

# CT Children's CLASP Guideline

## HIV Pre-Exposure Prophylaxis (PrEP)

### INTRODUCTION

The most recent data collected by the CDC indicates that there were 36,136 new HIV diagnoses in the year 2021. The U.S. Department of Health and Human Services (HHS) has implemented a bold, whole-of-society initiative referred to as Ending the HIV Epidemic (EHE). EHE's current goal is to reduce the number of new HIV infections in the United States by 90% by the year 2030. In addition, the Office of Disease Prevention and Health Promotion's Healthy People 2030 has identified HIV education as a Leading Health Indicator (LHI), which are a small subset of high-priority objectives selected to drive action toward improving health and well-being. In alignment with EHE, two of Healthy People 2030's objectives are to reduce the number of new HIV infections among adolescents/adults and increase linkage to HIV care.

HIV pre-exposure prophylaxis, commonly referred to as PrEP, is a medication for HIV-negative people who are at a higher risk of getting HIV. PrEP reduces a person's chance of getting HIV from sex or injection drug use. When taken as prescribed, PrEP is highly effective for preventing HIV. PrEP reduces the risk of getting HIV from sex by ~99% and reduces the risk of getting HIV from injection drug use by at least 74%.

Despite 69% of new HIV infections occurring in black and Hispanic/Latino people, less than one-quarter of black and Hispanic/Latino people who were eligible for PrEP were prescribed it (compared to three-quarters of white/Caucasian people).

The White House's Office of National AIDS Policy designates five priority populations disproportionately impacted by HIV so that stakeholders can focus efforts and resources to achieve the greatest impact. The priority populations are youth aged 13–24 years, gay, bisexual, and men who have sex with men (in particular Black, Latino, and American Indian/Alaska Native men), transgender women, black women, and people who inject drugs.

### INITIAL EVALUATION AND MANAGEMENT

#### TARGETED HISTORY – OPEN DIALOGUE REGARDING SEXUAL HEALTH & DRUG USE

Due to stigma around HIV, sex and drug use, not every patient who could benefit from PrEP may be willing to discuss their current or anticipated HIV risk. The following are areas that you should openly discuss with your patients. **All patients  $\geq$  13 should be screened if sexually active.**

(You may need to ask additional questions that are appropriate to each patient's special situation or circumstances)

- Partners
  - What is/are the gender(s) of your sex partner(s)
  - How many partners have you had in the last 12 months
- Practices
  - Do you have vaginal, anal, oral sex
  - For men who have sex with men (MSM), are they a top or bottom
  - Do you use phone or online apps to find sexual partners
  - Have you exchanged sex for drugs, money, housing, etc.
  - Do you use IV drugs
- Protection from STIs
  - Do you use or discuss any STI prevention tools with your partner; how often?
- Past History of STIs
  - Have you had any STI in the past 6 months
  - Has your current partner or former partner ever had or been treated for an STI.
  - Do you know your partners HIV status?

### **INITIAL MANAGEMENT:**

Sexually active and/or patients who inject drugs may meet criteria for initiating PrEP. After initial evaluation, refer to **Appendix A: Algorithms** section of the CLASP tool to determine if PrEP is indicated.

- HIV screening test (HIV 1-2 Ag/Ab), repeat again even if patient was screened in the past year per CT HIV screening law.
- Baseline eCrCl
- Further STI screening/treatment
- Safe sex education
- Discuss options for PrEP (oral vs. injectable) based on patient preference

### **ORAL PrEP DOSING AND GUIDELINES FOR PROVIDER MANAGEMENT:**

Recommended dosage in HIV-1 uninfected adults and adolescents of any age weighing at least 35 kg and an eCrCl of  $\geq 30$  ml/min for DESCOVY and  $\geq 60$  ml/min for TRUVADA

- TRUVADA: One 200 mg / 300 mg tablet daily
- DESCOVY : One 200 mg / 25 mg tablet daily
  - **ALERT** : DESCOVY is not for use in people assigned female at birth who are at risk of getting HIV from vaginal sex, because its effectiveness has not been studied

### **ROUTINE LABORATORY TESTING AND FOLLOW UP:**

- The CDC recommends an office visit, which includes screening with a HIV antigen/antibody assay and a HIV-1 RNA assay **every three months** for patients taking oral PrEP. If patients have discrepant test results, refer to Connecticut Children’s Infectious Disease or another ID specialist.

#### **Timing of Oral PrEP-associated Laboratory Tests**

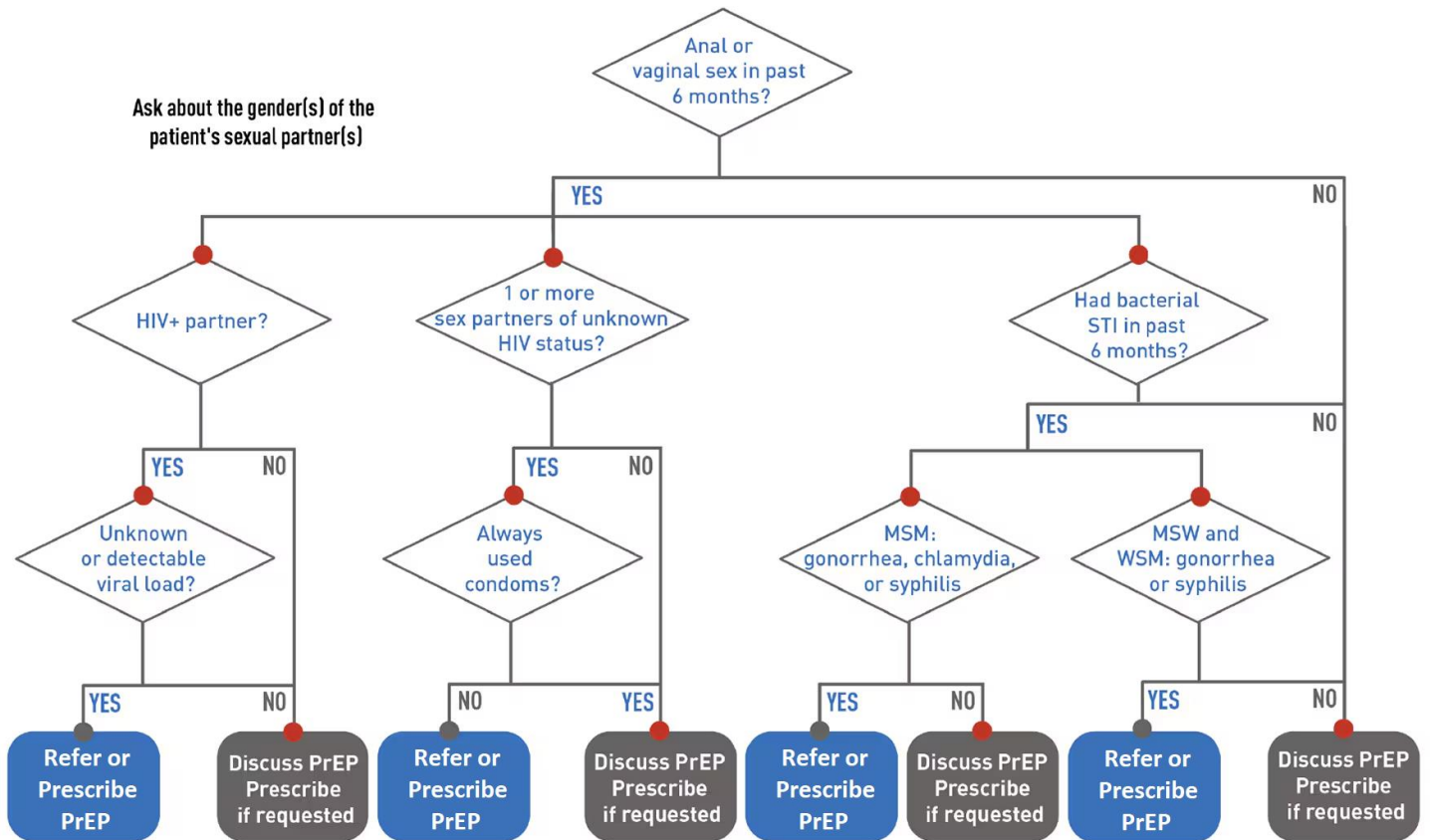
Test	Screening/Baseline Visit	Q 3 months	Q 6 months	Q 12 months	When stopping PrEP
HIV Test	X*	X			X*
eCrCl	X		If age $\geq 50$ or eCrCL $< 90$ ml/min at PrEP initiation	If age $< 50$ and eCrCl $\geq 90$ ml/min at PrEP initiation	X
Syphilis	X	MSM /TGW	X		MSM/TGW
Gonorrhea	X	MSM /TGW	X		MSM /TGW
Chlamydia	X	MSM /TGW	X		MSM /TGW
Lipid panel (F/TAF)	X			X	
Hep B serology	X				
Hep C serology	MSM, TGW, and PWID only			MSM, TGW, and PWID only	

\* Assess for acute HIV infection

**MSM:** Men who have sex with men; **TGW:** Transgender women; **PWID:** People who inject drugs

	<p><b>ONGOING PrEP ADHERENCE SUPPORT:</b></p> <ul style="list-style-type: none"> <li>The CDC urges providers to follow up with patients who have started PrEP to support them to stay on PrEP and to counsel those who want to discontinue PrEP to use another effective HIV prevention method. <ul style="list-style-type: none"> <li>CDC HIV PrEP Guidelines: <a href="https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf">https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf</a></li> </ul> </li> <li>Treat any positive sexually transmitted illnesses</li> <li>If abnormal lipid screening, refer to <b>Lipid Abnormalities CLASP Tool</b>.</li> </ul> <p><b>INJECTABLE PrEP:</b></p> <ul style="list-style-type: none"> <li>APRETUDE: 1 injection every month for the first 2 months, then 1 injection every 2 months indefinitely</li> <li>Can be prescribed for HIV-1 uninfected adults and adolescents weighing at least 35 kg</li> <li>Patients interested in APRETUDE should be referred to Connecticut Children’s Infectious Disease or another provider specializing in HIV PrEP.</li> </ul>
<p><b>WHEN TO REFER</b></p>	<p><b>ROUTINE REFERRAL: Negative HIV screening test (if completed)</b></p> <ul style="list-style-type: none"> <li>Patients at higher risk of contracting HIV interested in PrEP</li> <li>Provider prefers patient is managed by a clinic that specializes in PrEP</li> <li>Patients that have HIV discordant test results</li> <li>Patient prefers injectable PrEP</li> </ul> <p><b>URGENT REFERRAL: Positive HIV screening test</b></p> <ul style="list-style-type: none"> <li>Positive HIV screening tests should be reported to the state epidemiology office. <ul style="list-style-type: none"> <li><a href="https://portal.ct.gov/-/media/dph/eeip/reportable-disease-forms/pd23_2023-12_27_2022-final-fillable-form.pdf">https://portal.ct.gov/-/media/dph/eeip/reportable-disease-forms/pd23_2023-12_27_2022-final-fillable-form.pdf</a></li> </ul> </li> </ul>
<p><b>HOW TO REFER</b></p>	<p><b>Referral to Infectious Disease via CT Children’s One Call Access Center</b>  <b>Phone:</b> 833.733.7669 <b>Fax:</b> 833.226.2329</p> <p>For more information on how to place referrals to Connecticut Children’s, click <a href="#">here</a>.  Appointments for PrEP are available in Hartford, Farmington, and Shelton</p> <p>In locations not serviced by Connecticut Children’s, physicians looking to refer a patient for PrEP may use PrEP Locator, a national database of PrEP Providers: <a href="https://preplocator.org/">https://preplocator.org/</a></p> <p><b>Information to be included with the referral:</b></p> <ul style="list-style-type: none"> <li>Indication for initiating PrEP</li> <li>Relevant laboratory studies</li> <li>Immunization record</li> </ul>
<p><b>WHAT TO EXPECT</b></p>	<p><b>What to expect from CT Children’s Visit:</b></p> <p><b>Initial:</b></p> <ul style="list-style-type: none"> <li>History and physical exam</li> <li>Evaluation of any prior HIV or STI test results</li> <li>Additional laboratory testing</li> <li>Comprehensive patient education</li> <li>Linkage to case management and PrEP navigation services</li> </ul> <p><b>Ongoing:</b></p> <ul style="list-style-type: none"> <li>Periodic follow up per CDC guidelines</li> <li>Regular STI testing and treatment as indicated</li> <li>Appropriate laboratory testing for continued treatment</li> <li>Case management and PrEP navigation services as needed</li> </ul>

### Assessing Sexually Active Patients



MSM: gay, bisexual, and other men who have sex with men

MSW: men who have sex with women

STI: sexually transmitted infection

WSM: women who have sex with men

# Assessing Patients Who Inject Drugs

Assess sexual risk for all people who inject drugs

