END THE HIV EPIDEMIC WITH PRE-EXPOSURE PROPHYLAXIS

In 2019, the Administration announced the Ending the HIV Epidemic: A Plan for America initiative (EHE), a 10-year plan that aims to reduce new HIV infection in the United States by 90 percent by 2030. The initiative focuses efforts in 48 counties, Washington, D.C., and San Juan, Puerto Rico, geographic areas where more than 50 percent of new HIV diagnoses occurred in 2016 and 2017, as well as the seven states with a substantial rural HIV burden.

Director’s Note

The use of pre-exposure prophylaxis (PrEP) is a key HIV prevention strategy in the Administration’s Ending the HIV Epidemic: A Plan for America initiative. Among people at risk for HIV, consistent use of PrEP medications will lower the risk of acquiring HIV through sex by up to 99 percent and is an important tool to bring us closer to ending the HIV epidemic.

For years, the Health Resources and Services Administration (HRSA) HIV/AIDS Bureau has strongly encouraged Ryan White HIV/AIDS Program (RWHAP) recipients and providers to leverage their infrastructure to support PrEP services within the parameters of the RWHAP legislation. This issue of CAREAction focuses on the role of PrEP programs in ending the HIV epidemic, including ways that HRSA’s RWHAP recipients can use their expertise as leaders in HIV prevention, care, and treatment to support culturally appropriate PrEP programs. I encourage recipients and providers to review guidance from the HIV/AIDS Bureau on PrEP and to discuss allowable uses of RWHAP funds and any applicable limitations with their Project Officers.

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The EHE initiative focuses on four key strategies that together can end the HIV epidemic in the United States: (1) diagnose all people with HIV as early as possible; (2) treat people with HIV rapidly and effectively to reach sustained viral suppression; (3) prevent new HIV transmissions by using proven interventions, including pre-exposure prophylaxis (PrEP) and syringe services programs; and (4) respond quickly to potential HIV outbreaks to expedite needed prevention and treatment services to people who need them.

For people who are more likely to be exposed to HIV, PrEP medication is an effective way to prevent HIV infection. Studies have shown that, when taken consistently, PrEP medication reduces the risk of acquiring HIV from sex by approximately 99 percent and among those who inject drugs by at least 74 percent.¹

Although more than one million people in the United States could benefit from PrEP medication, only a small fraction of people receive it. The lack of PrEP awareness and knowledge, stigma, and lack of resources to pay for PrEP-associated blood tests, medical care, and medicine are some of the barriers that prevent people at risk for HIV from accessing PrEP. Greater access to PrEP medication by people at risk for HIV is needed to end the HIV epidemic.²

HRSA’S ROLE IN SUPPORTING PrEP TO END THE HIV EPIDEMIC

HRSA’s RWHAP and PrEP

In a June 2016 letter to HRSA’s RWHAP recipients, Dr. Laura Cheever, Associate Administrator for HRSA’s HIV/AIDS Bureau, recognized the importance of PrEP as a powerful prevention tool against HIV transmission and strongly encouraged RWHAP recipients and providers to leverage the RWHAP infrastructure to support PrEP services within the parameters of the RWHAP legislation. Although RWHAP funds cannot be used to cover the costs of PrEP medications or related medical services, such as physician visits and laboratory
work for clients who are HIV-negative, the legislation does allow funding services such as risk prevention education for partners of people with HIV and targeted HIV testing, which should be part of a comprehensive PrEP program.

Examples of a such activities include—

- States building a PrEP medication access program using non-RWHAP funds within the RWHAP Part B AIDS Drug Assistance Program infrastructure
- Clinics developing comprehensive PrEP services using HIV clinical and program staff not funded by RWHAP to provide PrEP services
- Clinicians and staff accessing the RWHAP Part F AIDS Education and Training Center (AETC) program for training on PrEP

**HRSA’s Health Centers and PrEP**

As part of the EHE initiative, the HRSA-funded Health Center Program is focusing on key geographic areas and expanding HIV prevention interventions, including education, access to PrEP services, and care coordination for individuals with substantial risk of acquiring HIV infection.1

The Health Center Program is incorporating promising practices to prevent HIV transmission, such as using standard order sets for PrEP medications and laboratory testing, starting PrEP the same day as the initial appointment, using PrEP navigators, and ensuring easy follow-up access. The Health Center Program also is utilizing innovative practices for the diagnosis of HIV, including mobile vans for HIV testing among hard-to-reach populations, routine opt-out HIV testing, and youth peer educators.

**READY, SET, PrEP AND ENDING THE HIV EPIDEMIC**

**Ready, Set, PrEP** is a new nationwide program led by the U.S. Department of Health and Human Services (HHS) to support the EHE initiative and to expand PrEP access to those individuals who could benefit from taking the medication. Launched in December 2019, the Ready, Set, PrEP program provides PrEP medications at no cost to thousands of individuals who—

- Test negative for HIV
- Have a valid prescription from their health care provider
- Do not have health insurance coverage for outpatient prescription drugs2

These and other efforts led by HHS, including HRSA, to expand the reach of PrEP medication to people at risk for HIV will bring us a step closer to ending the HIV epidemic.

**Stories From the Field: AIDS Education and Training Center (AETC) National Coordinating Resource Center (NCRC)**

The AETC NCRC—a RWHAP Part F recipient located at Rutgers School of Nursing, François-Xavier Bagnoud Center, in Newark, New Jersey—offers national education, technical assistance, and capacity building for health care professionals who provide care to people with HIV and those at risk for HIV. According to Dr. Andrea Norberg, Principal Investigator of the AETC NCRC, “Since we are an NCRC, we work with AETC programs located in eight universities across the United States. We develop tools, resources, and curricula to address and promote activities along the HIV care continuum.”

Dr. John Nelson, AETC NCRC Program Director, explained, “We focus on HIV prevention and harm reduction through syringe-access programs, condom and dental dam use, daily PrEP, post-exposure prophylaxis (PEP), and HIV testing, as well as HIV diagnosis and initiation of antiretroviral therapy (ART). We provide resources to health care providers to deal with those issues, mental health and substance use disorders, housing issues, and other things that affect the health outcomes of people with or at risk for HIV.”

For example, the AETC NCRC training on PrEP normalizes the practice of discussing, using, and tracking PrEP within current health care practices. “There is a stigma related to PrEP in some communities,” says Dr. Nelson, but PrEP “needs to become part of routine primary health care.” Moreover, some health care providers are misinformed about PrEP, believing “that giving PrEP … is encouraging people to engage in risky behaviors, which has not been found to be true.” Breaking down the stigma related to PrEP requires extensive training and education using a whole-team approach. Dr. Nelson explained why this is important with an example: “Let’s say the nurse practitioner is very friendly and helpful, but the front-desk clinic person gives a dirty look when [a patient] says, ‘I’m here to start PrEP.’ This kind of negative interaction is enough to scare off a potential PrEP patient who would have benefited from being seen.”

The AETC NCRC also facilitates clinical practice transformation by working with regional AETCs who have engaged coaches to help clinics transform an aspect of clinical practice, such as starting HIV testing or a PrEP program. Dr. Norberg states, “Practice transformation is seen as an important part of ending the HIV epidemic because we are really trying to work with clinics that have not provided HIV-specific care to people with HIV or those at risk for HIV before. And some of these clinics really need to be educated around HIV care and treatment.”

Whether it is developing or disseminating such resources as a pocket guide on PEP and PrEP or initiating ART at the time of HIV diagnosis, “the ultimate goal [of the AETC NCRC] is to improve the health outcomes of people at risk of and living with HIV and help end the HIV epidemic.”

**Stories From the Field: KC CARE—The Kansas City Care, Access, Research, and Education Health Center**

The KC CARE Health Center is a dually funded HRSA RWHAP recipient and community-based health center with four locations in the Kansas City, Missouri, metropolitan region. KC CARE’s HIV services focus on providing education, preventing HIV transmission, linking newly diagnosed people with HIV to care, and supporting people with HIV
in ongoing treatment. According to Corinne Kritikos, KC CARE’s Vice President of HIV Services, the Health Center receives RWHAP Parts A, B, and F funding for HIV prevention, treatment, and support services, as well as funding from the Centers for Disease Control and Prevention, State of Missouri, and private foundations.

For people at risk of HIV, KC CARE provides preventive services, including PrEP and PEP medications. Jonathan Antel, Program Coordinator, explained, “The prevention department here at KC CARE has taken a lead on recruiting people for PrEP and providing PrEP education and navigation for the community. Whether patients are coming in for PrEP directly, they are a sexual partner of someone who comes in for HIV services, or they are identified as someone who could benefit from PrEP while receiving other care at KC CARE, patients are all given equal care, attention, and education about PrEP.”

Mr. Antel noted, “We’ve been very successful in Kansas City with recruiting white men who have sex with men (MSM) to PrEP. We’ve been reaching out to Black and Latino MSMS and to Black women who have sex with men; however, there’s a lot of medical mistrust. Once a patient agrees to start PrEP, services are facilitated by the PrEP Navigator of the Day program, which links patients to a prevention staff member who is best equipped to address the client’s needs for follow-up throughout a three-month period.”

Kamile Johnson, Vice President of Pharmacy Services at KC CARE, adds, “KC CARE’s in-house pharmacy handles prior authorizations and completes patient assistance applications for people enrolling in PrEP, including the [HHS] Ready, Set, PrEP program.” She emphasizes that this results in all-inclusive care. “Once [clients] see a provider and a PrEP navigator, we can close the loop by providing the medications for them right here,” often on the same day. Moreover, KC CARE has recently incorporated a PrEP telephone service, which aims to address retention issues through follow-up calls to patients.

For patients who seroconvert and are diagnosed with HIV, KC CARE connects them to the Linkage to Care team. Jacquelyn Bradley, clinical pharmacy resident at KC CARE, states, “Whenever [patients] seroconvert, they have to be enrolled in the Ryan White HIV/AIDS Program if they qualify, and that’s something our Linkage to Care coordinators help the patient do. Then we’ll start all of the baseline lab work that the patient needs. One of the other services that we offer for seroconverted patients is that we have peer counselors—or other people in the clinic with HIV—that can be called upon to help new patients navigate the whole process.” According to Ms. Kritikos, “We usually get folks in for their first appointment within the week if not the next day or the day after, and we can see a patient who’s not yet fully enrolled in the RWHAP for their initial appointment. We’re currently putting a task force together for implementing a true same-day start-up in late fall 2020 for folks who test reactive at our main location and ensuring they leave with medication that day.”

Mr. Antel states that KC CARE “is really set up for the full continuum of care, regardless of status,” offering comprehensive programs to prevent, understand, and treat HIV to improve the overall health and wellness of KC CARE’s community.

References


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