Pre-exposure Prophylaxis And Kaiser Permanente

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Who we are

What we did

What we plan to do





About Kaiser Permanente

Kaiser Permanente is committed to helping shape the future of health care. We are recognized as one of America's leading health care providers and not-for-profit health plans. Founded in 1945, our mission is to provide highquality, affordable health care services and to improve the health of our members and the communities we serve. We currently serve 8.8 million members in nine states and the District of Columbia. Care for members and patients is focused on their total health and guided by their personal

physicians, specialists and team of caregivers.





National HIV+ Demographics and Statistics

Region	Number Active	% Active of Total Active	%Female*	% Black / % Latino (% API)*	Total Ever Cared for in Region
Colorado	610	3.2%	10%	13%/15% (1%)	2862
Georgia	1057	5.5%	21%	Not Available	2214
GHC	561	2.9%	8%	12% / 6% (2%)	2284
Hawaii	535	2.9%	10%	<5% / <5% (10%)	3997
Mid-Atlantic	1938	10.1%	33%	Not Available	5691
Northern California	6685	34.9%	11%	<mark>1</mark> 8% / 16% (6%)	20888
Ohio	212	1.1%	14%	50% / 4% (<1%)	685
Oregon	995	5.2%	8%	5% / 4% (1%)	3426
Southern California	6577	34.3%	9.6%	18% / 29% (4%)	18474
TOTAL	19,170		13%		60,521

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Initial concerns were member and community perceptions.

Not study results.





Q: Can a pill a day prevent HIV? A: Come find out.

Tuesday, November 23, 2010 10:00am–1:00pm

LGBT Center 1800 Market Street San Francisco

This invitation is exclusive and space is limited.

Please confirm your attendance:

iprex@gladstone.ucsf.edu





Response:

Convened HIV Steering Committee Conference called with HIVI (National) Developed FAQ and Interim Guideline

(All by Monday morning Nov 29 2010)





Result:

Draft two page letter for local HIV champion to distribute.

Primary Care Guidance for Questions about iPrex Study and Pre-Exposure Prophylaxis to Prevent HIV Infection

Dear Colleagues,

Pre-exposure prophylaxis (PrEP) for HIV prevention (i.e., giving medications to HIV-uninfected patients at risk in order to reduce the risk of contracting HIV) has been the focus of much interest in recent years. In an international study just published in the *New Encland Journal of Medicine (Grant*

R. et al., "Presposure Chemoprohy epub ahead of print November 23), re with once-daily oral tenoforur-emric combined with active behavioral chan testing, and aggressive reachement of o generated much media attention, and about using daily TDF-FTC for preve Providers have formed a consensus a

Kaiser Permanente HIV and Infect support broadly incorporating dail Patients who are at very high risk of frequent review of safer ser practic testing, and can adhere to daily TD specialists. As always, patients at h and sexually transmitted infections?

Details on the PEEP study are summar. The study followed nearly 2500 HFV transgender women who engaged in v intercourse with at least 6 different pothemosprophynais was administered practices, and frequent HIV and STI contracted HIV, compared to 6% plas daily TDF-FFC group compared to p analysis of patients with a reported 22 efficacy with a 73% trik reduction (6

While the findings of the present stud providers should remember these imp

 There was only a partial risk redu with increased adherence, it still d of 90% or more. There is no evide intermittent basis.

 The study population mostly was infection (e.g., six or more sexual intercourse, transactional sex activ not be broadly applied to populati clinical trials in different populati

Primary Care Guidance for Questions about iPrex Study and Pre-Exposure Prophylaxis to Prevent HIV Infection

 Study subjects were given counseling regarding condom use and safe sex practices, and underwent frequent evaluation and early treatment for STL. Subjects also reported increased use of condoms after study enrollment. Patients in both arms reported condom use for approximately 80% of anal receptive intercourse encounters throughout the course of the study. TDF-FTC needed to be used in conjunction with these other prevention strategies for the most effective PrEP. TDF-FTC should NOT be seen as replacement for consistent condom use.

 TDF-FTC has not been evaluated by the FDA for use in patients without HIV infection. PrEP with TDF-FTC is currently an off-label practice.

 The long term safety of TDF-FTC in HIV-iminfected patients is not known. Long term use of TDF-FTC in HIV-infected patients has been associated with worsening of kidney function, Fanconi's syndrome, and bone loss (osteoporosis).

 The use of TDF-FTC as pre-exposure prophylaxis may result in the development of drug resistance and limit treatment options in individuals who acquire HIV.

This issue is very complex. Encourage patients and their sexual partners with questions to discuss with their provider directly. HII+ patients should not share their medications with others. Additionally, we view these discussions as an excellent opportunity for providers to stress that condoms, routine HIV testing, and avoidance of excessive alcohol and other drugs that impair judgment about safer sexual practices are still the most effective ways to prevent HIV infection.

Please be aware that the efficacy of PrEP is evolving, and our guidance may change as new study data become available. Recommendations from the Centers for Disease Control and Prevention (CDC) on PrEP and Kaiser Permanente Care Management Institute (CMI) guidelines for safer sex counseling are expected in early 2011.

Guidance Approved By:

KP HIV Interregional Initiative KPNC Chiefs of Infectious Diseases KPSC Chiefs of Infectious Diseases KPNC HIV Steering Committee





Kaiser Permanente HIV and Infectious Diseases Specialists agree that the current data do not support broadly incorporating daily TDF-FTC chemoprophylaxis as a prevention strategy. Patients who are at very high risk for HIV acquisition who are willing to undergo intensive and frequent review of safer sex practices including condom use, as well as STI and safety laboratory testing, and can adhere to daily TDF-FTC should be referred to your medical center's HIV or ID specialists. As always, patients at high risk for HIV infection should be tested regularly for HIV and sexually transmitted infections.



Additionally, iPrex offered the opportunity to: Stress HIV testing in our membership Provide outreach and education to Primary Care Reinforce current successful prevention practices





NEXT STEPS





Centers for Disease Control and Prevention

Weekly / Vol. 60 / No. 3

Morbidity and Mortality Weekly Report

January 28, 2011

Interim Guidance: Preexposure Prophylaxis for the Prevention of HIV Infection in Men Who Have Sex with Men





HIV-STI Screening & Prevention

This ev

and basic prevention messages (See Below)

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care management institute

INTERVENE

HIV-Infected

REFER for care as

and procedures

ADVISE on risk of

prevention of other

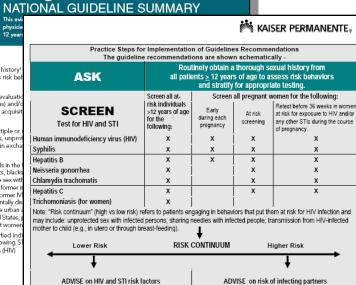
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HIV-STI SCREENING

- 1. Routinely obtain a thorough sexual history¹ patients ≥ 12 years of age to assess risk be and stratify for appropriate testing.
- Risk assessment is essential to the evaluation HIV (Human Immunodeficiency Virus) and/ STI (Sexually Transmitted Infection) acquisit transmission.
- Risk behaviors include sex with multiple or partners, sex with high-risk partners, unprot sex, sex while intoxicated, and sex in excha money.
- Higher-risk population groups for STIs in the include adolescents and young adults, blacks Americans, Hispanics, men who have sex with (MSM), military recruits, inmates and former i intravenous drug users (IVDUs) and former IV sex workers, mentally ill persons, mentally dis persons, persons living in low-income urban persons living in the southern United States, with a history of an STI, and pregnant wome
- 2. Screen and promptly treat all identified inc ≥ 12 years of age at risk for the following § + Human immunodeficiency virus (HIV)
 - Neisseria gonorrhea
 - Chlamydia trachomatis
 - Syphilis
 - Hepatitis B
 - Hepatitis C + Trichomoniasis (for women)

NOTE: Evidence suggests the presence of STIs, including herpes simplex (HSV), incre risk of HIV transmission and acquisition.

- See Clinician Tool for more information on obtaining The USPSTF recommends against serological screen Screening for Genital Herpes, 2010 Lin JS. Behavioral Counseling to Prevent Sexually Tri 2
- З.
- Ann Intern Med. 2008;149:497-508. An example of a behavioral counseling tool is the "A Methods for Evaluating Behavioral Counseling Interv 4
- details. AHRQ Evidence Synthesis, Number 64, Behavioral C The USPSTF (Recommendations for STI Screening, 2 behavlor and age.
- Guide to Clinical Preventive Services, 2010-2011: Re August 2010. Agency for Healthcare Research and C Guidelines, 2010. National Center for HIV/AIDS, Vira 2010;59.



Treat diagnosed STI, HIV, (as per regional and national protocol and practice resources), and conditions contributing to high-risk behaviors (substance use/abuse, depression, etc.) Post Test Risk Stratification High-risk HIV uninfected Low Risk HIV-uninfected COUNSEL patients on ways to stay "infection free" & on changing highrisk behavior. Develop testing schedule to retest for per regional policies ADVISE patients on HIV & STI on recurring basis based ways to stay negative. on risk. (Make sure they have Develop action plan to reduce risk infecting partners and understanding of basic behaviors. prevention messages)

For use within Kaiser Permanente only

While awaiting results

Refer to substance abuse treatment

Treat depression or refer to mental

HIV/STI Practice Steps for Implementation Last reviewed/revised 3/11

programs.

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health

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Continue to:

Stress HIV testing in our membership Provide outreach and education to Primary Care Reinforce current successful prevention practices

Plus

Monitor demand for, and use of PrEP





OUTSTANDING ISSUES/CONCERNS

