Guidelines on Incorporating HIV Prevention into Medical Care Part I

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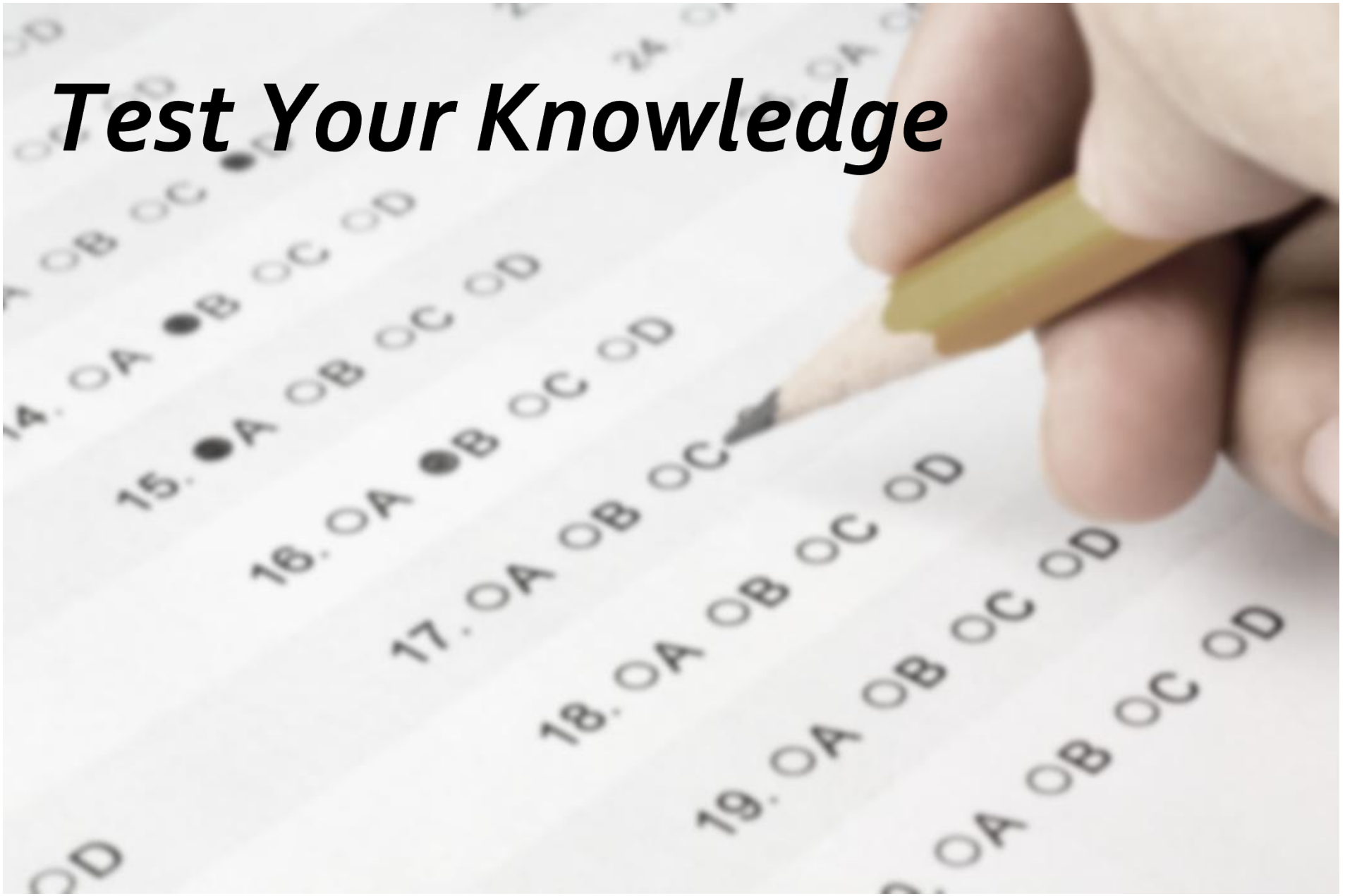
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Intended Audience: Low volume clinicians (i.e. those with fewer than 25 patients in their case load who are HIV positive): Physicians, Physician Assistants, Nurse Practitioners, Pharmacists, Dentists, Nurses, Social Workers, Case Managers and other Clinical Personnel.

Webinar Requirements: A computer, phone, etc., with Internet accessibility and a telephone line.

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Test Your Knowledge

Test Your Knowledge
Question #1

34-year-old man who is HIV positive presents after "condom breaking" during receptive anal intercourse with a partner of unknown HIV status. Which of these do you recommend?

A. No ART – low risk exposure
B. PEP with TDF/FTC
C. PEP with TDF/FTC/EFV
D. PEP with TDF/FTC/LPV/r

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Test Your Knowledge
Question # 2

28-year-old female commercial sex worker informs you during a physical examination that oftentimes condom use is not acceptable to her clients. Which of these do you recommend?

A. Do an HIV test and if negative discuss pre exposure prophylaxis antiretrovirals
B. Screen and treat for STIs
C. Test for Hepatitis B
D. Inform her that her lifestyle is morally wrong and dangerous and she may die before 35

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Test Your Knowledge
Question # 3

22-year-old man presents with fever, mouth pain, and skin rash. PR reveals 3 small oral ulcers and diffuse macular rash. Labs show WBC 3. plts 89K, monospot neg., RPR NR, HIV Ab neg, HIV RNA 1,876,000 cps/m. Which statement is correct?

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Guidelines on Incorporating HIV Prevention into Medical Care Part I



Objectives

Upon completion of this webinar, participating providers will have the enhanced ability to:

- Describe techniques needed to promote prevention and care across the HIV Continuum
- Identify and diagnose persons infected with HIV
- Identify distinct strategies aimed at improving linkage and engagement in HIV care
- Describe techniques to improve retention in care and adherence to medication
- Articulate techniques and skills for re-engaging persons with HIV who are lost to care

Outline

- HIV post exposure prophylaxis
  - Occupational
  - Non-occupational
- HIV pre exposure prophylaxis
- Acute/recent HIV infection
- Acute opportunistic infection
- HIV-HBV co-infection
- HIV Treatment Cascade

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CASE STUDY
Question # 1

34-year-old man who is HIV positive presents after "condom breaking" during receptive anal intercourse with a partner of unknown HIV status. Which of these do you recommend?

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What Would You Do?

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Antiretrovirals for PEP
Post Exposure Prophylaxsis (PEP) for Occupational Exposure

- Access nature of exposure: source fluid, volume of fluid, type of exposure, timing
- Access exposure source; HIV and hepatitis testing
- Testing (baseline, 6 + 12 wks, 6 months) and counseling
- Offer 4 weeks of rx for recognized transmission risk
  - (2 drugs: 2 NRTI) and for increased transmission risk
  - (3 drugs: 2 NRTI + NNRTI or PIs); adjust regimen for possiblility of resistance in source patient

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Antiretrovirals for PEP
Post Exposure Prophylaxsis (PEP) for Non-Occupational Exposure

- Presentation<72 hours with substantial risk exposure from HIV+ source-recommended
- Presentation<72 hours with substantial risk exposure from source with unknown HIV status-no recommendation (case by case)

Presentation >72 hours or no substantial risk of exposure – not recommended

Preferred Rx 4 weeks of :

(ZDV or TDF) + (3TC or FTC) + EFV or

ZDV + (3TC or FTC) + LPV/RTV

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Case Study
Question # 2

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What Would You Do?

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Antiretrovirals for Pre-exposure Prophylaxis (PrEP) against HIV Infection Clinical Data in Men who have Sex with Men

- Pre-exposure Prophylaxis Initiative- In a multinational trial called Pre-exposure Prophylaxis Initiative (iPrEX)
  - Multi-national trial; 6 countries; 4 continents
  - 2470 HIV-seronegative men and 29 transgender women were randomly assigned to either TDF/FTC or placebo once daily
  - Participants received: HIV testing, risk reduction counseling, condoms, and management of STIs
  - Followed for a median of 1.2 years
  - Pill counts and medication history were serially taken throughout the trial

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Antiretrovirals for Pre-exposure Prophylaxis (PrEP) against HIV Infection Clinical Data in Men who have Sex with Men

- Results
  - 100 patients became infected during follow-up (36 in the intervention arm and 64 in the placebo group) consistent with a 44 % reduction in the incidence of HIV with TDF/FTC (95% CI)
  - Condom use increased and the number of episodes of rectal intercourse decreased
  - There were no differences between the arms in the number of STIs or high-risk sexual practices

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Antiretrovirals for Pre-exposure Prophylaxis (PrEP) against HIV Infection Clinical Data in Heterosexual Individuals

- A controlled trial in Botswana (TDF2)
  - 1200 sexually active heterosexual women and men
  - Compared TDF/FTC vs placebo
  - TDF/FTC use decreased the risk of HIV infection by 62%
  - 1.2 events per 100 person years in the TDF/FTC arm vs 3.1 events per 100 person years in the placebo arm
  - Limitation high (33%) non completion rate in both arms

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Antiretrovirals for Pre-exposure Prophylaxis (PrEP) against HIV Infection Clinical Data in Heterosexual Individuals

- A controlled trial (Partners-PrEP) in Kenya and Uganda
  - 4758 discordant couples
  - Compared TDF with or without FTC vs placebo
  - TDF and TDF/FTC use decreased the risk of HIV infection by 67% and 75% respectively
  - 17 and 13 infections compared with 52 infections in the placebo arm

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Antiretrovirals for Pre-exposure Prophylaxis (PrEP) against HIV Infection Candidates for Pre-exposure Prophylaxis

- MSM who engage in high-risk behavior (e.g., unprotected anal sex with partners known to be HIV-infected, sex with multiple or anonymous partners)
- Heterosexual men and women who have multiple sex partners in areas of high HIV prevalence (e.g. sub-Saharan Africa, and possible some high-prevalence urban areas in the US) and are unlikely or unable to use condoms consistently

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Antiretrovirals for Pre-exposure Prophylaxis (PrEP) against HIV Infection Candidates for Pre-exposure Prophylaxis

- HIV-uninfected partners in a serodiscordant couple, when consistent antiretroviral therapy for the HIV-infected partner is not feasible, either because of resource constraints or suboptimal medication adherence. When the infected partner has only recently initiated a treatment regimes as HIV plasma viremia may take 6 to 12 weeks for adequate suppression

- Injection drug users, especially when it is integrated with prevention and clinical care for the additional health issues faced by these individuals

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Antiretrovirals for Pre-exposure Prophylaxis (PrEP) against HIV Infection before initiating PrEP

- Determine eligibility
  - Document negative HIV antibody test(s) immediately before starting PrEP medication
  - Test for acute HIV infection if patient has symptoms consistent with acute HIV infection
  - Confirm that patient is at substantial, ongoing, high risk for acquiring HIV infection
  - Confirm that calculated creatinine clearance is >60 ml per minute

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Antiretrovirals for Pre-exposure Prophylaxis (PrEP) against HIV Infection before initiating PrEP

- Other recommended actions
  - Screen for hepatitis B infection; vaccinate against hepatitis B if susceptible, or treat if active infection exists, regardless of decision about prescribing PrEP
  - Screen and treat as needed for STIs
  - Perform pregnancy testing for women

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Antiretrovirals for Pre-exposure Prophylaxis (PrEP) against HIV Infection beginning PrEP Medication Regimen

- Prescribe 1 tablet of Truvada (TDF 300mg plus FTC 200 mg) daily
- In general, prescribe no more than a 90-day supply, renewable only after HIV testing confirms that patient remains HIV-uninfected
- If active hepatitis B infection is diagnosed, consider using TDF/FTC for both treatment of active hepatitis B infection and HIV prevention
- Provide risk-reduction and PrEP medication adherence counseling and condoms

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Antiretrovirals for Pre-exposure Prophylaxis (PrEP) against HIV Infection Follow-up while PrEP medication is being taken

- Every two to three months, perform an HIV antibody test; document negative result
- Evaluate and support PrEP medication adherence at each follow-up visit, more often if inconsistent adherence is identified
- Every two to three months, assess risk behaviors and provide risk-reduction counseling and condoms, Assess STI symptoms and, if present, test and treat for STI as needed
- Every six months, test for STI even if patient is asymptomatic, and treat as needed
- Every three months, check blood urea nitrogen and serum creatinine. Discontinue PrEP if creatinine clearance decreases by 20 percent or to <50 ml per minute
- Every three months, assess pregnancy status for women on PrEP

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Antiretrovirals for Pre-exposure Prophylaxis (PrEP) against HIV Infection on discontinuing PrEP (at Patient request, for safety concerns, or if HIV Infection is acquired)

- Perform HIV test to confirm whether HIV infection has occurred
- If HIV-negative, establish linkage to risk-reduction support services as indicated
- If active hepatitis B is diagnosed at initiation of PrEP, consider appropriate medication for continued treatment of hepatitis B

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Case Study
Question # 3

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What Would You Do?

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Acute or Recent HIV

- ART is considered OPTIONAL
- ART reduced symptoms/signs
- No long-term virologic, immunologic, or clinical data available
- If ART is started, use standard regimens with goal of full virologic suppression
- Obtain genotype prior to ART
  if ART is started prior to geotype results, consider starting PI-based, rather than NNRTI-based regimen

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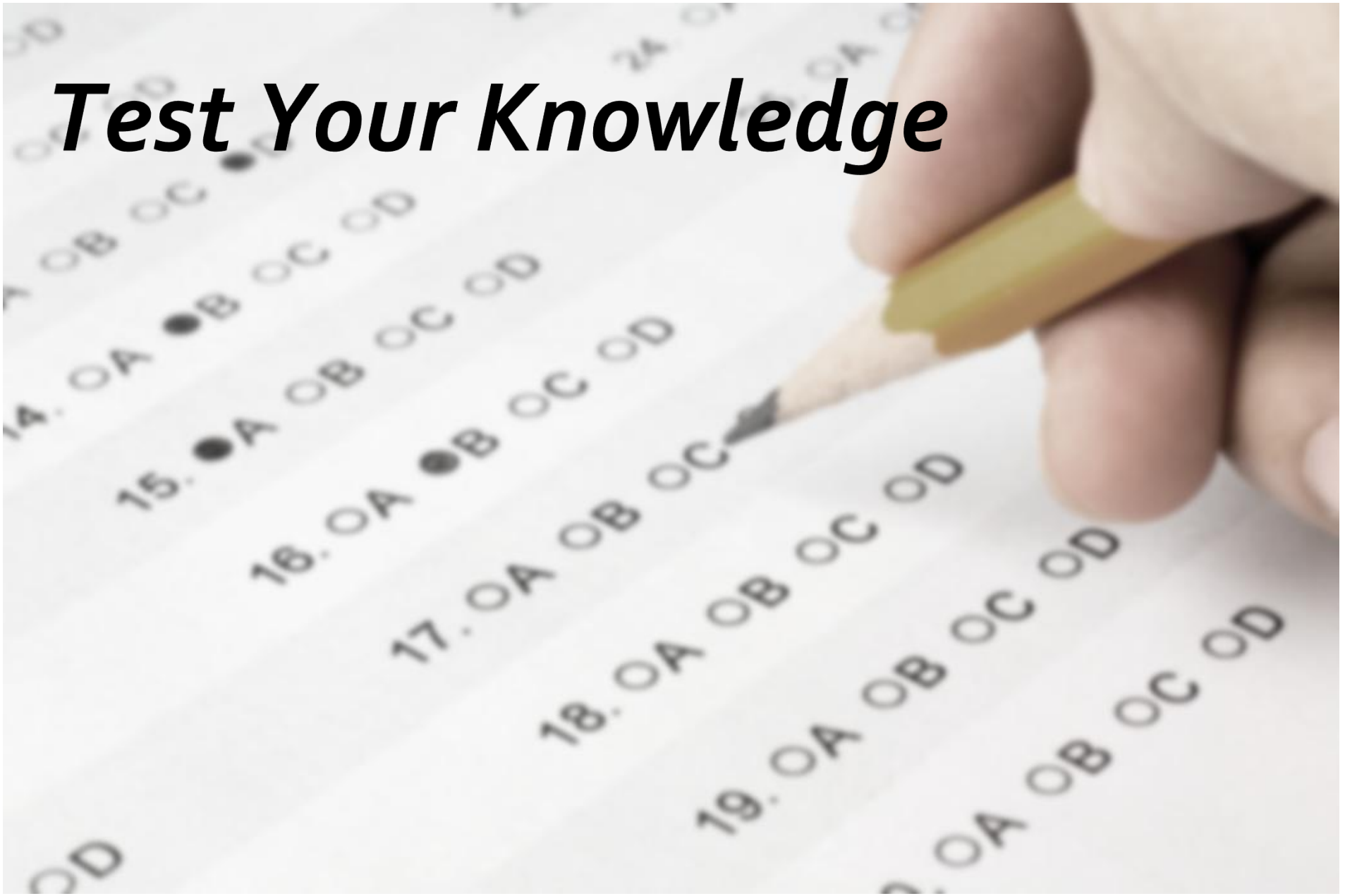
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Test Your Knowledge

Test Your Knowledge
Question #4

34-year-old man who is HIV positive presents after "condom breaking" during receptive anal intercourse with a partner of unknown HIV status. Which of these do you recommend?

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Test Your Knowledge
Question # 5

28-year-old female commercial sex worker informs you during a physical examination that oftentimes condom use is not acceptable to her clients. Which of these do you recommend?

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Test Your Knowledge
Question # 6

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