

Pre-Exposure Prophylaxis (PrEP) in HIV Prevention: Current Problems and Proposed Solutions

Yeow Chye Ng, PhD, CRNP, CPC, AAHIVE
Angela Caires, DNP, CRNP
Jack Mayeux, MSN, APRN

**29th International Nursing Research Congress,
Melbourne, Australia. July 19-23, 2018**





We have no relevant financial, professional, or personal relationships to disclose.

Pre-Exposure Prophylaxis (PrEP) in HIV Prevention: Current Problems and Proposed Solutions

Yeow Chye Ng, Jack Mayeux, and Angela Caires

Objectives:

1. The learner will understand the limitations of the current pre-exposure prophylaxis (PrEP) clinical guidelines, and how other non-primary care facilities could join the workforce in initiating PrEP services.

Background:

- Healthcare providers are in key positions to provide education and offer PrEP to individuals at increased risk for HIV infection.
- Pre-exposure prophylaxis (PrEP) is a once-a-day pill regimen that was first approved by the US Food and Drug Administration as a biomedical drug in HIV prevention in 2012.

- Guidelines for initiating PrEP in primary care settings are widely available from multiple government agency websites.

Methods:

- A review of current clinician guidelines for initiating PrEP was gathered from the Centers for Disease Control and the World Health Organization.
- The recommendations from these organizations were synthesized based on the appropriate clinical practice for primary care providers (PCP).

Methods:

- A review of literature also explored reported barriers to care in primary care facilities.

Findings:

- The current official clinician guidelines for PrEP initiation are tailored specifically for PCPs.
- A majority of the primary care clinics have standard operating business hours from 8-5pm, Monday to Friday.
- Some studies also reported that same day scheduling is not possible in primary care practice.

- Less than 28 percent of adults sampled in a research driven survey indicated that they were able to seek medical care from their PCP during evening hours or weekends.
- Most primary care settings only cater to certain commercial insurance policy holders in their practice.

Discussion

- While the primary care setting should remain as the treatment facility of choice for PrEP services, the program could be expanded beyond present boundaries.

Conclusion

- PrEP is a lifesaving HIV prevention medication and it should not be solely introduced by a PCP in a primary care setting.
- If medical providers are aware of and understand current recommended PrEP treatment protocol, all providers can play a major role in providing PrEP services.



We have no relevant financial, professional, or personal relationships to disclose.

The Need for Pre-exposure prophylaxis (PrEP) in the Urgent Care Setting

Jack Mayeux, Yeow Chye Ng, and Angela Caires

Objectives:

1. The learner will have a better understanding of why PrEP use in the urgent care setting is suboptimal.
2. The learner will have a better understanding of why there is a need to increase the use of PrEP in the urgent care setting as an important step in the prevention of HIV.

Background:

- Guidelines for clinicians who initiate PrEP are widely available, there is an unfortunate gap within these guidelines as they are currently only intended for primary care or specialty providers (CDC, 2017).

Methods:

- A search of the latest guidelines for the initiation of PrEP medication from the Centers for Disease Control and Prevention (CDC) was performed.
- A search of current literature was conducted concerning PrEP articles and services from UC. Studies that discussed UC utilization of PrEP between 2012 and 2018 and the literature was evaluated.

Identification

Records identified through
database searching
(n = 21,503)

Screening

Records after duplicates removed
(n = 1,515)

Records screened
(n = 1,515)

Records excluded
(n = 1,513)

Eligibility

Full-text articles assessed
for eligibility
(n = 2)

Full-text articles excluded,
with reasons
(n = 0)

Included

Studies included in mixed
qualitative/quantitative
synthesis
(n = 1)

Findings:

- Current clinical guidelines only suggest that PrEP be initiated in the primary care or specialist settings (CDC, 2017). These guidelines contain no specific adaptation or reference to initiation in the urgent care (UC) or other settings (CDC, 2017).
- There are approximately 7,400 UC centers within the United States providing an average of 14,000 patient visits in 2014.

- UC facilities often employ primary care practitioners who have operating hours that are beyond the typical primary care office hours.
- On-site laboratory services are widely available.
- There has been an increase in requests for services aimed at STI testing and treatment at UC facilities.

Discussion

- UC setting may offer greater opportunities to provide PrEP services because of increased availability and access to care.
- While some may request for the UC to manage the PrEP services initiated by them indefinitely, it is important that the UC not replace primary care services.

Conclusion

- The role of UC clinics in facilitating PrEP service for prevention in HIV is under-explored.
- The benefits of having multiple links to the continuum of care for HIV prevention are valid and clear.

- A PrEP initiation protocol is in need of being developed, and has the potential to provide the UC provider with an easy to use reference guide concerning the initiation of PrEP services to patients.

- The UC could initiate a new PrEP (30-day supply) treatment, or continue the current PrEP services for 90 days, with verifiable in-house lab testing and results.
- The patient will then need to be referred to their primary care or specialist clinic for continued management.



We have no relevant financial, professional, or personal relationships to disclose.

Introducing Pre-exposure Prophylaxis (PrEP) therapy for populations experiencing homelessness

Angela Caires, Yeow Chye Ng, and Jack Mayeux

Objectives:

1. The learner will understand population needs as well as opportunities and practical methods for increasing access to PrEP therapy for populations experiencing homelessness.
2. The learner will be able to discuss different interventions aimed at providing PrEP for homeless individuals who are at increased risk for acquiring HIV.

Background:

- Around the globe, PrEP utilization is variable and there is a critical need for interventions that can effectively meet the needs of individuals who are without housing or stable shelter.
- For individuals who are experiencing homelessness, access to care and financial barriers remain significant obstacles to obtaining needed care.

- Among individuals who are without stable housing, infectious diseases remain a very real and ongoing threat and HIV continues to be a significant problem affecting overall health and quality of life.

Methods:

- A search was conducted for clinical trials, qualitative studies, or PrEP guidelines discussing the utilization of PrEP in individuals experiencing homelessness.

Findings:

- To date, there is very little available evidence relating to the use of PrEP within this population.
- Healthcare providers who work with individuals experiencing homelessness are usually cognizant of the many barriers to healthcare seen in this population.

- knowing the specific risks for contracting HIV and how to prevent infection within their living situation is critical information for individuals experiencing homelessness.

Discussion

- Homelessness is not restricted to one demographic or geographic area.
- Facilitating access to treatment is another area of focus for providers along with consideration of financial constraints and barriers that are present.

- There is a need to invest in outreach and education for the development of interventions aimed at individuals who are experiencing homelessness.
- Partnering with non-profit organizations focused on HIV prevention.

Conclusion

- While current guidelines exist and are being developed to assist providers in the effective utilization of PrEP in the prevention of HIV in the setting of primary care, there is great need for expanding knowledge to include individuals who are experiencing homelessness and are at risk for acquiring HIV.

Proposed Solutions



- Urgent care centers, hospitals, and community free clinics may also play a vital role in providing this important medical service.
- The proposed solutions may engage patients in pursuing PrEP service utilizations, regardless of their current health insurance status.

Table 1. Suggested lab testing process for PrEP

	First Visit	3-month (refill)	6-month (refill)	9-month (refill)	12-month (refill)
Assess for acute infection	^c ✓	✓	✓	✓	✓
HIV test (HIV Ab)	✓	✓	✓	✓	✓
(HIV Ag/Ab)	^c ✓				
Urinalysis Analysis	^c ✓				✓
Hepatitis (HBV sAg) ^a	^c ✓				✓
(HBV sAb)	^c ✓				
(HCV Ab) ^b	^c ✓				✓
Pregnancy testing	^c ✓	✓	✓	✓	✓
Check for medication side effects	^c ✓	✓	✓	✓	✓
STI symptom assessment	^c ✓	✓	✓	✓	✓
Syphilis (RPR)	^c ✓		✓		✓
Urine GC/CT (Males)	^c ✓		✓		✓
Rectal GC/CT	^c ✓		✓		✓
Pharyngeal GC/CT	^c ✓		✓		✓
Vaginal GC/CT/TV (Females)	^c ✓		✓		✓
Renal function, CrCl > 60 mL/min	^c ✓	✓	✓	✓	✓
Prescribe 90-day supply of PrEP	✓	✓	✓	✓	✓
Assess the need to continue PrEP	✓	✓	✓	✓	✓

^a Ig HBV sAb reactive, do not perform annual sAg.

^b If reactive, refer to gastroenterologist

^c May be conducted during a pre-visit

Questions?

Yeow Chye Ng

YeowChye.Ng@uah.edu

Angela Caires

Angela.Caires@uah.edu

Jack Mayeux

jjm0029@uah.edu



* Reference available upon request