Lessons learned from the US PrEP Demonstration Project: Moving from the “real world” to the “real, real world”

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Disclosures

• The views expressed herein do not necessarily reflect the official policies of the City and County of San Francisco; nor does mention of the San Francisco Department of Public Health imply its endorsement.

• Gilead Sciences provided study drug for the PrEP demo project.
SF leads the way in PrEP

- Bridge HIV (SFDPH) participated in **first PrEP trials**
  - First safety trial in US MSM
  - First efficacy trial in MSM (iPrEx)

- SFAF launched **PrEP information** campaign

- SFCC launched **first PrEP demonstration project** in US and now offers PrEP as part of routine STD clinic services

- SFGH has **CDC contract** to counsel providers about PrEP
Outline

• The Demo Project
  – Uptake
  – Adherence

• Lessons learned
  – Clinical challenges
  – Post-study access
  – Next steps to support and monitor scale-up in SF
The Demo Project

- NIAID-funded, multisite, open-label PrEP Demonstration Project in MSM and transgender women

- Key objectives:
  - PrEP uptake
  - Adherence / Persistence
  - Sexual behaviors
  - Side effects and toxicities
  - Resistance in seroconverters
  - Determine staff and space needed for PrEP delivery

- Launched in September 2012, Enrollment completed in January 2014
The Demo Project: Sites

San Francisco City Clinic

Miami-Dade County Downtown STD clinic

Whitman Walker, Washington, D.C.
Recruitment and Eligibility

- Potential clients identified during routine clinic visits
- Referral of clients from community

- MSM or TG women
- HIV negative
- At risk for HIV-infection:
  - Condomless anal sex
  - HIV+ partner
  - History of STDs
- Age ≥18
- Fluent in English or Spanish
- Normal kidney function
- Hepatitis B negative
- No medical contraindications

www.prepfacts.org
Methods: Referrals and Patient Flow

**Clinic referrals**

**Self referrals**

**PRE-SCREENING**
- Behavior eligibility
- Brief questionnaire

**SCREENING**
- Medical evaluation and lab testing

**ENROLLMENT**
- Dispense PrEP
- Adherence/risk reduction counseling
## PrEP eligibility and uptake, by site

<table>
<thead>
<tr>
<th></th>
<th>SF</th>
<th>Miami</th>
<th>DC</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approached for pre-screening</td>
<td>581</td>
<td>312</td>
<td>176</td>
<td>1069</td>
</tr>
<tr>
<td>Declined</td>
<td>233</td>
<td>76</td>
<td>55</td>
<td>364</td>
</tr>
<tr>
<td>Ineligible (behavioral or medical)</td>
<td>48</td>
<td>79</td>
<td>21</td>
<td>148</td>
</tr>
<tr>
<td>Enrolled</td>
<td>300</td>
<td>157</td>
<td>100</td>
<td>557</td>
</tr>
<tr>
<td>Uptake among potentially eligible</td>
<td><strong>56%</strong></td>
<td><strong>67%</strong></td>
<td><strong>65%</strong></td>
<td><strong>60%</strong></td>
</tr>
</tbody>
</table>

### Main reasons for joining the study:
- To protect myself against HIV
- To help the community/to help fight the HIV epidemic
- Because my partner has HIV
- To make it safer for me to have sex without condoms

### Significant demand for PrEP, amplified by word of mouth
- Waitlists in SF and DC throughout study
- Number of “self-referrals” increased during enrollment period, (30% in first 3 mo, 53% in last 3 mo, p<0.005)
- Hearing about PrEP through a friend or sex partner was highly associated with being a self-referral for PrEP (p<0.001)
Reasons for not enrolling

Declined Participation (N=364)
- Not enough time for study participation (23%)
- Concerns about side effects (22%)
- Not perceiving oneself at risk for HIV (11%)
- Wants more time to think about it (11%)

Ineligible (N=148)
- Did not meet risk behavior criteria (48.6%)
- HIV positive (14.2%)
- Unable to return for follow-up visits (9.5%)
- ≥ 1+ urine proteinuria (4%)
- Chronic hepatitis B (1%)
Substantial proportion declining PrEP were at risk for HIV acquisition

- Among participants who declined participation and provided sexual behavior data:

<table>
<thead>
<tr>
<th>Sexual Behavior</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Condomless receptive anal sex, past 3 mo (N=346)</td>
<td>27%</td>
<td>73%</td>
</tr>
<tr>
<td>&gt;5 condomless anal sex partners, last 12 mo (N=276)</td>
<td>43%</td>
<td>57%</td>
</tr>
<tr>
<td>Self-reported rectal GC/CT*, syphilis, last 12 mo (N=276)</td>
<td>43%</td>
<td>57%</td>
</tr>
</tbody>
</table>

*Gonorrhea, chlamydia
Characteristics of enrolled participants

- Mean age 35; 98% MSM
- 48% white, 35% Latino
- 34% < $20K/year
- 37% uninsured
- 69% had heard of PrEP
- 54% self-referred

- Behavioral risk
  - 67% reported condomless RAS past 3 mo
  - 42% reported > 5 condomless anal sex partners past 12 mo
  - 15% reported meth use past 12 mo

- High prevalence of STDs at baseline
  - 4.5% early syphilis
  - 16.5% rectal GC or CT
# Independent predictors of enrollment

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>aRR (95% CI)</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site</td>
<td></td>
<td></td>
</tr>
<tr>
<td>San Francisco</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>Miami</td>
<td>1.53 (1.33-1.75)</td>
<td>&lt;0.001</td>
</tr>
<tr>
<td>DC</td>
<td>1.33 (1.2-1.47)</td>
<td></td>
</tr>
<tr>
<td>Age, per 10 year increase</td>
<td>1.04 (0.99-1.09)</td>
<td>0.09</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>Latino</td>
<td>0.97 (0.85-1.1)</td>
<td>0.15</td>
</tr>
<tr>
<td>Black</td>
<td>0.84 (0.68-1.04)</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>0.88 (0.68-1.14)</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>0.82 (0.68-0.99)</td>
<td></td>
</tr>
<tr>
<td># episodes anal sex with HIV+ partner, last 12 mo</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-1</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>2-5</td>
<td>1.17 (1.02-1.33)</td>
<td>0.002</td>
</tr>
<tr>
<td>&gt;5</td>
<td>1.22 (1.09-1.36)</td>
<td></td>
</tr>
<tr>
<td>Prior PrEP awareness (vs. no awareness)</td>
<td>1.56 (1.05-2.33)</td>
<td>0.04</td>
</tr>
<tr>
<td>Self Referral (vs. clinic referral)</td>
<td>1.48 (1.32-1.66)</td>
<td>&lt;0.001</td>
</tr>
</tbody>
</table>

*Cohen SE, et al. JAIDS, 2015*
Retention in the Demo Project

% Retained for visit

Enrollment  Week 4.0  Week 12.0  Week 24.0  Week 36.0  Week 48.0

SF  Miami  DC

Legend:
- SF
- Miami
- DC
Adherence

Self report

Pill counts

Dried blood spots (DBS)

Hair (opt-in)
DBS TFV-DP Levels at week 4 (n=136)

DBS TFV-DP level, in fmol/punch (estimated dosing)

*BLQ = Below limit of quantification
Proportion with estimated $\geq 4$ doses/week in longitudinal cohort (N=90), overall and by site

At time of testing:
- $\sim 60\%$ of cohort have reached week 48 in SF/Miami
- $\sim 70\%$ of cohort have reached week 24 in DC
1) What is the optimal HIV testing strategy at the time of PrEP initiation (or re-initiation)?

- CDC recommends a negative HIV antibody test (lab based EIA or rapid, fingerstick) within 7 days before starting PrEP, and a 4th gen or VL if signs/symptoms of AHI within the past 4 weeks.

- NYS DOH recommends 3rd or 4th gen HIV Ab test and VL if symptoms of AHI or unprotected sex with HIV pos partner in past 4 weeks.
HIV testing and AHI in the Demo Project

- HIV testing algorithm:
  - Rapid HIV Antibody and 4th generation HIV Ag/Ab at all study visits
    - Screening
    - Enrollment
    - Week 4.0
    - Weeks 12.0, 24.0, 36.0 and 48.0
  - In addition, at enrollment:
    - Indiv RNA (Miami, DC) or
    - RNA pool (SF)

- 3 participants found to have AHI at enrollment
- All were asymptomatic, 4th gen negative and had VL<1000
Clinical Challenges

2) How should you transition a client from nPEP to PrEP?

– Should there be a gap (to confirm HIV neg status) between the completion of nPEP and the initiation of PrEP?
– Does this vary based on whether 2-drug or 3-drug nPEP was used?
– Does this vary based on type of testing done at nPEP initiation?
Clinical Challenges

3) What type of counseling should be provided, by whom and how often?

– Counseling was part of the package of services offered in the efficacy trials

– In the demo project, combined risk reduction and adherence counseling offered at screening and all quarterly visits (counselors trained in motivational interviewing)

– Counselors may not be available in many primary care settings
Other Clinical Challenges

4) What is the **appropriate messaging** for clients in a stable, monogamous serodiscordant relationship with a partner with a chronically suppressed viral load? *(Recommend? Offer? Discourage?)*
## Access to PrEP in the “real, real world”

Follow-up survey administered to all Demo participants 4-6 months after completing the study

<table>
<thead>
<tr>
<th></th>
<th>SF N=65</th>
<th>Miami N=74</th>
<th>Total N=139</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interested in taking PrEP post study</td>
<td>61 (94%)</td>
<td>66 (89.2%)</td>
<td>127 (91.4%)</td>
</tr>
<tr>
<td>Have taken PrEP post study</td>
<td>42 (68.9%)</td>
<td>11 (16.7%)</td>
<td>53 (41.7%)</td>
</tr>
<tr>
<td>Currently taking PrEP</td>
<td>37 (60.7%)</td>
<td>12 (16.7%)</td>
<td>48 (37.8%)</td>
</tr>
</tbody>
</table>
## Paying for PrEP

<table>
<thead>
<tr>
<th>Coverage</th>
<th>How to access</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uninsured and &lt; 500% FPL</td>
<td>• Gilead patient assistance program (PAP) provides TDF/FTC at no cost</td>
</tr>
<tr>
<td></td>
<td>• Client may need to pay for office visit and labs</td>
</tr>
<tr>
<td>Uninsured and &gt; 500% FPL</td>
<td>• Pay out of pocket ($1250/month) + office visits, lab costs</td>
</tr>
<tr>
<td>Medicaid (Medical)</td>
<td>• Covered; No prior authorization</td>
</tr>
<tr>
<td>Employer-sponsored health insurance</td>
<td>• In general, most plans cover TDF/FTC for PrEP</td>
</tr>
<tr>
<td></td>
<td>• Cost sharing varies; Gilead offers $300/month co-pay assistance</td>
</tr>
<tr>
<td></td>
<td>• Some require prior authorization, mail order Rx</td>
</tr>
<tr>
<td></td>
<td>• Provider needs to code visit correctly or q3mo HIV testing may not be covered</td>
</tr>
<tr>
<td>Covered California</td>
<td>• <strong>Bronze</strong>: High deductible, 30-40% co-pay for specialty drugs after deductible met; <strong>TDF/FTC approx $800/mo (with co-pay assistance)</strong></td>
</tr>
<tr>
<td></td>
<td>• Silver, Gold: Most have no cost after co-pay card</td>
</tr>
</tbody>
</table>
PrEP Navigation Program at SFCC

• Program coordinator, counselor and 0.5 FTE nurse practitioner
• Between 5/14-3/15, over 450 clients provided PrEP counseling, education and navigation
• 111 initiated on PrEP
  – Mean Age: 32; 25% < 27 years
  – 43% White, 8% Black, 29% Latino, 15% Asian
  – 1/3 previously received nPEP
  – 40% had history of STD
  – 57% were uninsured and enrolled in MAP
  – 43% had insurance (65% Medical, 35% other)
  – Of those uninsured, 38% have enrolled in health insurance

Cohen, et al. *submitted*
PrEP: Next steps for Community Level Implementation and Dissemination

• Increasing PrEP knowledge and demand among those at risk for HIV-infection
• Building capacity among providers to prescribe PrEP
• Combating PrEP related stigma among friends, sex partners and medical providers
• Developing tools to support PrEP users
• Improving affordability
# Building a PrEP provider referral list

If you live in San Francisco and do not have health insurance you might be eligible for Healthy SF. Please call (415) 615-4555 for more information on eligibility or visit [http://healthysanfrancisco.org](http://healthysanfrancisco.org). If you are eligible for Healthy SF you must pick a medical home, make sure PrEP is an option at that medical home if you are interested in it.

**Providers that take Healthy SF, SF PATH, Medi-Cal and Medicare:**

<table>
<thead>
<tr>
<th>Provider</th>
<th>Address</th>
<th>Insurance Notes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Andrew J. Desruisseau M.D.</td>
<td>HealthRight 360, 558 Clayton and 1735 Mission Street, 415-762-3700</td>
<td>Healthy San Francisco, Medi-cal, Medicare, or FamilyPACT or sliding scale out of pocket.</td>
</tr>
<tr>
<td>Clare Sanchyna (N.P.?M.D.?)</td>
<td>Castro Mission Health Center, 3850 17th St, San Francisco, CA 94114, Neighborhood: Castro, 415-934-7700</td>
<td>Healthy San Francisco, Medi-cal, Medicare, or FamilyPACT.</td>
</tr>
<tr>
<td>Toby Dyner M.D.</td>
<td>Potrero Hill Health Center, 1050 Wisconsin Street, 415-648-3022 or 415-920-1250</td>
<td>Healthy San Francisco, Medi-cal, Medicare, or FamilyPACT.</td>
</tr>
<tr>
<td></td>
<td>Family Health Center, 995 Potrero Avenue @ 22nd Street, (415)206-5252</td>
<td>Healthy San Francisco, Medi-cal, Medicare, or FamilyPACT.</td>
</tr>
<tr>
<td>Yvonne Piper N.P.</td>
<td>Lyon-Martin Health Services, 1748 Market Street, Suite 201, San Francisco, CA 94102, (415) 565-7667 phone, (415) 252-7512 fax, lyon-martin.org</td>
<td>Medicare, Medi-Cal, Anthem Blue Cross Medi-Cal, San Francisco Health Plan Medi-Cal, and many private insurances including Aetna, Blue Cross, UMR, United HealthCare, Cigna and Tricare, FamilyPACT, and/or Healthy San Francisco. Uninsured patients may be eligible for sliding scale fee discounts, based on income and family size.</td>
</tr>
<tr>
<td>Maxine Hall</td>
<td>1301 Pierce Street, 415-292-1300</td>
<td>Only open to Medi-cal patients who are assigned to the Community Health Network. Closed to SF PATH, Healthy SF and all new patients</td>
</tr>
<tr>
<td>Chuck Cloniger M.D.</td>
<td>St James Infirmary, 1372 Mission St, San Francisco, CA 94103, (415) 554-8494, <a href="http://stjamesinfirmary.org/">http://stjamesinfirmary.org</a></td>
<td>No insurance needed. St James Infirmary provides services for current or former sex workers.</td>
</tr>
</tbody>
</table>

Referrals
PrEP Starts

Volk, J. CID 2015
Bay Area Provider Survey

• Conducted Online survey in May 2014

• Primary care and HIV providers recruited
  • SF Bay Area Clinical Research Network (primary care providers)
  • SFGH Ward 86 and UCSF Care 360 HIV clinics (HIV care providers)

• Assessed demographics, practice characteristics and willingness to prescribe PrEP using a 5-pt Likert scale (i.e. extremely, very, moderately, slightly, not at all)

Bacon, O. manuscript in preparation
## Practice Characteristics (n=99)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Professional status</strong></td>
<td></td>
</tr>
<tr>
<td>Physician (M.D. or D.O. post training)</td>
<td>73%</td>
</tr>
<tr>
<td>Physician (M.D. or D.O. intern/resident)</td>
<td>15%</td>
</tr>
<tr>
<td>Nurse practitioner/physician’s assistant</td>
<td>11%</td>
</tr>
<tr>
<td><strong>Years in Practice</strong></td>
<td></td>
</tr>
<tr>
<td>&lt;5 years</td>
<td>22%</td>
</tr>
<tr>
<td>5-10 years</td>
<td>26%</td>
</tr>
<tr>
<td>&gt;10 years</td>
<td>52%</td>
</tr>
<tr>
<td><strong>Specialty</strong></td>
<td></td>
</tr>
<tr>
<td>Family Medicine</td>
<td>51%</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>26%</td>
</tr>
<tr>
<td>Infectious Disease</td>
<td>12%</td>
</tr>
<tr>
<td>Other</td>
<td>10%</td>
</tr>
</tbody>
</table>
# Practice Characteristics (n=99)

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>(%)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of Practice</strong></td>
<td></td>
</tr>
<tr>
<td>Private Practice</td>
<td>14%</td>
</tr>
<tr>
<td>Community/County Practice</td>
<td>28%</td>
</tr>
<tr>
<td>Public Health Clinic</td>
<td>11%</td>
</tr>
<tr>
<td>Academic Clinic or Medical Center</td>
<td>36%</td>
</tr>
<tr>
<td>Other</td>
<td>11%</td>
</tr>
<tr>
<td><strong>Types of patients</strong></td>
<td></td>
</tr>
<tr>
<td>HIV(+) patients only</td>
<td>10%</td>
</tr>
<tr>
<td>HIV (-) patients only</td>
<td>20%</td>
</tr>
<tr>
<td>Both HIV (+) and HIV (-) patients</td>
<td>70%</td>
</tr>
<tr>
<td><strong>Insurance(s) accepted</strong></td>
<td></td>
</tr>
<tr>
<td>Private insurance/HMO/PPO</td>
<td>49%</td>
</tr>
<tr>
<td>City-wide health plan</td>
<td>63%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>90%</td>
</tr>
<tr>
<td>Medicare</td>
<td>87%</td>
</tr>
<tr>
<td>Patients without insurance</td>
<td>68%</td>
</tr>
</tbody>
</table>
Heard of PrEP & PrEP prescribing experience

- Heard of: 91%
- Willing: 78%
- Confident: 70%
- Have Prescribed: 26%
Provider concerns (n=99)

- Toxicity: 67%
- Resistance: 59%
- Adherence: 57%
- Cost: 53%
- Side Effect: 42%
- Risk Compensation: 41%
PrEP for SF: What is needed now?

- Assistance for PrEP users
  - Education campaign for those at risk
  - User hotline
  - Affordability
- Assistance for providers
  - Support for PrEP clinics
  - Training, online tools

- Measurement of PrEP impact
  - Setting goals for PrEP use
  - Impact on HIV infections
  - Negative impacts (e.g., denial of insurance)
Figure 1.2  New HIV diagnoses, deaths, and prevalence, 2006-2013, San Francisco

Sources of Information

- SF Department of Public Health surveillance,\textsuperscript{1}
- A study of serosorting before and after an HIV diagnosis in SF,\textsuperscript{2}
- Recent surveys in SF\textsuperscript{3}
- Estimates of infectivity per partner,\textsuperscript{4}
- Rates of secondary infections during recent infection.\textsuperscript{5}
- PrEP adherence, retention, and effectiveness from iPrEx OLE.
  - Adherence is estimated by TFV-DP in dried blood spots (DBS).\textsuperscript{6}
  - PrEP adherence in SF is mapped to effectiveness using iPrEx.\textsuperscript{7}

\textsuperscript{1} SF DPH HIV/AIDS Epidemiology Annual Reports 2012, 2013;
\textsuperscript{2} Vallabhaneni PLoS One 2013 8(2):e55397;
\textsuperscript{3} San Francisco AIDS Foundation and SF DPH, data on file.
\textsuperscript{4} Grant JID 1987 156(1):189-93; Wawer JID 2005 191(9):1403-9; Porco AIDS 2004 18:81-88;
\textsuperscript{7} Grant Lancet ID 2014 14(9):820-9.
PrEP Eligibility and Use in SF

<table>
<thead>
<tr>
<th>Group</th>
<th>People</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV negative at substantial risk:</td>
<td></td>
</tr>
<tr>
<td>MSM with 2+ non-condom anal sex (ncAI) partners¹</td>
<td>12,589</td>
</tr>
<tr>
<td>MSM with 0 ncAI and an STI in the last year²</td>
<td>2,325</td>
</tr>
<tr>
<td>Female partners of HIV+ MSM³</td>
<td>653</td>
</tr>
<tr>
<td>Trans women⁴</td>
<td>522</td>
</tr>
<tr>
<td><strong>TOTAL estimated PrEP eligibility</strong></td>
<td><strong>16,089</strong></td>
</tr>
<tr>
<td>Estimated MSM reporting any PrEP in past year⁵</td>
<td>5,059</td>
</tr>
<tr>
<td><strong>Percent of eligible people using PrEP in the past year</strong></td>
<td>31%</td>
</tr>
</tbody>
</table>

1. SF City Clinic 2014 survey x HIV negative MSM population of 50,000;
2. SF NHBS self report of STI among MSM with 0 ncAI in 2014 x HIV negative MSM population of 50,000;
3. SF NHBS MSM reporting female partners in 2014 x HIV positive MSM population of 14638.
4. IDU and ncRAI in est. 923 HIV negative trans women in SF, adapted from Wilson *BMCID* 2014 14:430.
5. SF NHBS 2014, data on file.
Projecting PrEP Impact in SF

- Viral suppression increases from 62% to 90%.
- Current PrEP uptake increases proportionately to a maximum of 95% in the highest risk strata.

_Treatment and PrEP are expected to have additive benefits._

1. SF DPH 2013 Annual HIV Epidemiology Report, 2014

Grant CROI Abstract 25 Seattle 2015.
PrEP take home points

• High levels of interest in PrEP when provided as part of a comprehensive prevention program

• **High levels of adherence** (preliminary data); variable retention across sites
  - Final data on adherence, retention, risk behavior, and effectiveness forthcoming (*Liu, IAS, 2015*)

• Need to better understand **how to best engage and retain people** in PrEP programs

• High levels of interest in continuing PrEP – addressing **access** issues is critical

• **Provider capacity** should be a focus of future training efforts
  - Public Health Detailing

• Efforts to **monitor community-level uptake** can help with goal setting (% eligible on PrEP, impact on HIV incidence)
## Capacity Building Assistance in High-Impact HIV Prevention for Health Departments (CDC14:1403)

### How we deliver:

- Peer-to-peer mentoring
- Site visits
- Resources and toolkits
- Online learning communities
- Webinars
- Live chat office hours
- **Cooperative approach**

### Contact Us!

Visit: [www.getSFcba.org](http://www.getSFcba.org)
Call: 415.437.6226
Email: get.SFcba@sfdph.org
Acknowledgements

San Francisco
Stephanie Cohen
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Erin Andrew

Miami
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Susanne Doblecki-Lewis
Jose Castro
Yannine Estrada
Daniel Feaster

DC
Rick Elion
Megan Coleman

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Peter Anderson
Teri Liegler
Rivet Amico
Robert Grant

NIAID
Wairimu Chege
Cherlynn Mathias
David Burns
Michelle Wildman

DF/Net
Brian Postle

Gilead
Jim Rooney
Keith Rawlings

Study participants
Questions and Discussion
Integrated Counseling: Risk Reduction and Adherence counseling

Risk reduction

— Sexual and drug using behaviors and current efforts for remaining HIV negative
— How PrEP fits in with overall sexual health goals/plan

Adherence

— PrEP basics handout (at PrEP initiation)
— Discuss pill-taking experience
— Facilitators/barriers
— Strategies