The Need for Pre-Exposure Prophylaxis (PrEP) in the Urgent Care Setting

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Background:

Pre-exposure prophylaxis (PrEP) is the first approved medication and treatment regimen with the intention of reducing HIV infections (US Food and Drug Administration, 2012). With the introduction of the preventative treatment concept of PrEP, there has been an increase in awareness of need and willingness to prescribe PrEP (Holmes, 2012; Smith, Mendoza, Striker, & Rose, 2016). PrEP is a once-a-day pill regimen, recommended for people not infected by HIV and who participate in high risk behavior for exposure to HIV. While this medication regimen has assisted in preventing the incidences of new cases of HIV, not everyone is a candidate for PrEP therapy. Some laboratory screening is needed prior to beginning therapy, and includes screening for sexually transmitted infections (STI), HIV, Hepatitis B and C. Evaluation of kidney function is required as well (Centers for Disease Control and Prevention [CDC], 2014). While 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 current literature was conducted concerning PrEP articles and services from UC. Studies that discussed UC utilization of PrEP between 2012 and 2017 and the literature was evaluated. Additionally, a search of the latest guidelines for the initiation of PrEP medication from the Centers for Disease Control and Prevention (CDC) was performed.

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 UC or other settings (CDC, 2017). Additionally, there is no reported literature demonstrating successful or unsuccessful use of PrEP in the UC setting. This lack of guidelines and literature comes at a time when according to the Urgent Care Association of America (2017), there are approximately 7,400 UC centers within the United States providing an average of 14,000 patient visits in 2014 (Neighmond, 2016). These UC facilities often employ primary care practitioners who have operating hours that are beyond the typical primary care office hours, as well as having on-site laboratory services available, unlike many primary care offices (Weinick, Bristol, & DesRoches, 2009). According to Pearson, Tao, Kroeger, and Peterman (2017), there has been an increase in requests for services aimed at STI testing and treatment at UC facilities.

Discussion:

With the important role that medical providers play in HIV prevention, the 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. 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.

**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. In order to maximize the impact on HIV prevention, there is a need to explore such feasible service options implemented in the UC setting. 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.

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**Title:**
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**Symposium**

**Keywords:**
HIV prevention, PrEP in urgent care setting and PrEP service utilization

**References:**


**Abstract Summary:**
The role of urgent care clinics in facilitating PrEP service for prevention in HIV is under-explored. There is a lack of guidelines for initiating PrEP in the UC setting which delivers care to an increasing number of individuals. A PrEP initiation protocol is crucial for use in the UC setting.

**Content Outline:**
**Introduction:**
- With the introduction of the preventative treatment concept of pre-exposure prophylaxis (PrEP), there has been an increase in awareness of need and willingness to prescribe PrEP.
- Guidelines for clinicians in initiating PrEP services have been developed, and are now widely accessible from several agencies websites.

**Body:**
- Current clinical guidelines only suggest that PrEP be initiated in the primary care or specialist settings.
- UC facilities often employ primary care practitioners who have operating hours that are beyond the typical primary care office hours.
- There has been an increase in requests for services aimed at sexual transmitted diseases (STDs) testing and treatment at UC facilities.
- Currently, there is no reported literature demonstrating successful or unsuccessful use of PrEP in the UC setting.

**Conclusion:**
- The role of UC clinics in facilitating PrEP service for prevention in HIV is under-explored.
- There is a need to explore feasible service options that could be implemented in the UC setting.
- A PrEP initiation protocol is in need of being developed for use in the UC setting.

First Primary Presenting Author

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**Professional Experience:** Jack Mayeux holds a Master’s of Nursing with a focus as a Family Nurse Practitioner and currently working on his Doctorate of Nursing. He is presently employed at an urgent care clinic and has been practicing in this setting for more than two years. Previously, he was employed at a family practice clinic. He has been a registered nurse for nine years with his primary experience in the cardiac setting.

**Author Summary:** Jack Mayeux has practiced as a family nurse practitioner for three years. While
working at the Urgent care setting, Jack developed a strong interest in developing an HIV protocol specifically to this setting. His primary research interest relates to HIV and PrEP as it relates to an urgent care setting. Jack has served as preceptor/mentor to current and past NP students. Jack is currently a DNP student at the University of Alabama in Huntsville.

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Professional Experience: Dr. Yeow Chye Ng holds a bachelor’s degree in Computer and Electrical Engineering. He was employed as a computer hardware design engineer in a private company for three years. Dr. Ng then made the decision to return to school for a nursing degree. Dr Ng had developed a strong interest and enthusiasm for both innovative engineering designs and the medical field. He completed the bachelor's program, master's program and PhD program in nursing. Presently, Dr. Ng teaches in an academic setting, and also practicing as a family nurse practitioner. Dr. Ng is also a board certified HIV Expert™ (AAHIVE) by The American Academy of HIV Medicine. Dr. Ng holds a strong and passionate commitment to provide novel solutions to improve a patient’s healthcare outcome. One of his professional goals includes the development of innovative software equipment for improving a patient's adherence towards their medical appointments.

Author Summary: Dr. Ng has developed a strong interest and enthusiasm for both innovative engineering designs and the medical field. Dr. Ng holds a strong and passionate commitment to provide novel solutions to improve a patient’s healthcare outcome. One of his professional goals includes the development of innovative software equipment for improving a patient's adherence towards their medical appointments.

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Author Summary: Dr. Caires has practiced as a family nurse practitioner for the past 12 years. Her practice focus and research interests relate to homeless care and indigent care in the United States. She serves as Clinical Associate Professor in the Nurse Practitioner Program at the University of Alabama in Huntsville, Alabama.