Ending the Syndemic

Providing PEP and PrEP Services at Your Clinic

ALASKA NATIVE TRIBAL HEALTH CONSORTIUM

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SEPTEMBER 11, 2024

Objectives

- Understand HIV/STI Epidemiology in Alaska
- Understand what HIV is and the importance of screening
- Become comfortable discussing PrEP with your patients and prescribing
- Understand when to start PEP versus PrEP
- Learn where to find resources for PEP, PrEP, and HIV management

HIV/STI Alaska Epidemiology

HIV Surveillance Update – 2022

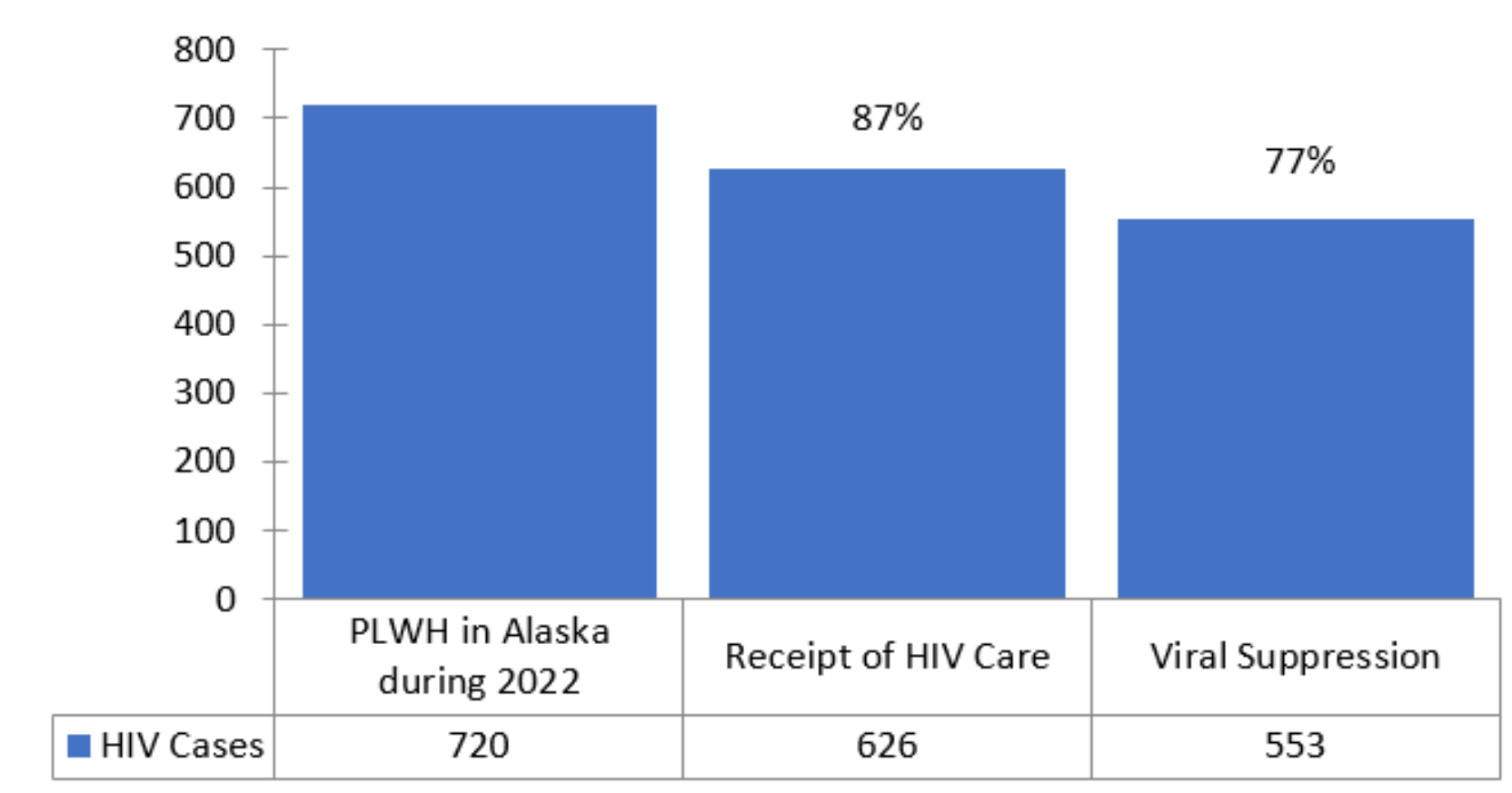
Slides borrowed with permission from State of Alaska Department of Epidemiology

CUMULATIVE HIV CASES, 1982-2022

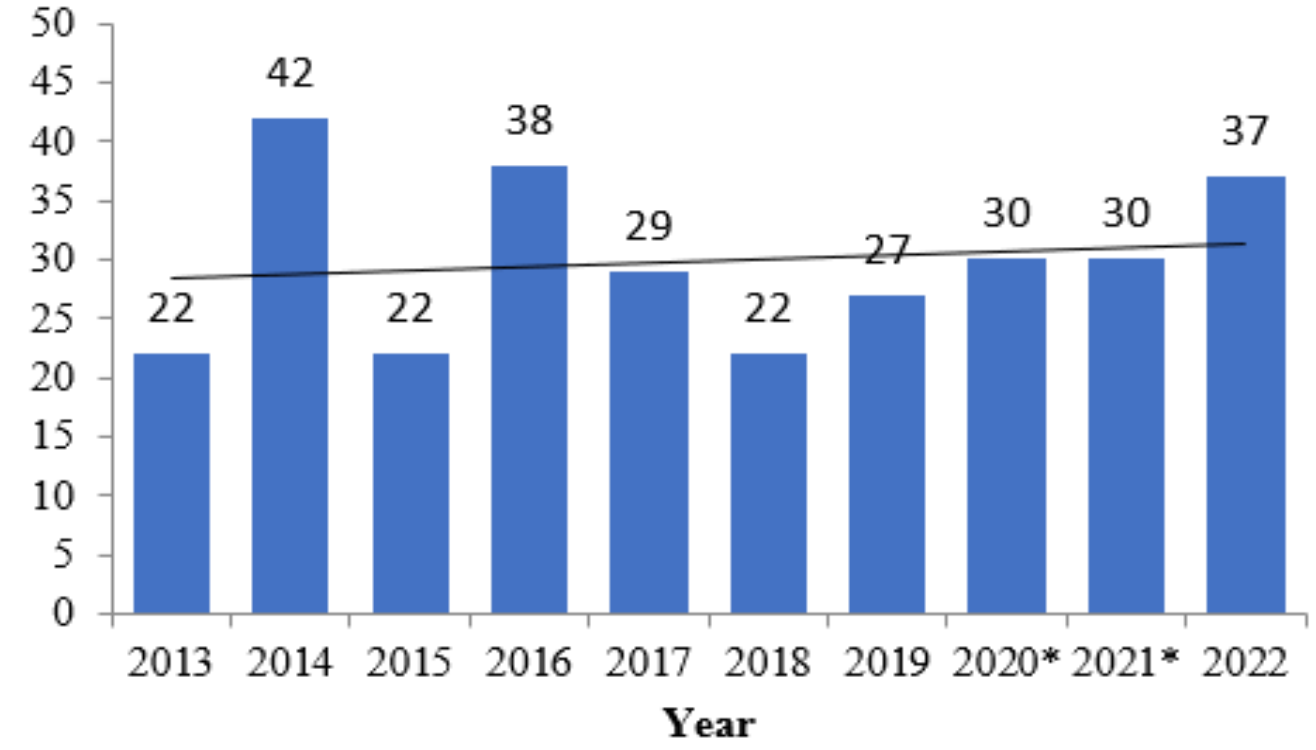
- 1,339 (62%) ever had a diagnosis of AIDS/Stage 3
- 778 (36%) are known to have died
- 1,754 (81%) were assigned male sex at birth
- 1,325 (61%) were MSM, including 176 with MSM/IDU; 379 (18%) were HTC; and 230 (11%) were IDU
- 1,087 (50%) identified as White; 416 (19%) identified as Alaska Native/American Indian; 305 (14%) identified as Black/African American
- 1,355 (63%) had an initial diagnosis in Alaska
    - 921 (43%) were residing in Anchorage/Mat-Su at the time of diagnosis

All Reported Cases: 2,156

HIV CARE CONTINUUM – PLWH IN AK, 2022



REPORTED CASES OF NEWLY DX HIV IN AK, 2013-2022



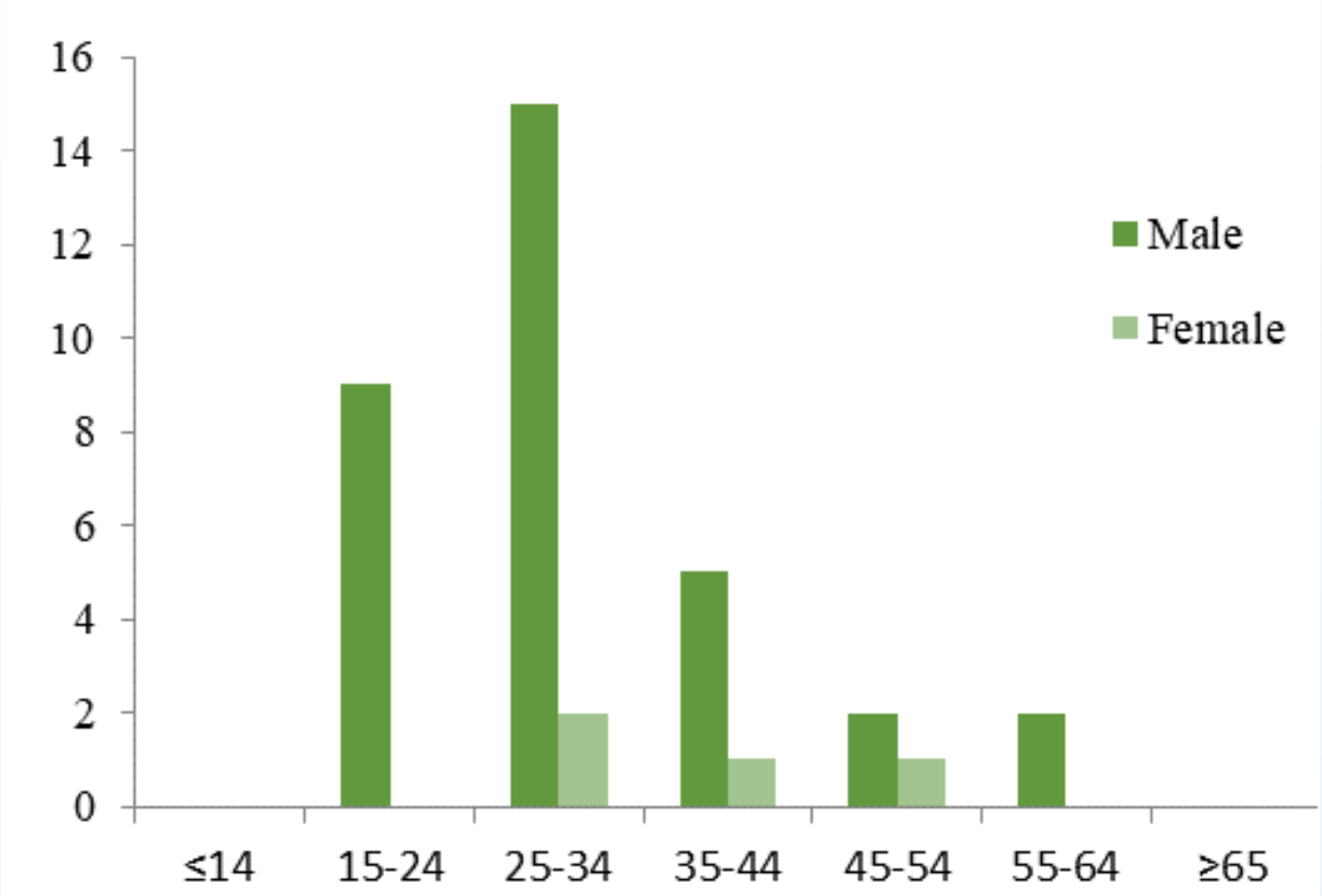
*COVID-19 Pandemic – Data should be interpreted with caution due to the impact of the COVID-19 pandemic on access to HIV testing and care-related services.

NEWLY DIAGNOSED HIV CASES, 2022

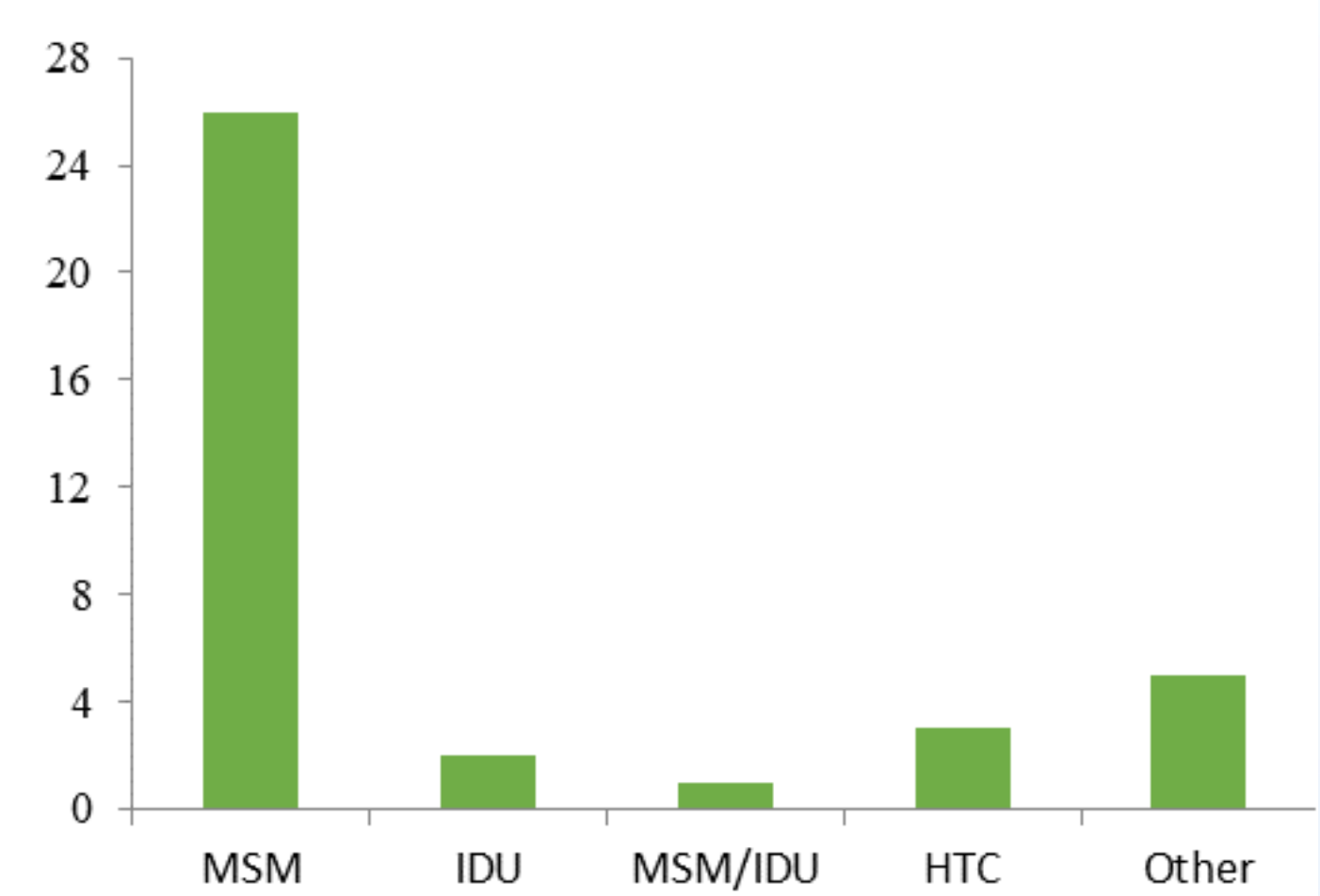
- 7 (19%) were diagnosed with AIDS/Stage 3 at the time of initial diagnosis
- 2 (5%) are known to have died
- 33 (89%) were assigned male sex at birth
- 26 (70%) were <35 years old at diagnosis
- 27 (73%) were MSM, including 1 with MSM/IDU; 3 (8%) were HTC; and 2 (5%) were IDU
- 13 (35%) identified as White; 10 (27%) identified as Alaska Native/American Indian; 7 (19%) identified as Hispanic/Latino; 5 (14%) identified as Black/African American
- 22 (59%) were residing in Anchorage/Mat-Su at the time of diagnosis

AK Newly Diagnosed Cases: 37

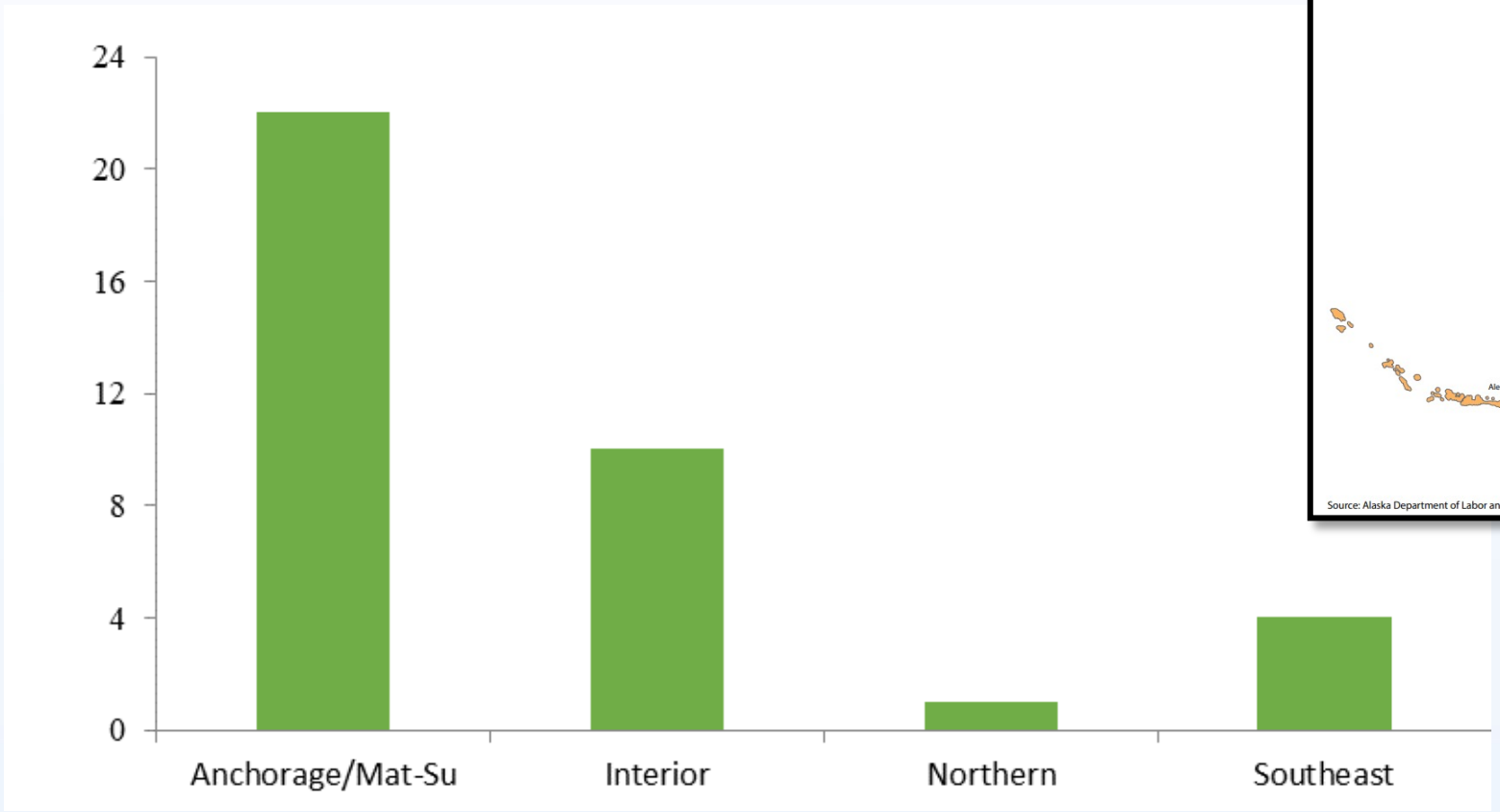
REPORTED CASES OF HIV NEWLY DIAGNOSED IN AK BY AGE (YEARS) AT DIAGNOSIS AND SEX AT BIRTH, 2022



REPORTED CASES OF HIV NEWLY DIAGNOSED IN AK BY TRANSMISSION CATEGORY, 2022

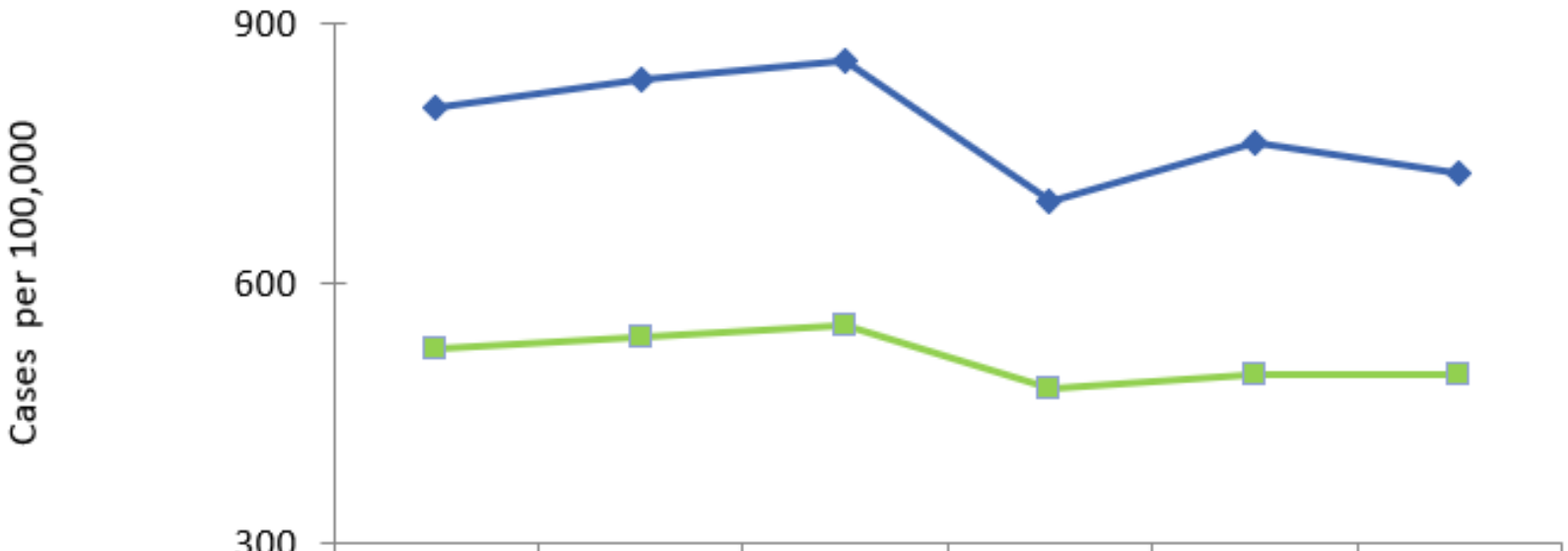


REPORTED CASES OF HIV NEWLY DIAGNOSED IN AK BY RESIDENCE AT DIAGNOSIS, 2022



CHLAMYDIA

Chlamydia Infection Rates, by Year — Alaska and the United States, 2017-2022

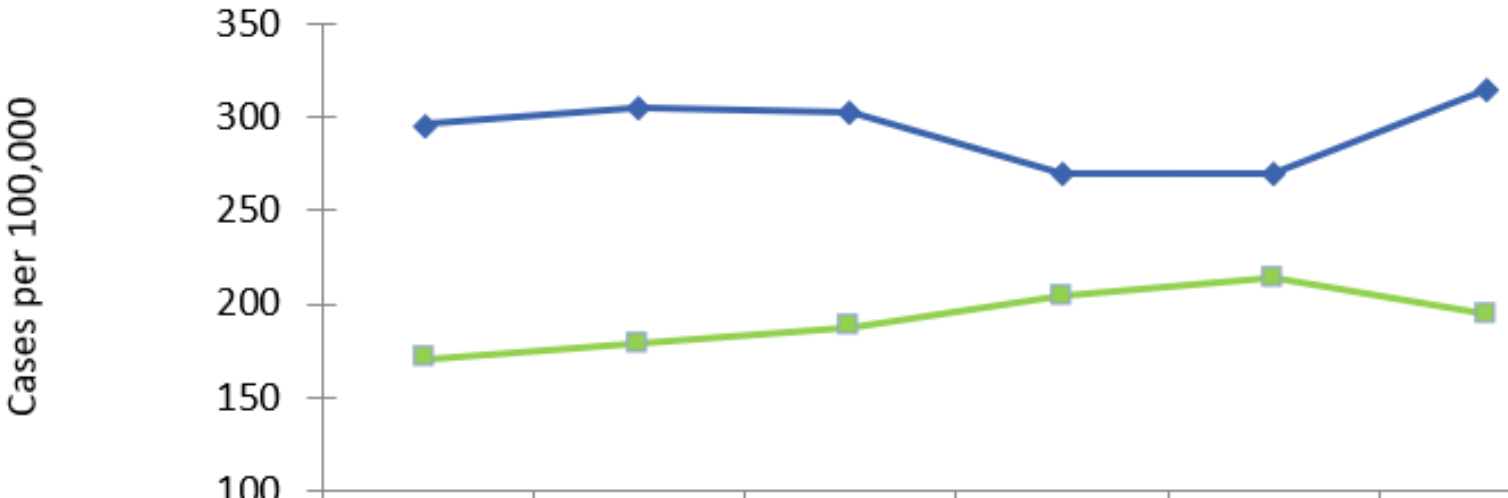


	2017	2018	2019	2020*	2021*	2022
Alaska Rate	802.1	835.2	854.9	694	760.4	727.7
U.S. Rate	524.6	537.5	551	476.7	495.5	495

*COVID-19 Pandemic – Data should be interpreted with caution due to the impact of the COVID-19 pandemic on access to STI testing, prevention, and care-related services.

GONORRHEA

Gonorrhea Infection Rates, by Year — Alaska and the United States, 2017-2022

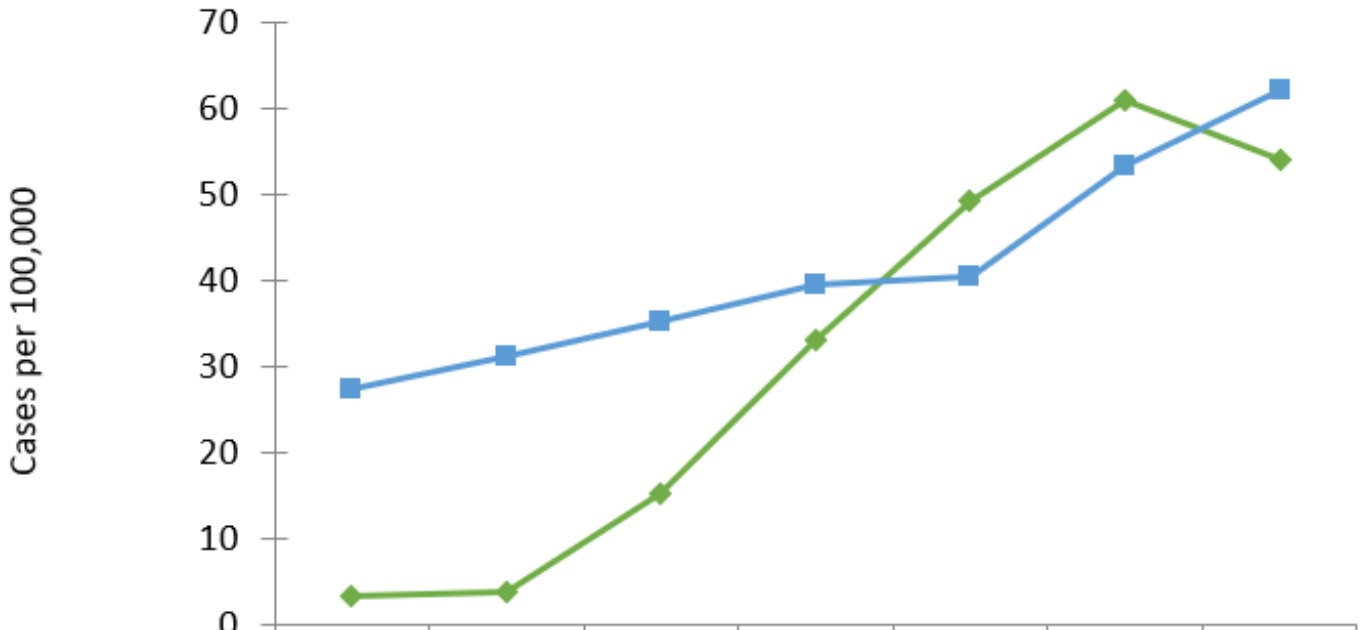


	2017	2018	2019	2020*	2021*	2022
Alaska Rate	295.9	304.7	302.5	270.3	269.8	314.1
U.S. Rate	170.6	178.3	187.8	204.5	214	194.4

*COVID-19 Pandemic – Data should be interpreted with caution due to the impact of the COVID-19 pandemic on access to STI testing, prevention, and care-related services.

SYPHILIS

Syphilis Infection Rates, by Year — Alaska and the United States, 2016–2022



	2016	2017	2018	2019	2020*	2021*	2022
Alaska Rate	3.2	3.8	15.3	33.1	49.2	61	54
U.S. Rate	27.3	31.2	35.2	39.5	40.4	53.2	62.2

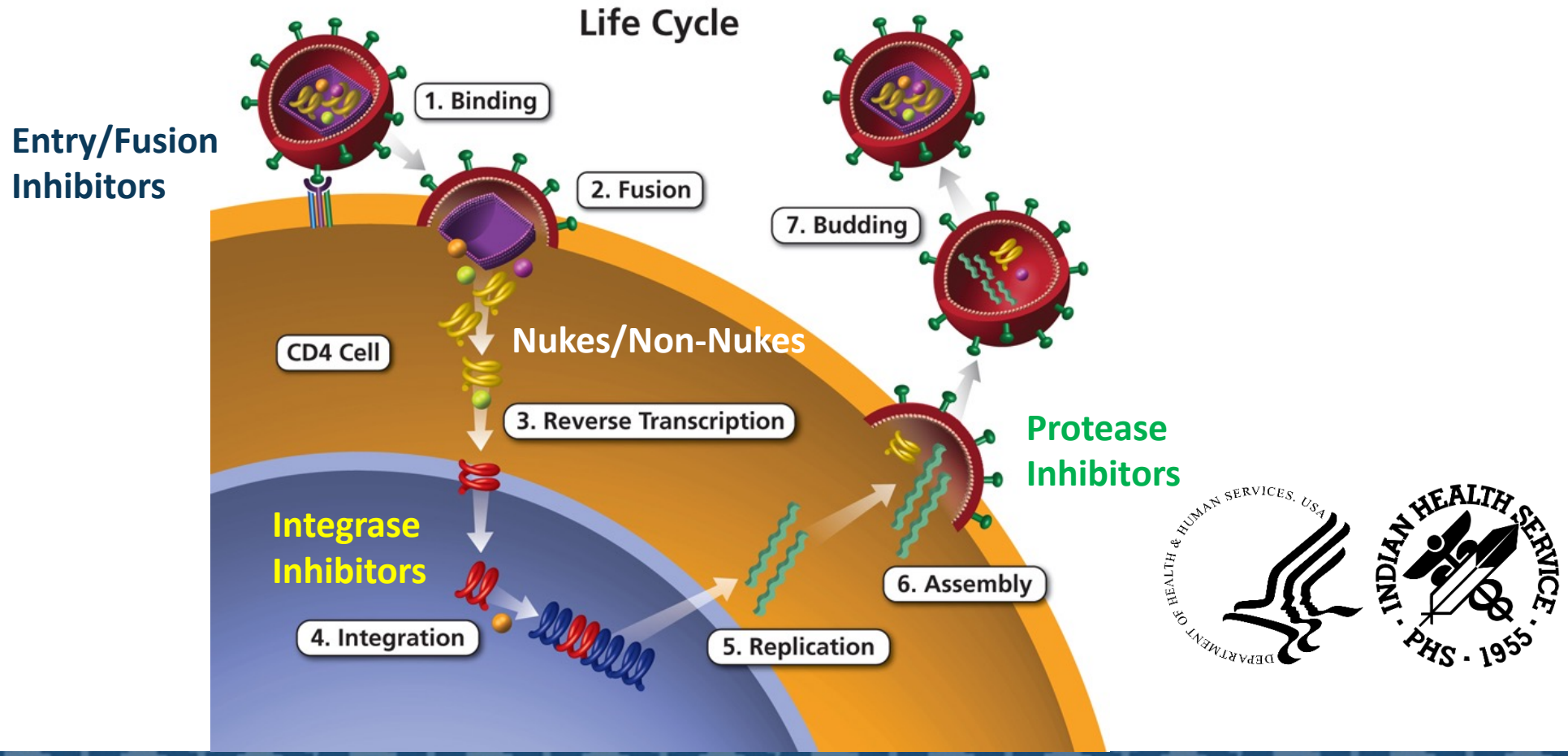
*COVID-19 Pandemic – Data should be interpreted with caution due to the impact of the COVID-19 pandemic on access to STI testing, prevention, and care-related services.

Pre-Exposure Prophylaxis (PrEP)

Definitions

- Human Immunodeficiency Virus (HIV)
  - Viral Suppression: **Viral Load <200 copies/mL**
  - Undetectable: **Viral load so low that test did not detect**
- Acquired Immunodeficiency Syndrome (AIDS)
  - **CD4 <200 cells/mm3**
- PRE-EXPOSURE PROPHYLAXIS (PrEP)
  - Daily (or on-demand) dosing **prior** to HIV exposure
- Post-Exposure Prophylaxis (PEP)
  - Emergency meds **immediately following (< 72 hours)** HIV exposure

HIV Replication (Life Cycle)



PrEP Awareness and Use

among American Indian and Alaska Native Persons, 2019-2021

Among American Indian and Alaska Native persons:

33% had ever heard of PrEP

7% were currently taking PrEP or had used PrEP in the last 12 months

Among priority population groups:

37% of American Indian and Alaska Native persons had ever heard of PrEP

3% were currently taking PrEP or had used PrEP in the last 12 months

Why PrEP?

PrEP is highly effective for reducing HIV risk

When taking oral PrEP daily or consistently (*at least 4 times per week*) the risk of acquiring HIV is reduced by:

~ 99% with sexual exposure

~ 74 – 84% among people who inject drugs (PWID)

How long does PrEP take to work?

- **Receptive anal sex (bottoming),** PrEP pills reach maximum protection at about **7 days** of daily use
- **Receptive vaginal sex** and **injection drug use**, PrEP pills reach maximum protection at about **21 days** of daily use
- No data available for PrEP pill effectiveness for **insertive anal sex (topping)** or **insertive vaginal sex**.
- We don't know how long it takes for PrEP injections to reach maximum protection during sex.

Who should be offered PrEP?

The federal guidelines recommend that PrEP be considered for people who are HIV negative a
- Have **had anal or vaginal sex in the past 6 months and**:
  - Have a sexual partner with HIV (especially if the partner has an unknown or detectable v or
  -
  -
  - report continued risk behavior, or
  - have used multiple courses of PEP

Anyone who is at risk for acquiring HIV

Baseline Labs for Oral PrEP

- HIV 1/2 Ab/Ag
- Hepatitis serology:
  - Hep B Surface Ab
  - Hep B Surface Ag
  - Hep B Core Ab
  - Hep C Ab
- Renal function
- Lipid profile (F/TAF)

Plus other STI Screening and Pregnancy (if applicable)

HIV RNA (Viral Load)

- Anyone who has taken oral PrEP in the last 3 months and/or has received a CAB injection in the last 12 months
- Anyone with SSx acute HIV or HIV exposure

https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf

Timing of Oral PrEP-associated Lab Tests

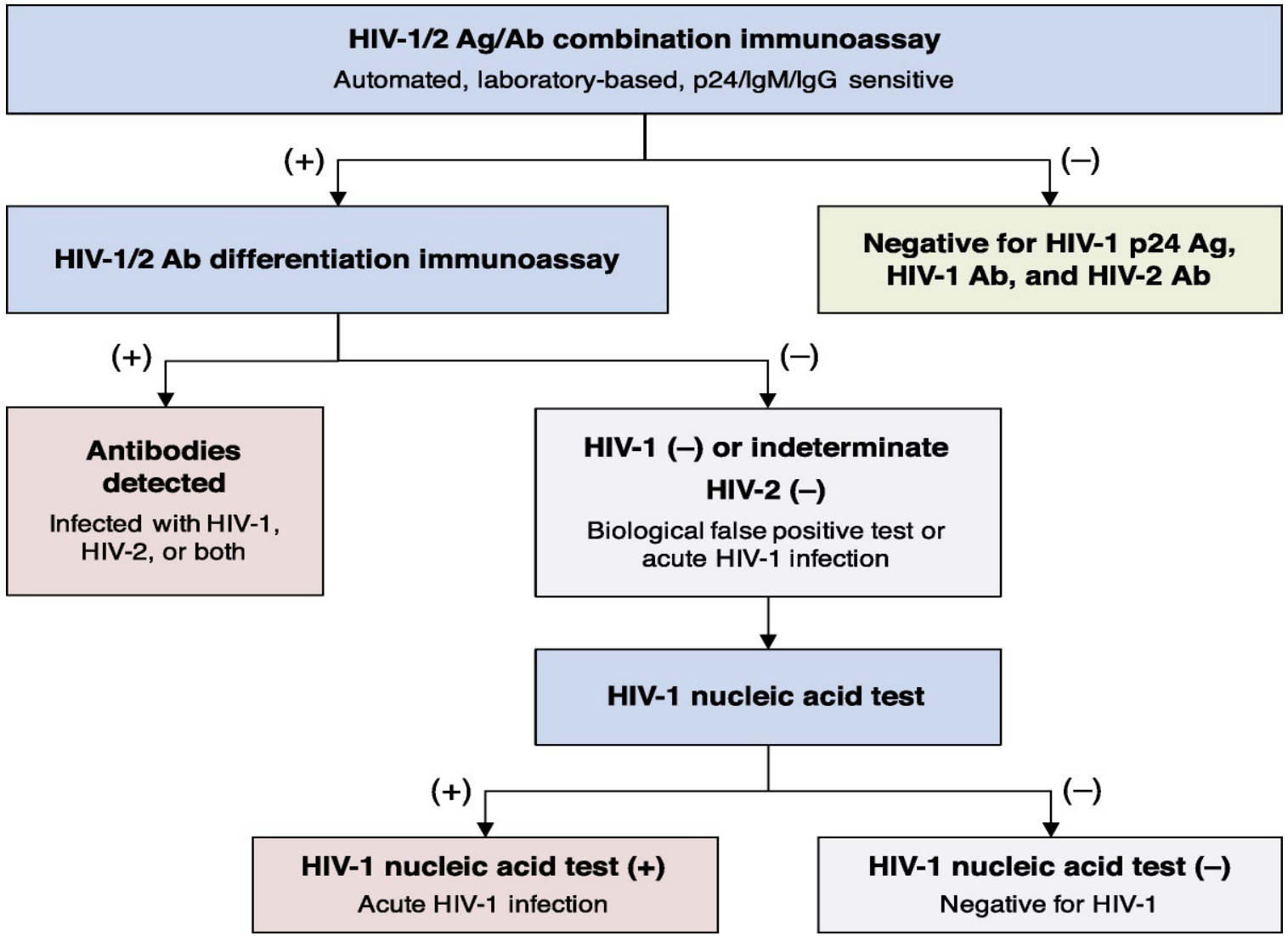
Test	Screening/Baseline Visit	Q 3 months	Q 6 months	Q 12 months	When stopping PrEP
HIV Test	X*	X			X*
eCrCl	X		If age ≥50 or eCrCL <90 ml/min at PrEP initiation	If age <50 and eCrCl ≥90 ml/min at PrEP initiation	X
Syphilis	X	MSM /TGW	X		MSM/TGW
Gonorrhea	X	MSM /TGW	X		MSM /TGW
Chlamydia	X	MSM /TGW	X		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

HIV RNA (Viral Load)

- Anyone who has taken oral PrEP in the last 3 months and/or has received a CAB injection in the last 12 months
- Anyone with SSx acute HIV or HIV exposure

HIV Testing Algorithm



Window Periods

Nucleic Acid Test (NAT)
window period
10-33 days

Antigen/Antibody Lab Test
window period
18-45 days

Rapid Antigen/Antibody Test
window period
18-90 days

Antibody Test
window period
23-90 days

PrEP Options

Emtricitabine 200mg + Tenofovir DF 300mg (FTC/TDF or Truvada)

- On national core formulary
- On all THO formularies in Alaska, Medicaid preferred
- Priced at ~$1/pill
- Indicated for adults and adolescents ≥35 kg
- Not recommended for CrCl <60 mL/minute
- Take daily by mouth
  - On-demand or 2-1-1 dosing studied in MSM (anal sex)

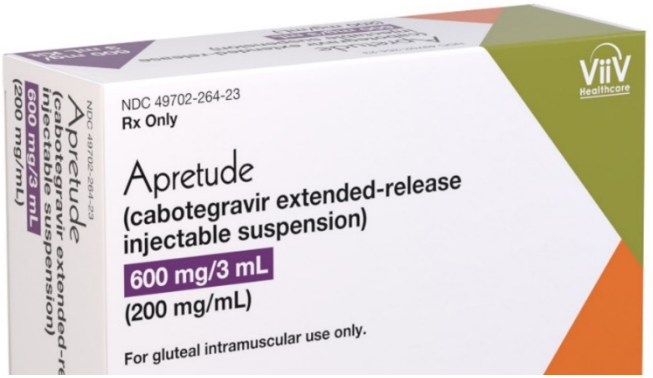
PrEP Options

Emtricitabine 200mg + Tenofovir AF 25mg (FTC/TAF or Descovy)

- Not on national core formulary
  - Available on most THO formularies around Alaska
  - No generics available; patent protected until 2032
- Indicated for MSM/TGW adults and adolescents ≥35 kg
- May be used for patients when FTC/TDF is deemed inappropriate, defined as:
  - In the presence of bone disease
  - CKD stage 3 or greater (CrCl 30-59).
  - TAF/FTC should not be used in severe renal impairment (CrCl <30 mL/min)
- Take daily by mouth

PrEP Options

Cabotegravir (Apretude) 600mg long-acting IM injection



- Not on IHS National Core Formulary
  - On ANMC formulary; covered by Medicaid
  - Not on other THO formularies around Alaska
- ~$25,000/year out of pocket
- Covered by some insurers, patient assistance programs available
- Indicated for adults and adolescents ≥35 kg
- No CrCl requirement
- IM Injections every 2 months (after initial 2 monthly injections)

Prescribing Instructions for Oral PrEP

- Ideally, prescriptions are renewed every 3 months
- Correlate with quarterly HIV/STI testing
- Flexibility and shared decision making needed with testing and lab options (especially for rural areas)

U = U

- Undetectable = Untransmittable (U=U)
- For sexual exposure, unable to transmit HIV to others if viral load is consistently <200 copies/mL
- Treatment as Prevention
- Ability to not have to use condoms
- Ability to breast or chest feed/family planning

Post-Exposure Prophylaxis (PEP)

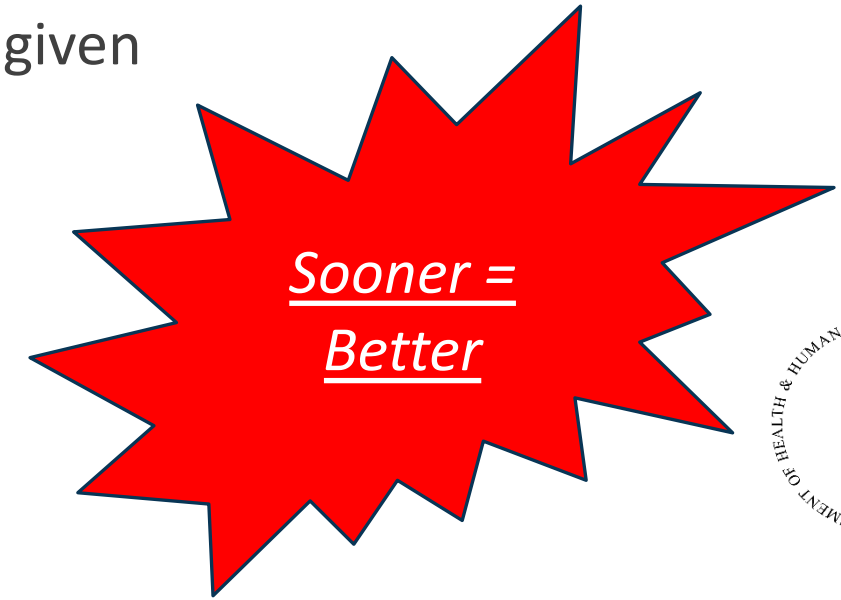
Exposure to HIV is an Emergency!

The ideal time to administer PEP – within 2 hours of exposure!

- **Give the first dose immediately upon presentation**

Can be given up to 72 hours after exposure

After 72 hours, it should not be given

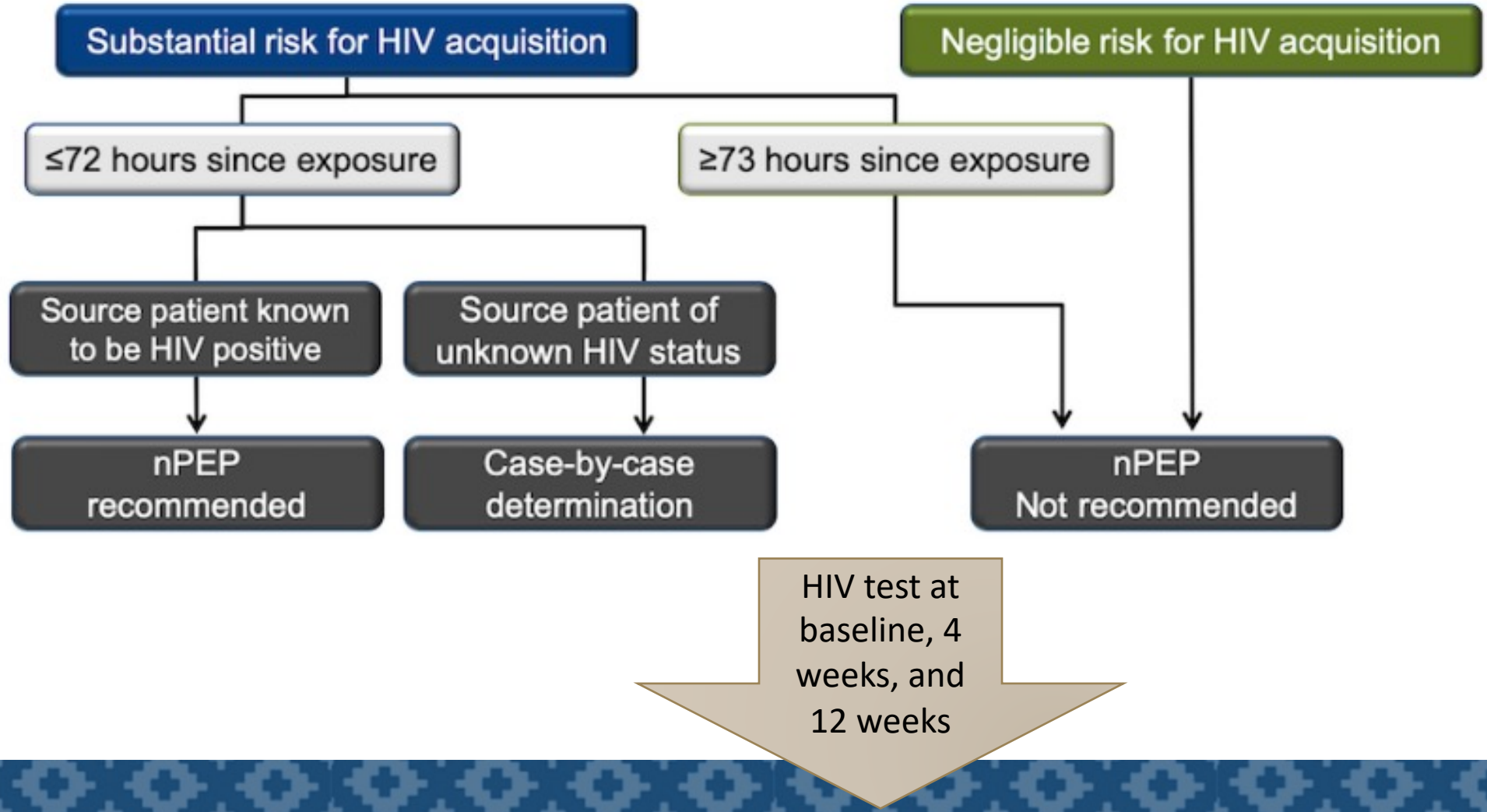


Who should be offered PEP?

Individuals who are HIV negative or unknown HIV status who:

- Were sexually assaulted
- May have been exposed to HIV during consensual sex
- Shared needles or other equipment (works) to inject drugs
- May have been exposed to HIV at work
- **Requests HIV PEP**

Algorithm for Evaluation and Treatment of possible nonoccupational HIV exposures



HIV Post-Exposure Prophylaxis (PEP)

1) Emtricitabine/Tenofovir (Truvada) daily + Dolutegravir (Tivicay) 50mg daily for 28 days **OR**

2) Emtricitabine/Tenofovir (Truvada) daily + **Raltegravir (Isentress) 400mg BID** for 28 days

Dolutegravir (Tivicay) 50mg #30 tab = **$1,319.97** vs Raltegravir (Isentress) 400mg #60 tab = **$1,248.76**

Administer integrase inhibitors **2 hours before or 6 hours** after taking medications containing polyvalent cations (antacids, laxatives, iron, calcium supplements)

Dolutegravir AUC ↓ 74% with simultaneous administration

Raltegravir AUC ↓ 49% with simultaneous Al/Mg antacid

STI Post or Pre Exposure Prophylaxis (Doxy-PEP or DOXY-PrEP)

DoxyPEP (Post-Exposure Prophylaxis)

Take one dose of **Doxycycline 200mg within 72 hours** of having condomless sex

Repeat as needed, but no more than one dose within 24 hours

DoxyPrEP (Pre-Exposure Prophylaxis)

Take **Doxycycline 100mg daily prior** to having condomless sex

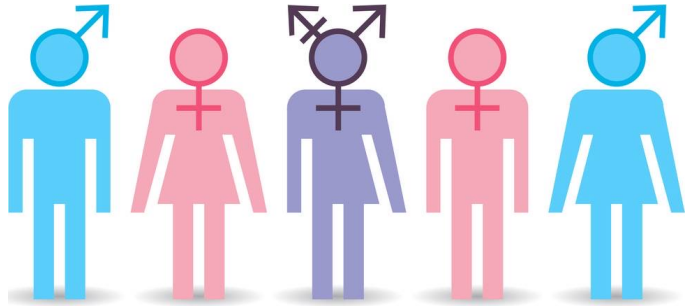
Pilot study:

- 30 men who have sex with other men (MSM) living with HIV and syphilis history
- Randomly assigned to take:
  - Doxycycline 100 mg daily for 48 weeks
  - Financial incentive–based behavioral intervention

Results: **73% reduction in any bacterial STI** at any site for the intervention group, without substantial differences in sexual behavior

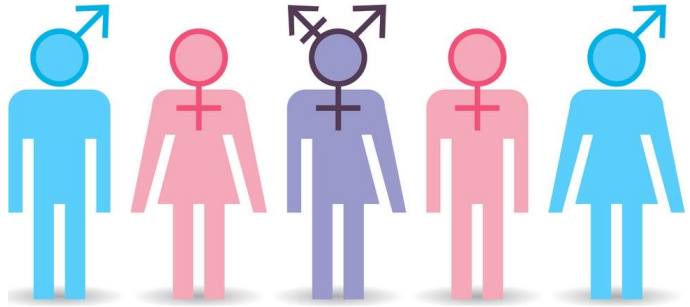
Clinical Trial

- ***Mucosal Pharmacology of Doxycycline for Bacterial STI Prevention in Men and Women (*****first pharmacologic data on mucosal doxycycline at the STI exposure site)**
  - Eleven cis-gender males and nine females supplied blood and mucosal swabs up to seven days after receiving a single dose of Doxycycline 200mg
  - Rectal, vaginal, cervical biopsies, urethral swabs were collected 24 hours after taking medication



Clinical Trial Findings

- **Findings: Doxycycline exposure was found up to 96 hours in rectal and vaginal secretions and was twice that of the plasma concentration**
  - Doxy levels remained above the minimum inhibitory concentrations for at least:
    - Four days for *chlamydia trachomatis*
    - Three days for *Treponema pallidum*
    - Two days for *Neisseria gonorrhoeae*
  - Doxycycline effectively spreads to mucosal sites and the data calculates high vaginal efficacy



Implementation

- Who should receive DoxyPEP?
  - MSM/TGW on HIV PrEP or living with HIV
  - If not on HIV PrEP, MSM/TGW with history of STIs within the past 12 months, engages in sex work, has sex under the influence of drugs (chemsex),
- 3-month schedule: Provide enough meds and replenish after HIV/STI screening
- If patient is having signs and symptoms of an STI:
  - Should get immediate testing and treatment; abstain until 1 week post-treatment
- ICD-10 diagnosis code: Z20.2

  (Contact with and [suspected] exposure to infections with a predominantly sexual mode of transmission)

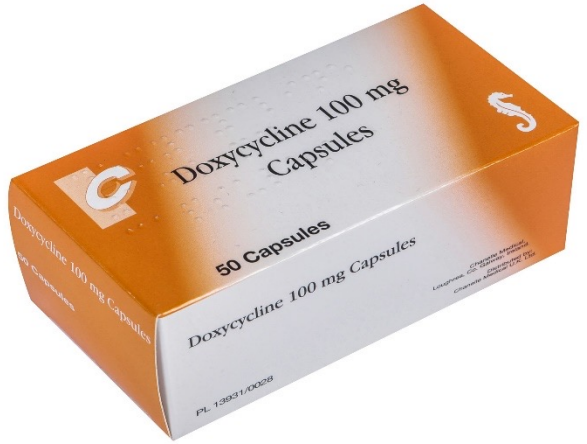
Gonorrhea/Chlamydia

- Nucleic Acid Amplification Test (NAAT)
  - Test-of-cure: Pharyngeal GC, 7-14 days after treatment
- Screen at all anatomical sites of exposure
  - Urine, Pharynx, Vaginal, Rectum – self collect optio
  - Can miss 50-80% of infections if only testing urine

- Best Practices (Urine)
  - GC/CT urine should ideally be first void. If not, wait an hour before providing sample
  - Only provide 20 mL to prevent dilution, mark level on cup
  - If needing both GC/CT and urine culture, provide two cups labeled #1 and #2
    1. First void for GC/CT, then hold stream, cleanse
    2. Clean catch for urine culture

Prescribing DoxyPEP

- Example:
  - Doxycycline 100 mg tablet, #30 tablets
    Take 2 tablets PO daily as needed for prophylaxis
  - Doxycycline monohydrate or hyclate can be used
  - Do not take concurrently with antacids or vitamin supplements
  - Possible side effects: photosensitivity, esophageal discomfort



Impact

- Increases access to care and patient autonomy
- Decrease in anxiety and stigma
- Empowering, sex positivity
- Overall decrease in STIs in the community
- Preserves penicillin stock by averting new syphilis cases
- DoxyPEP has been used off-label in the community prior to CDC guidelines

Future Needs

- Studies inclusive of other populations: adolescents, cis-gender females, transgender males, etc.
- Doxy use in pregnancy
- DoxyPrEP guidelines
- Monitor new syphilis infections (low titer response)
- Novel antibiotics for STI treatment
- Antimicrobial stewardship
- Continued buy-in

Research to Watch

- **DoxyDOT (Kenya):** 200 mg weekly dosing; cisgender women; directly observed therapy.
- **DOXY-MEN (Kenya):** DoxyPEP and 4CMenB vaccination; MSM/TGW. Two sub-studies: Potential effect of DoxyPEP on the microbiome & assessing potential impact of DoxyPEP on STI resistance.
- **DISCO (Canada):** DoxyPrEP (daily 100mg) versus DoxyPEP (200mg post exposure) among MSM. Provide insight on challenges of med adherence: acceptability and tolerability.

Resources

ANTHC Early Intervention Services/HIV Clinical Team

Clinicians

Leah Besh, PA-C, HIV Clinical Specialist labesh@anthc.org
Hope McGratty PA-C, HIV Clinical Specialist hmmcgratty@anthc.org
Jacob Gray, MD, Infectious Disease Specialist
Clifford Schneider, MD, Infectious Disease Specialist
Benjamin Westley, MD Pediatric Infectious Disease Specialist

Patient RN Care Managers

Lisa Rea, RN *ldrea@anthc.org*

Katrina Kearney, RN
Tillie Powers, RN SCF
Claire Lewis, NP YKHC
Sara Malamute, RN TCC

Program Support Team

Linda Hogins, CMA
Minnie Chavez, ACM
Laura Riley, Sr. Program Manager
Jenn Arnold, AETC Coordinator
Jeni Williamson, Rural Navigator, ECHO Coordinator

ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM

What Do We Do

- **Clinical Care**

  ANTHC/ANMC-Internal Medicine Clinic

  Field Clinics
- **Collaboration/Co-management**
- **Intensive Case Management and Outreach**
- **Alaska AETC** *AIDS Education and Training Center*
- **HIV prevention outreach**

  iknowmine.org and iwantthekit.org

Alaskan AIDS Education and Training Center (AETC)

- Offers a wide range of training opportunities for health professionals, including lectures, preceptorships, webinars, and conferences to everyone in Alaska.
- Delivers education and training to improve access to care and quality of life for people with, or are at increased risk for acquiring HIV.
  - Education and training
  - Clinical consultation
  - Capacity building assistance on prevention, diagnosis, and treatment of HIV and commonly associated co-morbidities
- For more information, please contact AETC@anthc.org

AETC AIDS Education & Training Center Program
Mountain West

ANMC HIV Pre-exposure Prophylaxis (PrEP) – Adults and Adolescents

Oral Pre-exposure Prophylaxis (PrEP)

Recommended Populations

- Sexually-active adult men who have sex with men (MSM)
- Sexually-active transgender women (TGW)
- Adult heterosexually-active men and women who are at substantial risk of HIV acquisition
  - HIV-positive sexual partner
  - Recent sexually transmitted infection (STI)
  - High number of sex partners
  - Inconsistent or no condom use
  - Transactional/Survival sex
- Adult persons who inject drugs (PWID) and share injection equipment

Timing of Oral PrEP-associated Laboratory Tests

Test	Screening Baseline Visit	Every 3 months	Every 6 months	Every 12 months	When stopping PrEP
HIV Ag/Ab & Viral Load	X*	X			X*
Serum Creatinine	X		Age ≥50 or eCrCl < 90	Age <50 or eCrCl ≥ 90	X
Syphilis	X	MSM/TGW	X		MSM/TGW
Gonorrhea^	X	MSM/TGW	X		MSM/TGW
Chlamydia^	X	MSM/TGW	X		MSM/TGW
Lipid Panel (TAF/FTC)	X			X	
Hep B surface antigen, surface antibody, core antibody#	X				
Hep C Antibody	MSM, TGW, and PWID			MSM, TGW, and PWID	

*Assess for acute HIV infection (flu-like symptoms, rash, swollen lymph nodes)
^Test all anatomical sites of exposure (pharyngeal, rectal, vaginal, urine)
#Vaccination should be offered if not immune and no documented history of completing a vaccine series

Treatment Options

Preferred therapy for all	Alternate (if CrCl <60mL/min) therapy for MSM population at risk through sex (excludes people assigned female at birth)
Truvada- Tenofovir (TDF)/Emtricitabine (FTC)** 300mg/200mg PO daily	**Descovy- Tenofovir (TAF)/Emtricitabine (FTC)** 25mg/200mg PO daily

Considerations

- * Acute HIV syndrome mimics other acute viral syndromes and symptoms may include sore throat, papular rash, headache, fever, fatigue, myalgias, and lymphadenopathy
- ** Do not use if CrCl <60mL/min, discuss with Early Intervention Services team if questions arise.
- If planning to stop oral PrEP, patients should continue for 28 days after last potential HIV exposure
- If planning to stop injectable PrEP and ongoing risks for HIV infection, patients should switch to oral PrEP medications beginning within 8 weeks after last injection. Injection has a long half-life and acquisition of HIV resistance is possible if HIV acquired.

Continue to page 2 for Injection PrEP information

Injection Pre-exposure Prophylaxis (PrEP)

Recommended Population for Cabotegravir

- Barriers to compliance with daily oral therapy
- Sexually-active adult men who have sex with men (MSM)
- Sexually-active transgender women (TGW)
- Adult heterosexually-active men and women who are at substantial risk of HIV acquisition
  - HIV-positive sexual partner
  - Recent sexually transmitted infection (STI)
  - High number of sex partners
  - Inconsistent or no condom use
  - Transactional/Survival sex
- Adult persons who inject drugs (PWID) and share injection equipment
- Those who can maintain compliance with injection appointments within the target date(s)
- Patients who prefer a bimonthly schedule for their PrEP medication versus daily oral therapy
- Significant Renal Disease (CrCl <30 but >15ml/min)

Timing of Injectable PrEP-associated Laboratory Tests

Test	Screening Baseline Visit	1 month visit	Every 2 months	Every 4 months^	Every 12 months	When stopping CAB
HIV Ag/Ab & Viral Load	X*	X	X			X*
Syphilis	X			X		MSM/TGW
Gonorrhea^	X			X		MSM/TGW
Chlamydia^	X			X		MSM/TGW
Hep B surface antigen, surface antibody, core antibody#	X					
Hep C Antibody	MSM, TGW, and PWID				MSM, TGW, and PWID	

*Assess for acute HIV infection (flu-like symptoms, rash, swollen lymph nodes)
^Test all anatomical sites of exposure (pharyngeal, rectal, vaginal, urine)
#Vaccination should be offered if not immune and no documented history of completing a vaccine series

Referral to EIS team prior to initiation of injectable PrEP therapy is recommended

Treatment Options

Alternate therapy for MSM population at risk through sex, cisgender women, and TGW

Apretude- Cabotegravir (CAB)

600mg IM once monthly for 2 doses, then 600mg IM every 2 months

Considerations

- * Acute HIV syndrome mimics other acute viral syndromes and symptoms may include sore throat, papular rash, headache, fever, fatigue, myalgias, and lymphadenopathy
- ^Beginning in month 3, the 1st maintenance injection and then every 4 months thereafter.
- Do not use cabotegravir if CrCl <15mL/min.
- If planning to stop oral PrEP, patients should continue for 28 days after last potential HIV exposure.
- If planning to stop injectable PrEP and ongoing risks for HIV infection, patients should switch to oral PrEP medications beginning within 8 weeks after last injection. Injection has a long half-life and acquisition of HIV resistance is possible if HIV acquired.

ANMC Associated Powerplans: AMB HIV Pre-exposure Prophylaxis (PrEP) *Antimicrobial Stewardship Program Updated: August 2024*

References: *https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf. Accessed July 02, 2024.*
FDA Medication label- https://www.accessdata.fda.gov/drugsatfda_docs/label/2021/215499s000lbl.pdf. Accessed July 02, 2024.

ANMC Non-occupational Post-exposure Prophylaxis (nPEP) – Adults and Adolescents

Recommended Populations

- Within 72 hours of an isolated incident of high risk HIV exposure, treatment should be initiated as soon as possible
- Potential exposures to consider and recommend nPEP:
  - Sexual assault
  - Unprotected sex with new partner of unknown HIV status
  - Use or injury with needle or syringe used previously by another person
- Not generally recommended for:
  - History of sustained active injection drug use (discuss PrEP)
  - Frequent recent high risk sexual exposures (discuss PrEP)

Testing before and following nPEP

	Baseline	4-6 weeks	4 months
HIV Ag/Ab	X	X	X
Hep B surface Ag Hep B surface Ab Hep B core Ab	X		
Hep C Ab[a]	X		
Syphilis[b]	X	X	
Gonorrhea[b]	X		
Chlamydia[b]	X		
Pregnancy[b]	X	X	
Renal Function (Serum Creatinine)	X		
Liver Function (AST/ALT)	X		

a – If blood exposure repeat Hepatitis C Ab at 6 months
b – If sexual exposure

Treatment Recommendations

	Preferred Regimen
Adults and adolescents ≥13 yo with normal renal function including pregnant females	• **Tenofovir disoproxil fumarate/Emtricitabine** 300mg/200mg PO daily x 28 days **PLUS** • **Dolutegravir** 50 mg PO daily x 28 days
Adults and adolescents ≥13 yo with renal dysfunction (CrCl <60 mL/min)	• **Zidovudine and Lamivudine** dose adjust to renal function x 28 days **PLUS** • **Dolutegravir** 50 mg PO daily x 28 days

Education

- Treatment should not be delayed if waiting on non-rapid HIV Ag/Ab testing results
- Follow up with ID, EIS, or Primary Care within 3-5 days for continuation of prescription and arrangement of appropriate follow up plan
- Preventive treatment is discontinued after 28 days

ANMC Associated Powerplans: Orders for Sexual Assault Response, AMB HIV and STI Post-exposure Prophylaxis *Antimicrobial Stewardship Program Approved April 2023*

References: *Updated Guidelines for Antiretroviral Postexposure Prophylaxis After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV—United States, 2016. CDC/HHS. Accessed March 4, 2021.*

National HIV Curriculum

www.hiv.uw.edu

FREE CME, MOC, CNE, Pharmacology CE, and CE

Free, up-to-date website for novice to expert clinicians
to learn about HIV diagnosis, treatment, and prevention

Recertified for CE in fall 2020, six modules with 37 lessons and corresponding question bank topics address:

- Screening and Diagnosis
- Basic HIV Primary Care
- Antiretroviral Therapy
- Co-Occurring Conditions
- Prevention of HIV
- Key Populations

The National HIV Curriculum is an AIDS Education and Training Center (AETC) Program supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services as part of an award totaling $1,000,000 with 0% financed with non-governmental sources.

National HIV PrEP Curriculum

www.hivprep.uw.edu

This free curriculum addresses how to assess, initiate, and monitor HIV PrEP.

- **11 lessons** offer 14 free CME credit, CNE and CE contact hours, 10 pharmacology CE for APNs, and Certificates of Completion
- **HIV PrEP Training Certificate** available in HIV PrEP Fundamentals Module
- **HIV PrEP Tools for Clinicians** app supports interactions with patient from assessment and medication selection to what labs to order
- Experts discuss relevant topics via **Mini-Lectures**, **Panel Discussions**, and **Interviews**
- 4 concise **HIV PrEP Clinical Guides** review HIV PrEP studies, injectable cabotegravir, on-demand dosing, and recommended lab tests
- A learning group tool for healthcare entities & training programs to enroll members, assign units, and track progress

Alaska ID ECHO: HCV-HIV-PrEP-STIs

- Increase Tribal health care providers' knowledge about prevention strategies, screening, diagnosing, treatment, and management of HCV, HIV, PrEP and common STIs.
- Tribal and community primary care health providers, nurses, pharmacists, and behavioral health care providers in Alaska to learn best practices and gain competence and confidence in preventing HIV infection with PrEP, preventing HCV and STIs, and caring for Alaska Native/American Indian patients facing HCV-HIV-STI diagnoses.

- Second Tuesday of every month
- Noon – 1p.m. Alaska Standard Time
- Upcoming Schedule
  - **September 10**: Infectious Disease Evaluation for People with Substance Use Disorders
  - **October 8**: Syndemic Epidemiology Update: HCV, STIs, HIV
  - **November 12**: TBA

www.anthc.org/ak-id-echo

akidecho@anthc.org

MWAETC

Sexual Health and Wellness Store at iknowmine.org

PERSONAL CONDOM PACK

CONDOMS FOR ORGANIZATIONS

HIV SELF-TEST KIT

STI SELF-TEST KIT

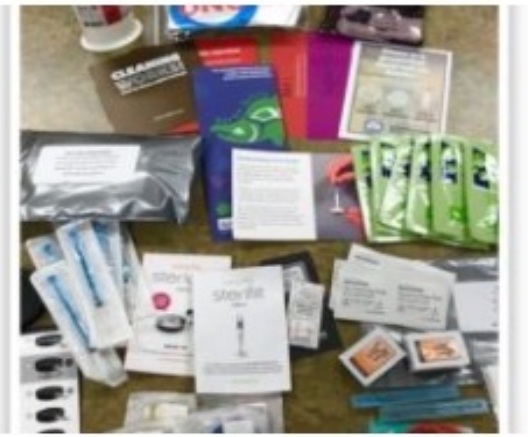
ORAL DAMS FOR PERSONAL USE

SEXUAL HEALTH PRINTED MATERIALS

Safer Substance Use Store at iknowmine.org

SAFE MEDICATION DISPOSAL SUPPLIES

OVERDOSE RESPONSE KIT



HARM REDUCTION KIT

MEDICATION ASSISTED TREATMENT TOOLKIT

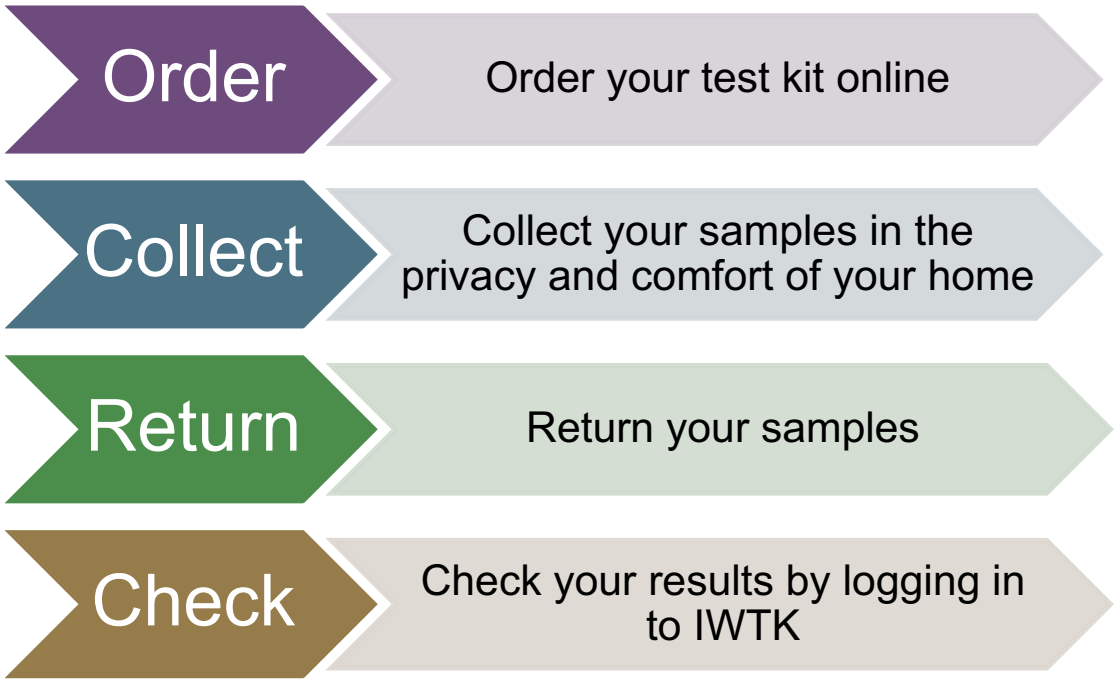
SAFER SUBSTANCE USE SUPPLIES

SUBSTANCE USE EDUCATION

www.iwantthekit.org

- Mission: to decrease the transmission and burden of STIs through free, convenient, confidential and accurate testing and to educate clients about STI prevention
- I Want the Kit (IWTK) is an STI self-collection, mail-based program that started at the Johns Hopkins University School of Medicine (JHU) in 2004.
- For more information, email: alaskakit@anthc.org

INDIGI iwtk™
I WANT THE KIT
Take Control. Know Your Status.



MWAETC

Resources

- **HIV/PrEP Warm Line: (800) 933-3413**
  - HIV/AIDS Management | National Clinician Consultation Center (ucsf.edu)
  - Clinicians are available Monday through Friday, 9:00 a.m. to 8:00 p.m. EST. Voice mail is available 24 hours a day

- **Indian Country ECHO**
  - http://www.indiancountryecho.org
  - HIV ECHO, 2nd Wednesday of every month 2-3 pm ET

- **IHS HIV Program**
  - Provider Driven HIV PrEP Policy.pdf (ihs.gov)
  - Nurse Driven HIV PrEP Policy
  - Pharmacist Driven HIV PrEP Policy
  - HIV PrEP Appendix

Contact Information

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ALASKA NATIVE TRIBAL HEALTH CONSORTIUM