



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 high-quality, 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%	18% / 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



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)



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

MMWR

Morbidity and Mortality Weekly Report

Weekly / Vol. 60 / No. 3

January 28, 2011

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



HIV-STI Screening & Prevention

NATIONAL GUIDELINE SUMMARY

KAISER PERMANENTE.

This evidence
physician
12 years

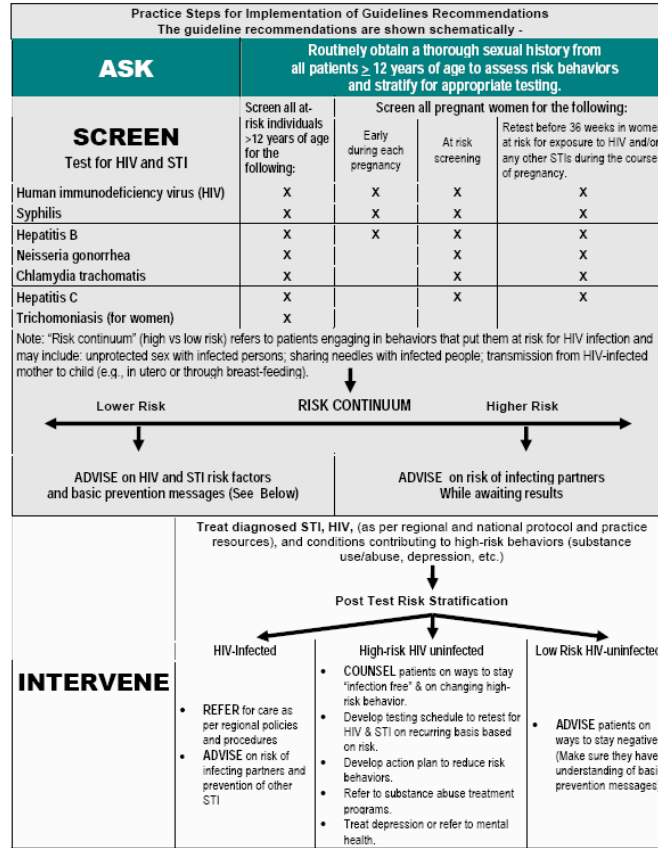
KAISER PERMANENTE.

HIV-STI SCREENING

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

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

- See Clinician Tool for more information on obtaining a thorough sexual history.
- The USPSTF recommends against serological screening for genital herpes, 2010.
- Lin JS. Behavioral Counseling to Prevent Sexually Transmitted Infections. *Ann Intern Med.* 2008;149:497-508.
- An example of a behavioral counseling tool is the "A" Methods for Evaluating Behavioral Counseling Interventions.
- AHRQ Evidence Synthesis, Number 64, Behavioral Counseling to Prevent Sexually Transmitted Infections, 2010.
- The USPSTF Recommendations for STI Screening, 2010, behavior and age.
- Guide to Clinical Preventive Services, 2010-2011: Rec August 2010, Agency for Healthcare Research and Quality, 2010. National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, 2010.





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