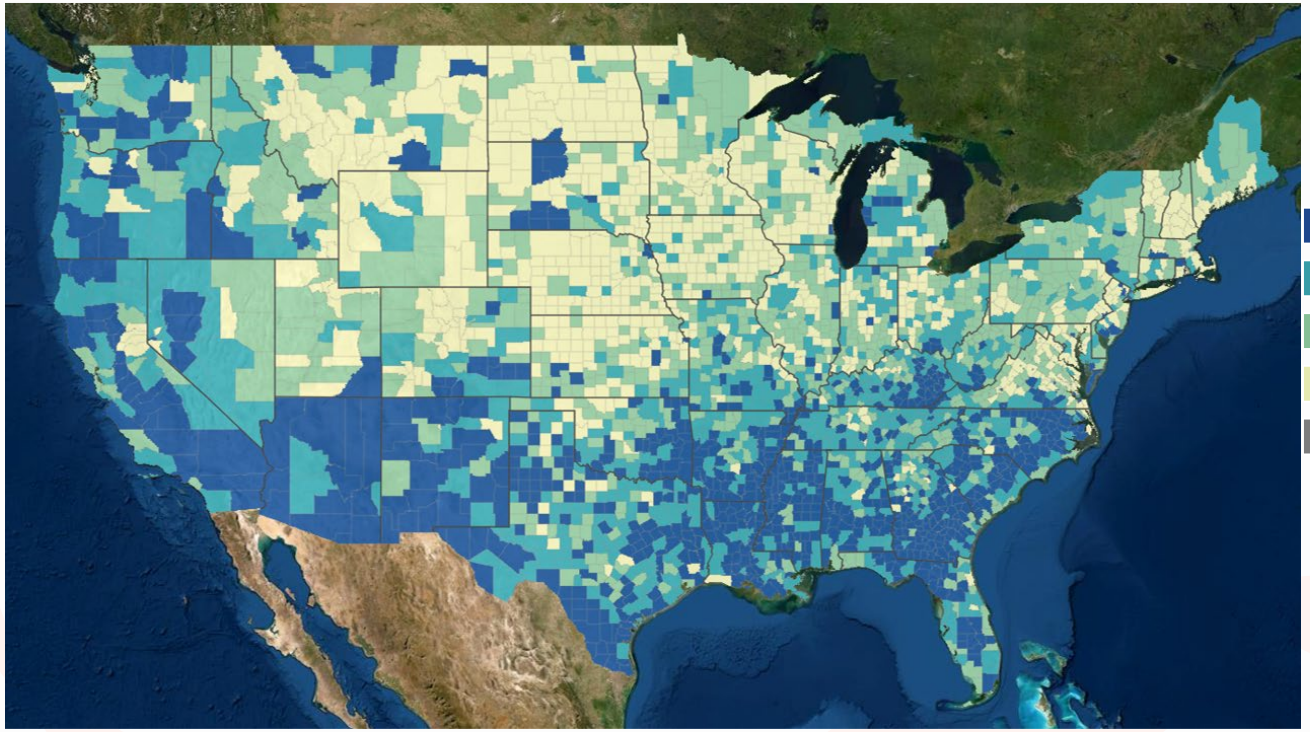
- Describes community resilience when faced with external stresses on human health (eg, natural or human-caused disasters, disease outbreaks)
- Assists local officials in pinpointing communities that may need support; evaluates 15 US census variables at tract level



https://www.atsdr.cdc.gov/placeandhealth/svi/index.html

Slide credit: clinicaloptions.com

US: Vulnerable Communities in 2016



https://www.atsdr.cdc.gov/placeandhealth/svi/index.html

Slide credit: clinicaloptions.com

PrEP Telehealth: Benefits

- Use of telehealth to provide PrEP-related services to patients
- Increases PrEP access for those most vulnerable to HIV who may not otherwise have access due to:
  - Stigma related to receiving in-person HIV prevention services
  - Distance from the closest PrEP provider
  - Lack of reliable transportation
  - Clinician shortages
- Convenient way to access PrEP and maintain HIV-negative status by improving engagement in care and medication adherence

Capacity Building Assistance for Healthcare Organizations. https://www.ncsddc.org/wp-content/uploads/2018/04/CAI_PrEPTelehealth-03-16.pdf. Accessed April 20, 2021; Association of State and Territorial Health Officials.https://www.astho.org/StatePublicHealth/States-Take-Action-to-Expand-Access-to-PrEP-Through-Telehealth/09-08-20. Accessed April 20, 2021.

Expanding HIV Care Through Telehealth for Rural and Underserved Communities

- Key component of delivering HIV/AIDS specialty care
  - Connects people living with HIV/AIDS to clinicians and specialists
  - Eliminates the need to travel to access healthcare services
- Delivers training and support to clinicians serving patients in rural and remote areas
  - HIV specialists and researchers from academic medical centers or urban clinics can use video conferencing technology to provide real-time clinical expertise to rural clinicians with small or complex HIV/AIDS caseloads

Rural Health Information Hub. https://www.ruralhealthinfo.org/toolkits/hiv-aids/2/improve/technology. Accessed April 20, 2021.

Telemedicine in Rural Alabama

MAO eHealth Model

- MAO of Alabama was an early adopter of HIV telemedicine services
- First eHealth program launched in 2011 to better serve a low-income rural population spread across several counties

MAO eHealth Model

- Use of secure video chat between patient and clinician at different locations
- Patient visits nearby clinic, staffed by nurse, who uses telemedicine equipment to conduct exam
- Use of blue-tooth stethoscope to transmit heart and lung sounds to MAO clinician in real-time

eHealth Outcomes (2019)

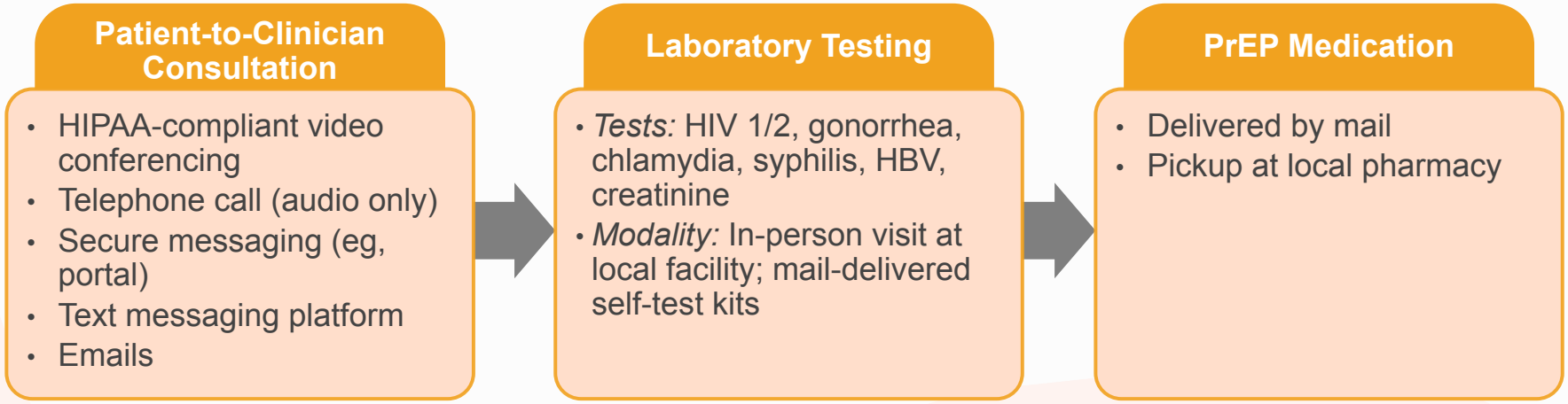
- Retention rate was similar between in-person clinic visits and telemedicine visits
- Viral suppression was slightly higher for telemedicine patients
- Used less for PrEP

AIDS United. July 2020 Issue. https://www.aidsunited.org/resources/making-connections. Accessed April 20, 2021.

PrEP Innovations

- STI 340b funding
- National EHE Initiatives by the CDC and HRSA are Increasing resources for PrEP and increasing
  FQHC engagement in PrEP
- Connect with walk-in STI clinic;
- Warm hand-off with Health Department DIS workers
- Telehealth
- Home-based HIV testing with PrEP linkage
- Home-based PrEP lab testing
- On the horizon: long-acting injectable PrEP

Schematic of TelePrep



HIPAA, Health Insurance Portability and Accountability Act of 1996.
Health Information Technology, Evaluation, and Quality Center.
https://hiteqcenter.org/Resources/EHR-Selection-Implementation/Implementing-EHR/teleprep-for-health-centers. Accessed April 20, 2021.

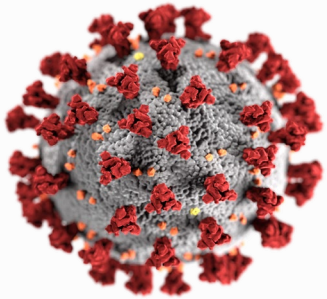
PrEP During COVID

- At the beginning of the pandemic, HIV prevention and community outreach were deprioritized.
- Prevention and treatment became less available.
- A US survey of 394 PrEP users from April noted that the percentage of respondents who took PrEP daily fell from 95.3% to 61.6% after the COVID-19 pandemic began
- Despite the decrease in people taking PrEP, the need for HIV prevention services is still present.
  - Telehealth has allowed for many patient appointments to continue, including PrEP follow-up appointments.
- Outreach has adapted to involve mailing sexual health toolkits and Facebook live sessions, along with Zoom roundtable discussions connecting HIV prevention with the realities of quarantine and COVID.

The BodyPro. https://www.thebodypro.com/article/getting-prep-to-those-who-need-it-during-covid-19-presents-new-challenges. Accessed April 20, 2021.

PrEP During the COVID-19 Pandemic

- **Reduced clinic hours, eliminated/reassigned staff, clinic closures**
  - Establish referral relationships with clinics, telehealth, pharmacies
- **Prescribe 90-day supply rather than 30-day supply with 2 refills**
  - Minimize trips to pharmacy; encourage adherence
- **Phone triage and telehealth**
- **Quarterly HIV testing should be continued, lab-only visits preferred**
  - Alternatives: home specimen collection kit, oral swab-based test



Centers for Disease Control and Prevention. https://www.cdc.gov/hiv/policies/dear-colleague/dcl/051520.html. Accessed April 15, 2021.

Alabama *e*PrEP – All About Options

MAO PrEP Overview:

- Started PrEP services 2016 – 2 initial sites (Montgomery, Dothan)
- Funding: Insurance reimbursement and ADPH STI 340b subcontract
- Received HRSA funding subcontract with Univ. of Mississippi Medical Center's Telehealth Center of Excellence for Alabama *e*PrEP project Oct 1, 2020
- Phase I- PrEP at county H.D. STI clinic by direct telemedicine- approved but implementation on hold due to COVID

- The AL *e*PrEP project is supported by the Federal Office of Rural Health Policy (FORHP), Health resources and Services Administration (HRSA), U.S. Department of Health and Human Services (HHS) under cooperative agreement award no. U66RH31459. The information, conclusions, and opinions expressed are those of the authors and no endorsement by FORHP, HRSA, or HHS is intended or should be inferred.

AL *e*PrEP – All About Options

- Phase II- Remote f/u visits offered by telephone and telephone video chat; mail order medications available through our pharmacy
- Increasing lab options:
  - 1) MAO (4) sites 2) local commercial lab if available 3) piloting home PrEP test kits for insured and uninsured patients 4) post-COVID will also offer H.D. labs
- In 2020, we had 135 PrEP patients from 27/67 of Alabama's counties. 30% uninsured 7.5% women 77%MSM, 71% AA

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The time is now.
Ending
the
HIV
Epidemic

Resources

- MAO: www.maoi.org
- https://www.hiv.gov/
- SE AETC: https://www.seaetc.com/
- HRSA: https://www.hrsa.gov/ending-hiv-epidemic
- CDC: https://www.cdc.gov/endhiv/index.html
- CDC PrEP Guidelines: https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2017.pdf
- CDC PrEP Supplement for Clinical Providers: https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-provider-supplement-2017.pdf
- https://www.hiv.gov/

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Questions???