



FROM PROTOCOL TO PILOT: TAKING BABY STEPS IN POLICY DEVELOPMENT FOR A CITYWIDE NON- OCCUPATIONAL POST EXPOSURE PROPHYLAXIS (NPEP) HIV PREVENTION STRATEGY

**Zupenda M. Davis, MPH, MCHES, DrPH(c)
Pennsylvania/MidAtlantic AIDS Education & Training Center
Health Federation of Philadelphia**

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PRESENTER DISCLOSURES

Zupenda Davis, MPH, MCHES, DrPH(c)

- (1) The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:**

No relationships to disclose

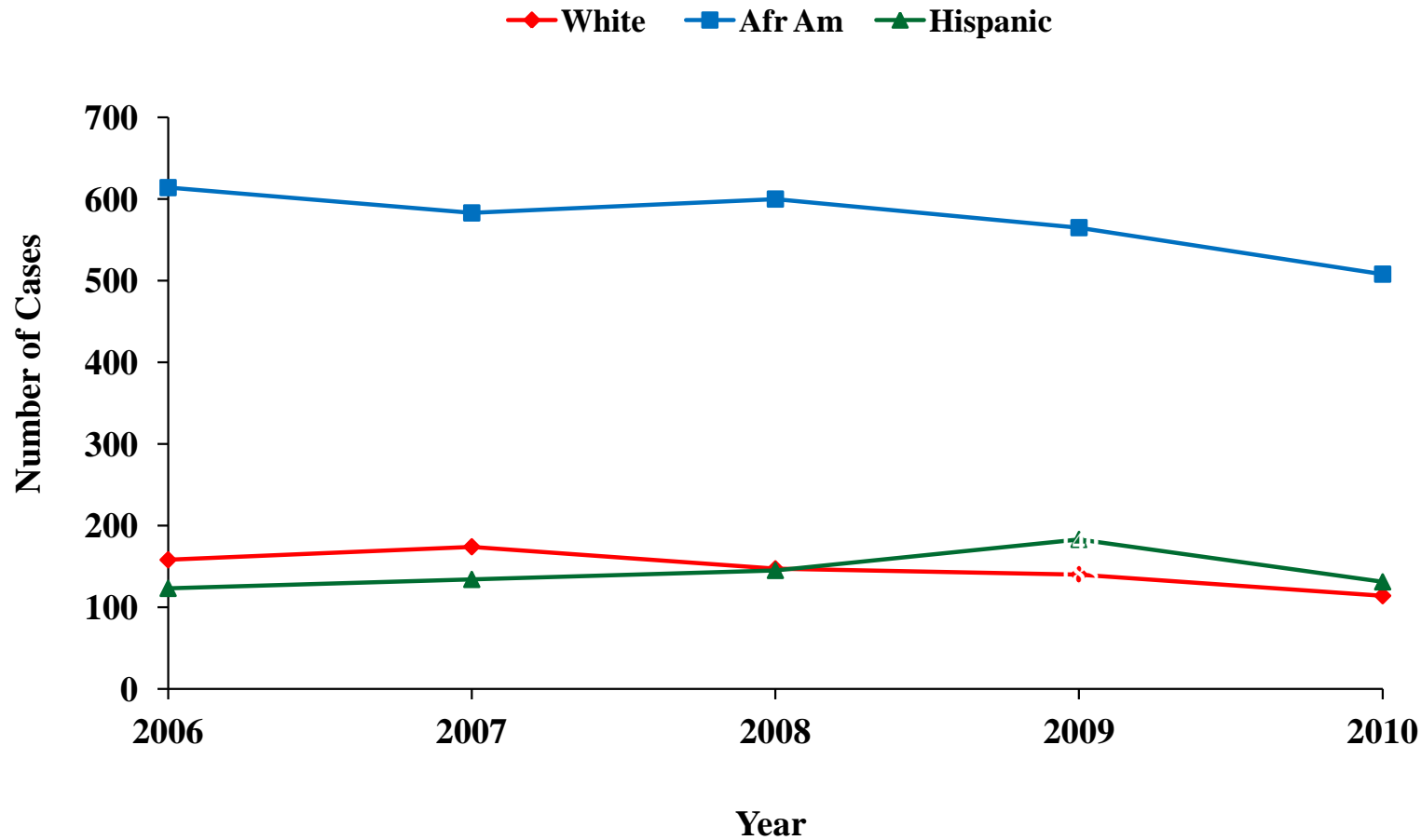


BURDEN OF DISEASE

- As of 12/31/2010 19,005 PLWHA in Philadelphia
 - 30% are women
 - 66% are African American, 80% non-White
 - 30% MSM, 28% IDU, 35% heterosexual, 4% MSM/IDU
- Philadelphia accounts for 60% of the HIV/AIDS epidemic in Pennsylvania
- 1.3% of the Philadelphia population is infected with HIV
 - 2.0% of African Americans
 - 1.8% of Latinos
 - 0.6% of Whites



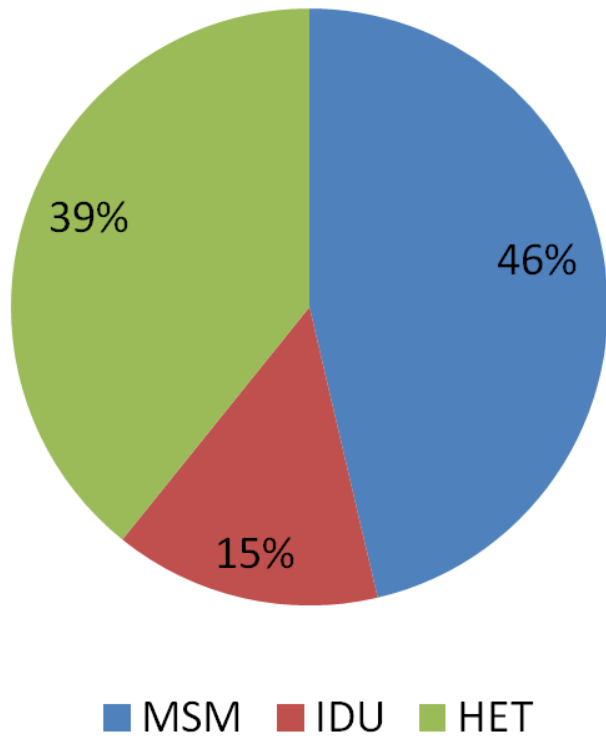
HIV CASES BY RACE/ETHNICITY AND DATE OF DIAGNOSIS



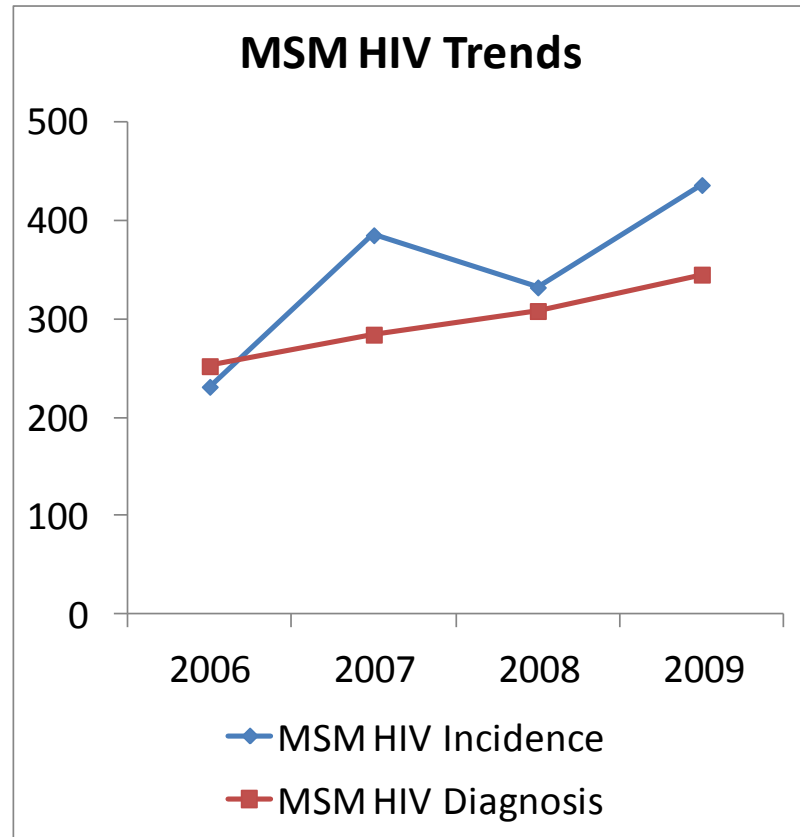
PHILADELPHIA INCIDENCE ESTIMATES

2009 Incidence Estimate

Estimated 941 infections



MSM HIV Trends




HIV IN MSM IN PHILADELPHIA

- Estimated that 1.6% of MSM in Philadelphia became infected with HIV in 2009.
 - 88.8% estimated increase in HIV incidence in MSM between 2006 and 2009 (driven by new infections in 13-24 AA MSM).
 - 28% increase in the number of MSM newly diagnosed with HIV between 2006 and 2009.
 - Suggests an increasing number of MSM are unaware they are infected.

HIV Prevalence (aware) among MSM, 12/31/2011

	Pop size ≥age 13	MSM estimate	MSM LWHA	% HIV infected
Black	235,259	11,763	3,200	27.2%
White	268,904	13,445	2,080	15.5%
Latino	69,252	3,463	530	15.3%

Data Source: PDPH/AACO HIV Incidence Surveillance Program and Philadelphia eHARS data





MMWRTM

Morbidity and Mortality Weekly Report

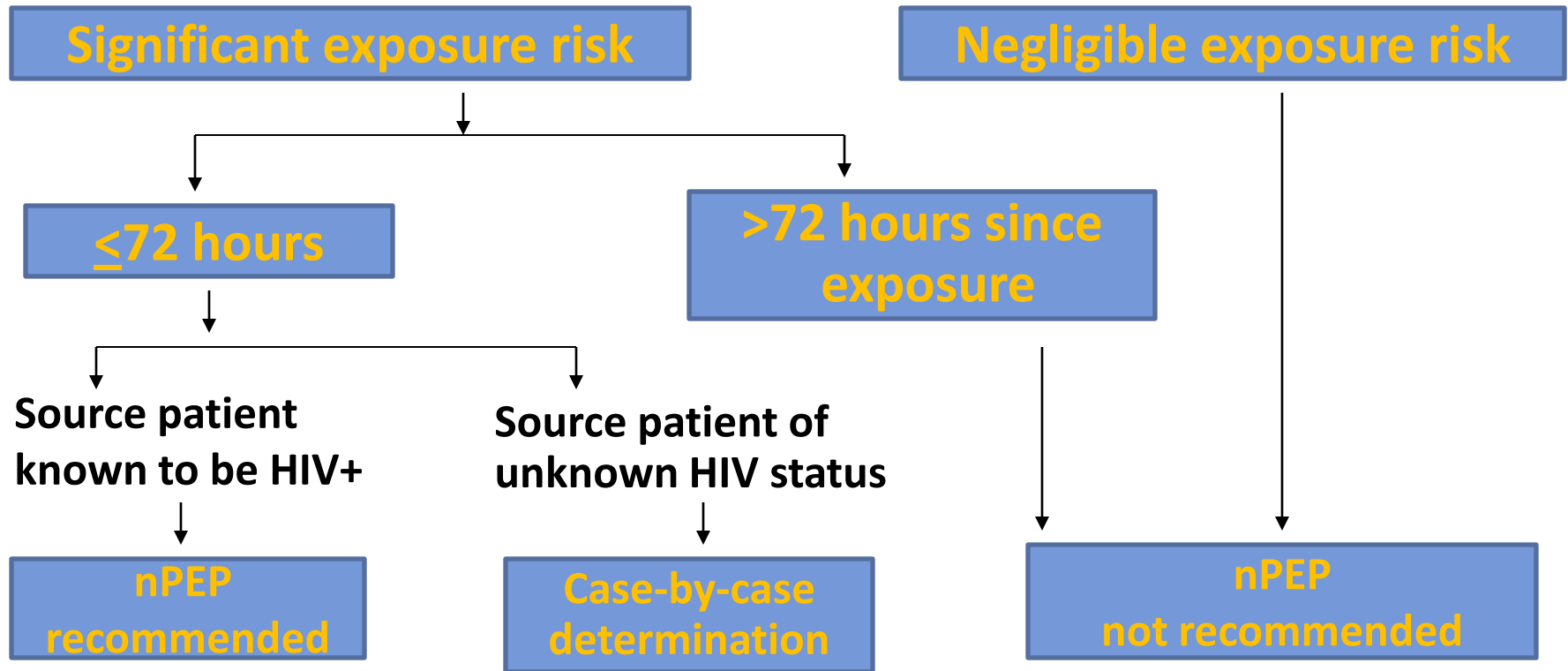
Recommendations and Reports

January 21, 2005 / Vol. 54 / No. RR-2

Antiretroviral Postexposure Prophylaxis After Sexual, Injection-Drug Use, or Other Nonoccupational Exposure to HIV in the United States

**Recommendations from the U.S. Department
of Health and Human Services**

U. S. ALGORITHM FOR nPEP USAGE




POST EXPOSURE RESPONSE WORKGROUP

- Background of Workgroup
 - Started in 2006; reconvened in 2009
 - AETC, PDPH, FPC, St. Chris, CHOP, DUCOM, TJUH, Mazzoni
 - Monthly/quarterly meetings
 - Assessment of HIV providers



ASSESSMENT OF nPEP IMPLEMENTATION

- Results Demonstrated
 - nPEP Knowledge/Provision
 - Limited knowledge of nPEP
 - Absence of nPEP protocols/follow-up procedures
 - Limited resources/staff to provide nPEP
 - nPEP Requests
 - Primarily from racial/ethnic minority populations
 - Training Needs
 - nPEP provision & HIV rapid testing
 - Assessment of other City-wide nPEP programs
 - San Francisco, Los Angeles County & New York City
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POST EXPOSURE RESPONSE WORKGROUP GOALS

- Develop & implement City-wide nPEP protocol
- Develop & maintain capacity-building and infrastructure
- Increase nPEP awareness, accessibility & provision
- Incorporate nPEP in existing HIV prevention efforts



POLICY DEVELOPMENT- ASSETS

- Cohesive workgroup that meets regularly
- Development of City-wide protocol
- Buy-in from PDPH/Health Commissioner's office
- Involvement of **potential** nPEP follow-up providers
- Biomedical HIV Prevention Conference (2011)
- AETC-sponsored training plans (nPEP protocol, HIV routine testing, etc.)



POLICY DEVELOPMENT- CHALLENGES

○ System Limitations

- nPEP cost/benefit given limited resources
- nPEP follow-up provider capacity

○ Financial Barriers

- Coverage for non-insured patients
- nPEP coordination/staff

○ Limited Patient Knowledge

- Awareness & accessibility

○ Logistics

- Site-specific (e.g., staff responsibilities, weekend exposures)



POLICY DEVELOPMENT – LESSONS LEARNED

- Collaborative efforts instrumental in developing protocol
- Pilot program should be implemented prior to policy development
 - Similar objectives from stakeholders
 - Comprehensive to address challenges
 - Capacity to transfer ideas to action
- Protocol → Pilot → Program ≠ Easy as it seems



RECOMMENDATIONS FOR NPEP POLICY DEVELOPMENT

- Funding sources
 - Current funding
 - Parameters for pilot program implementation
- Availability & capacity
 - nPEP provision
 - Patient follow-up
- AIDS Education & Training Center role
 - Dissemination of clinical guidelines
 - Training



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QUESTIONS??

Contact information:

Zupenda M. Davis, MPH, MCHES, DrPH(c)

Training Specialist

Pennsylvania/MidAtlantic AIDS Education &
Training Center, Health Federation of
Philadelphia

zdavis@healthfederation.org

215.965.4678

