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

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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

Number of Cases

Year

2006 2007 2008 2009 2010

White Afr Am Hispanic

0 100 200 300 400 500 600 700

Number of Cases

Year
PHILADELPHIA INCIDENCE ESTIMATES

2009 Incidence Estimate
Estimated 941 infections

- 46%
- 39%
- 15%

MSM HIV Trends

- MSM HIV Incidence
- MSM HIV Diagnosis

Estimated 941 infections
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

<table>
<thead>
<tr>
<th>Race</th>
<th>Pop size ≥ age 13</th>
<th>MSM estimate</th>
<th>MSM LWHA</th>
<th>% HIV infected</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black</td>
<td>235,259</td>
<td>11,763</td>
<td>3,200</td>
<td>27.2%</td>
</tr>
<tr>
<td>White</td>
<td>268,904</td>
<td>13,445</td>
<td>2,080</td>
<td>15.5%</td>
</tr>
<tr>
<td>Latino</td>
<td>69,252</td>
<td>3,463</td>
<td>530</td>
<td>15.3%</td>
</tr>
</tbody>
</table>

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

**Significant exposure risk**

- **≤72 hours**
  - Source patient known to be HIV+
    - nPEP recommended

**Negligible exposure risk**

- **>72 hours since exposure**
  - Source patient of unknown HIV status
    - Case-by-case determination
  - nPEP not recommended
**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
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??**

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