



PrEPing the Peninsulas

Charity Zimmerman | czimmerman@chippewahd.com

Mary Miller | mmiller@chippewahd.com

Mary Nagy | nagym@michigan.gov

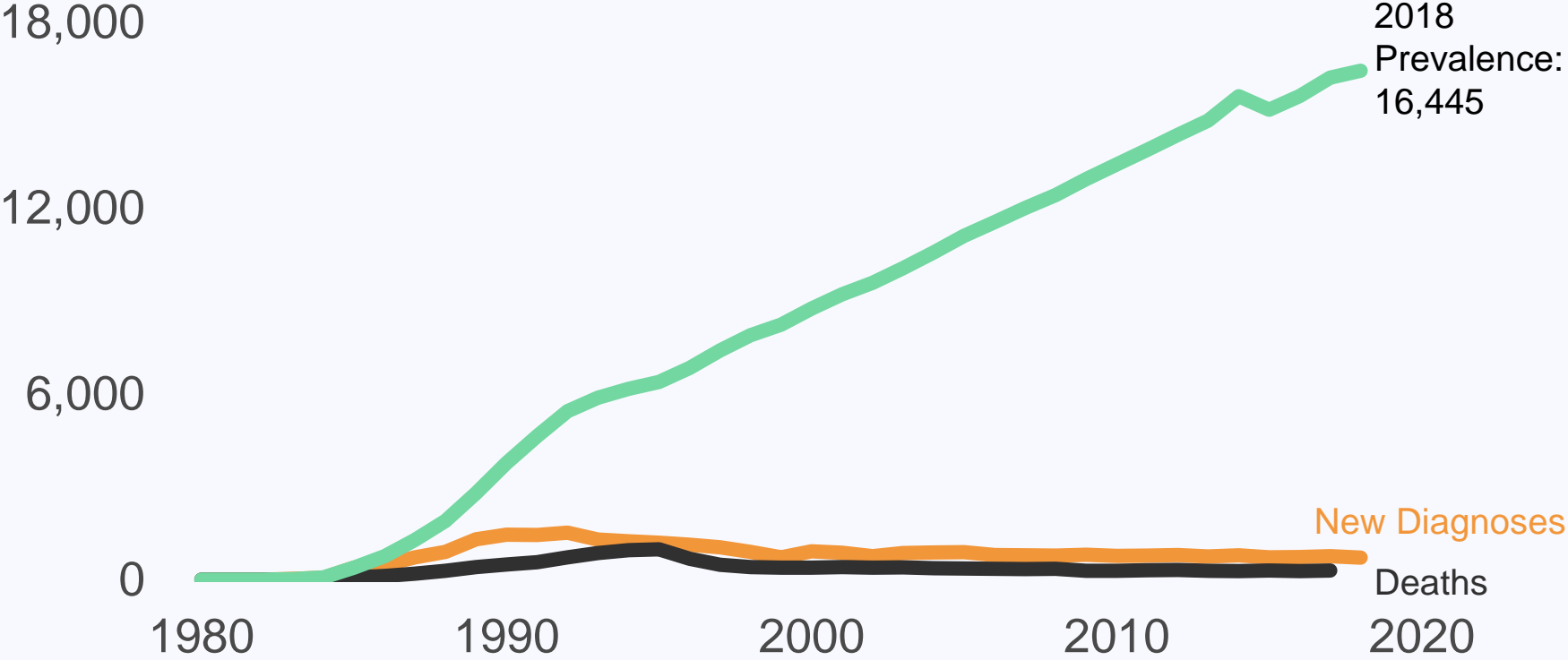
Objectives

- 1. Participants will examine a real-world example of PrEP implementation in a health department setting, including process and helpful strategies to overcome barriers**
- 2. Participants will gain a broad understanding of PrEP efficacy and association of increased PrEP utilization and decreased HIV transmission in the United States**
- 3. Participants will be made aware of supports aimed at expansion of PrEP in Michigan**

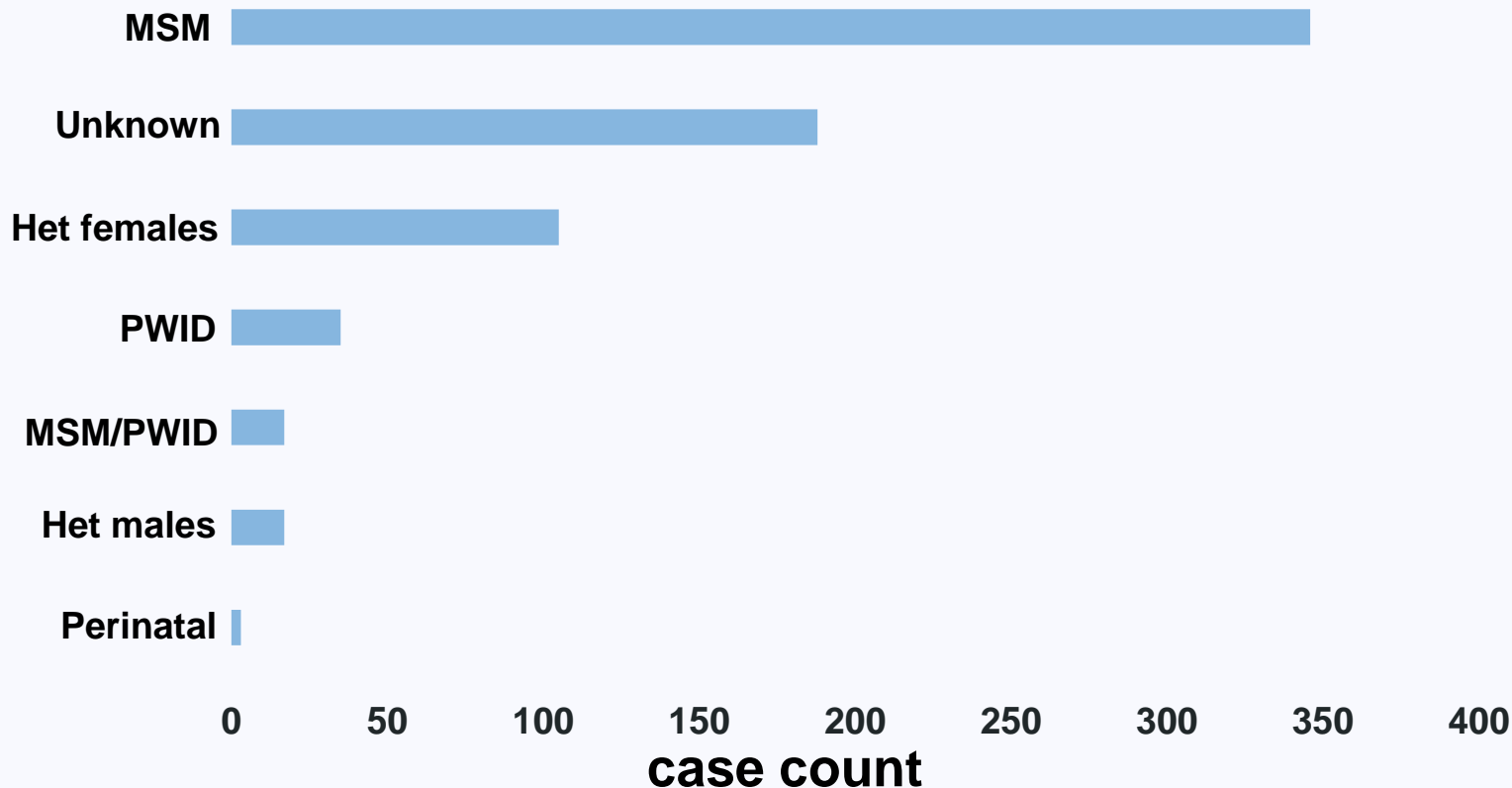
Outline

1. HIV/STI epidemiology
2. PrEP timeline
3. US Preventive Services Task Force A Grade
4. CDC Guidelines
 - indications
 - lab testing
5. PrEP financing
6. Chippewa PrEP implementation
 - protocol
 - staff training
 - tracking
 - billing
 - outreach
7. Support is available!

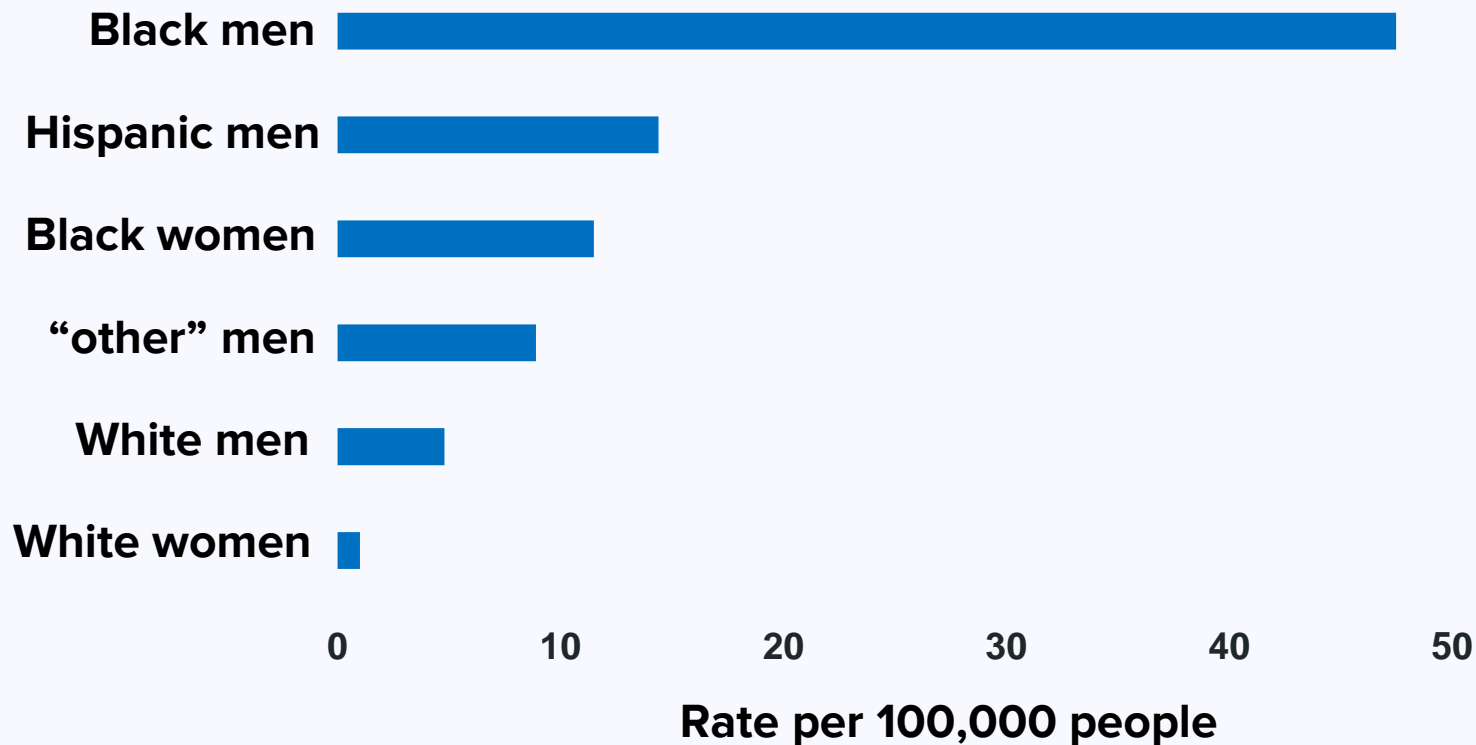
HIV in Michigan



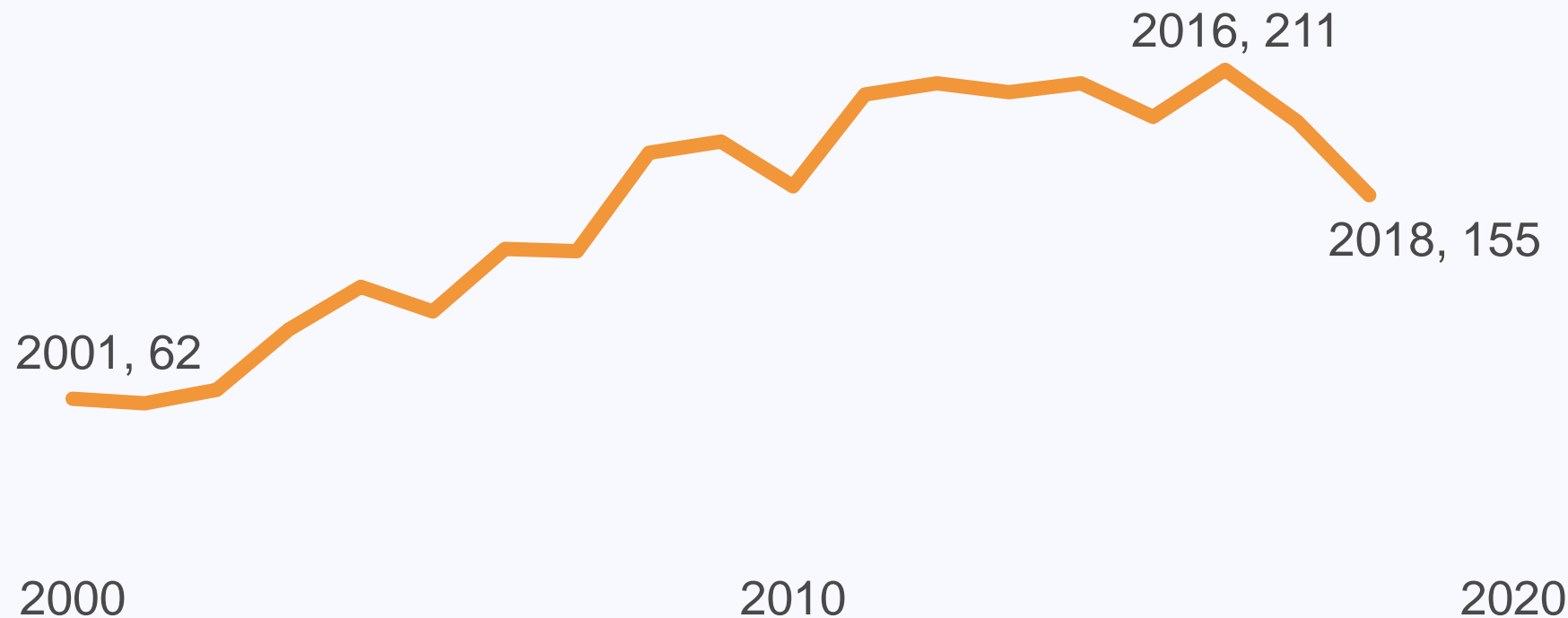
New Michigan HIV diagnoses by risk, 2018



New Michigan HIV diagnoses by race/sex, 2018

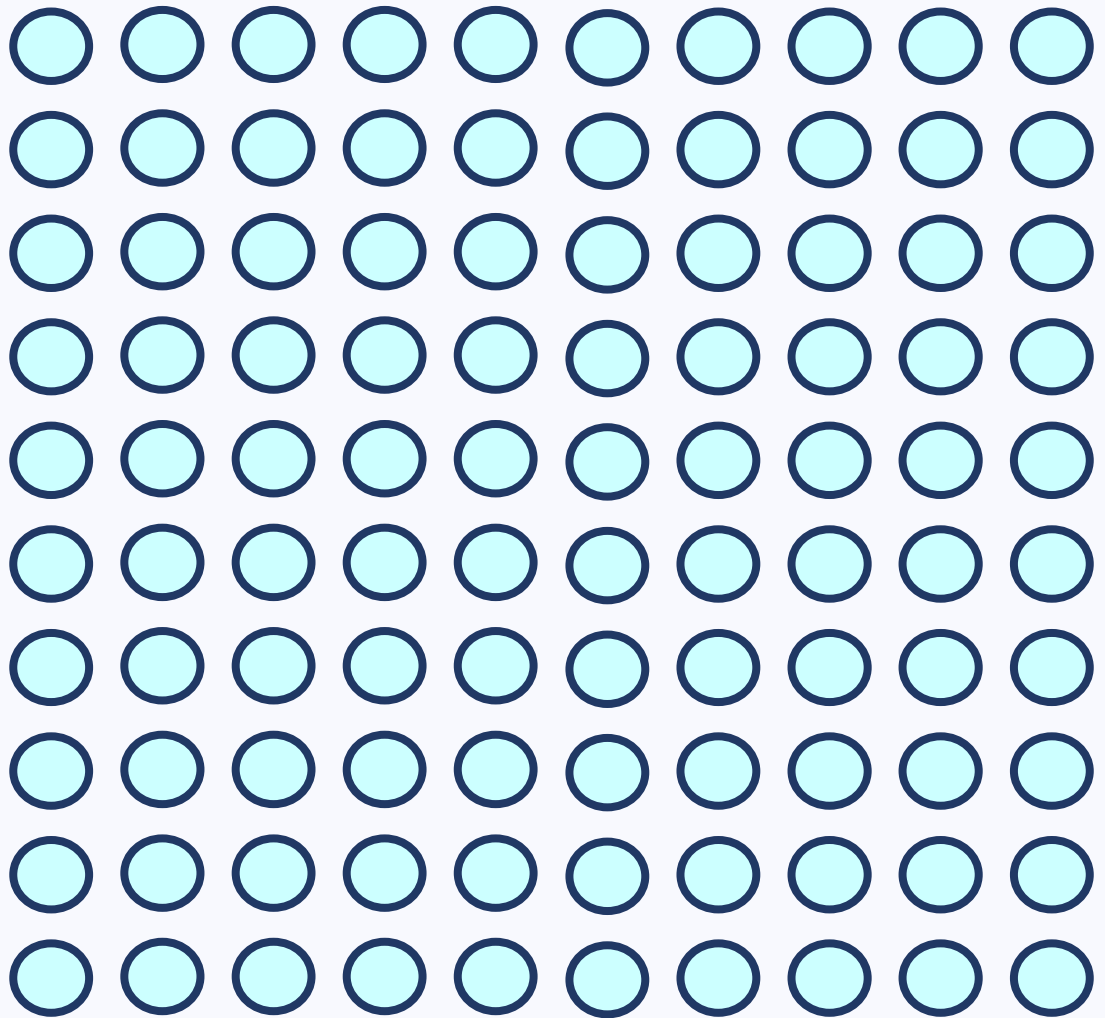


New HIV diagnoses among young (15-29yo) Black men who have sex with men (MSM), 2001-2018



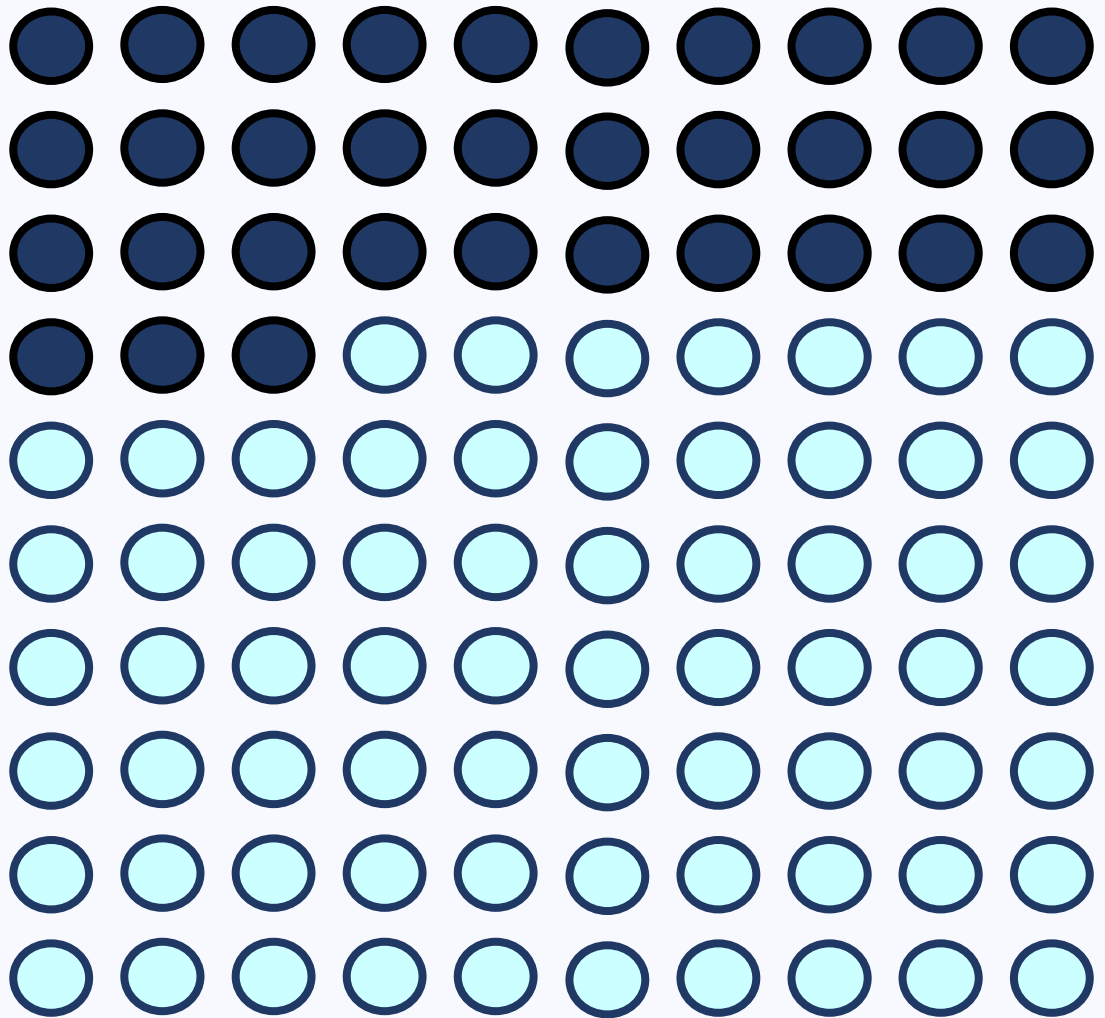
HIV and STI co-infection in Michigan 2018:

Primary & Secondary Syphilis



HIV and STI co-infection in Michigan 2018:

Primary & Secondary Syphilis



HIV and STI co-infection in Michigan 2018:

Primary &
Secondary
Syphilis



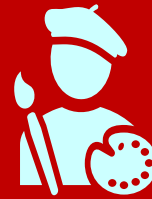
A 10x10 grid of 100 circles. The top 33 circles are dark blue, and the remaining 67 circles are light blue. A dark blue rectangular box with the text '33%' is overlaid on the grid, positioned over the 33rd circle in the 4th row.

33%

HIV and STI co-infection in Michigan 2018:

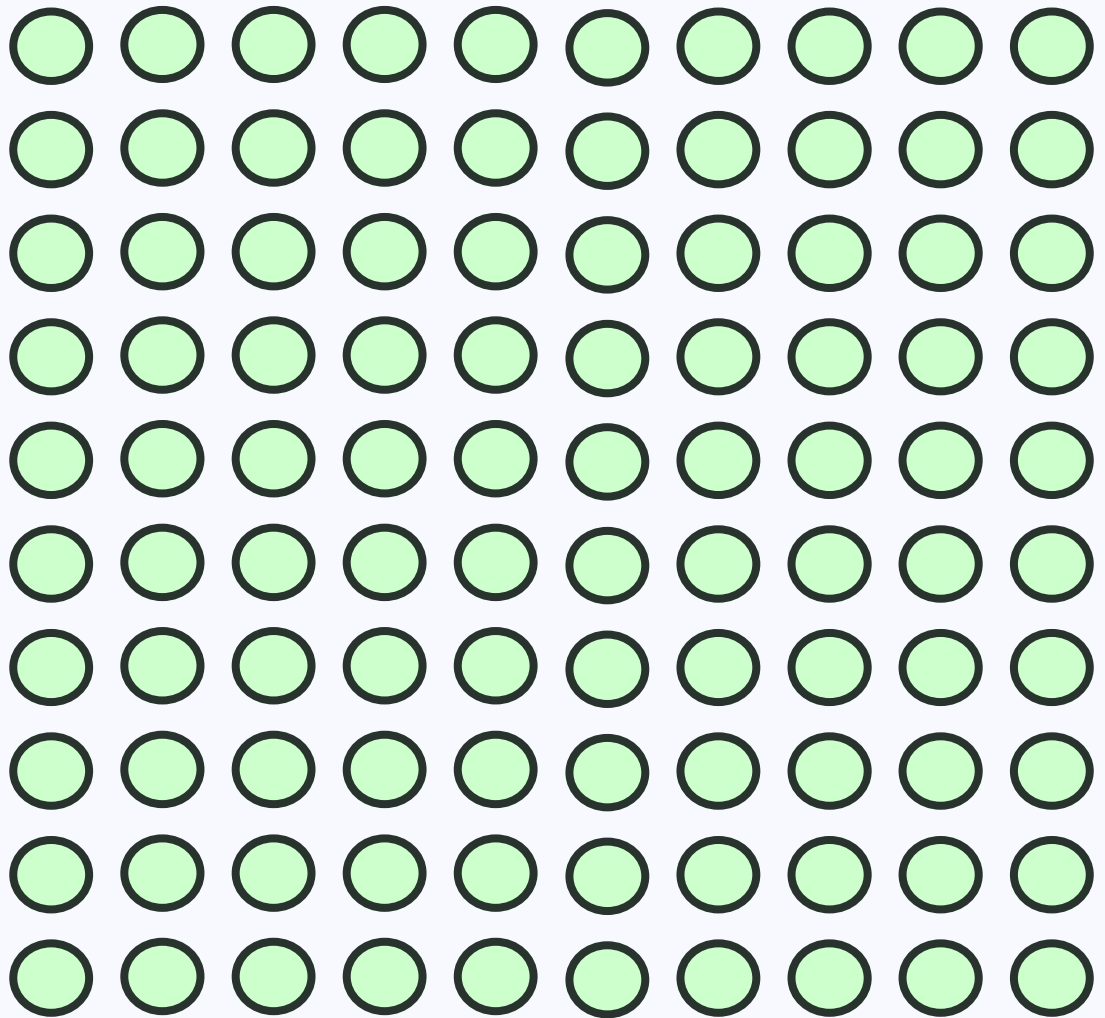
Primary &
Secondary
Syphilis

1 in 3

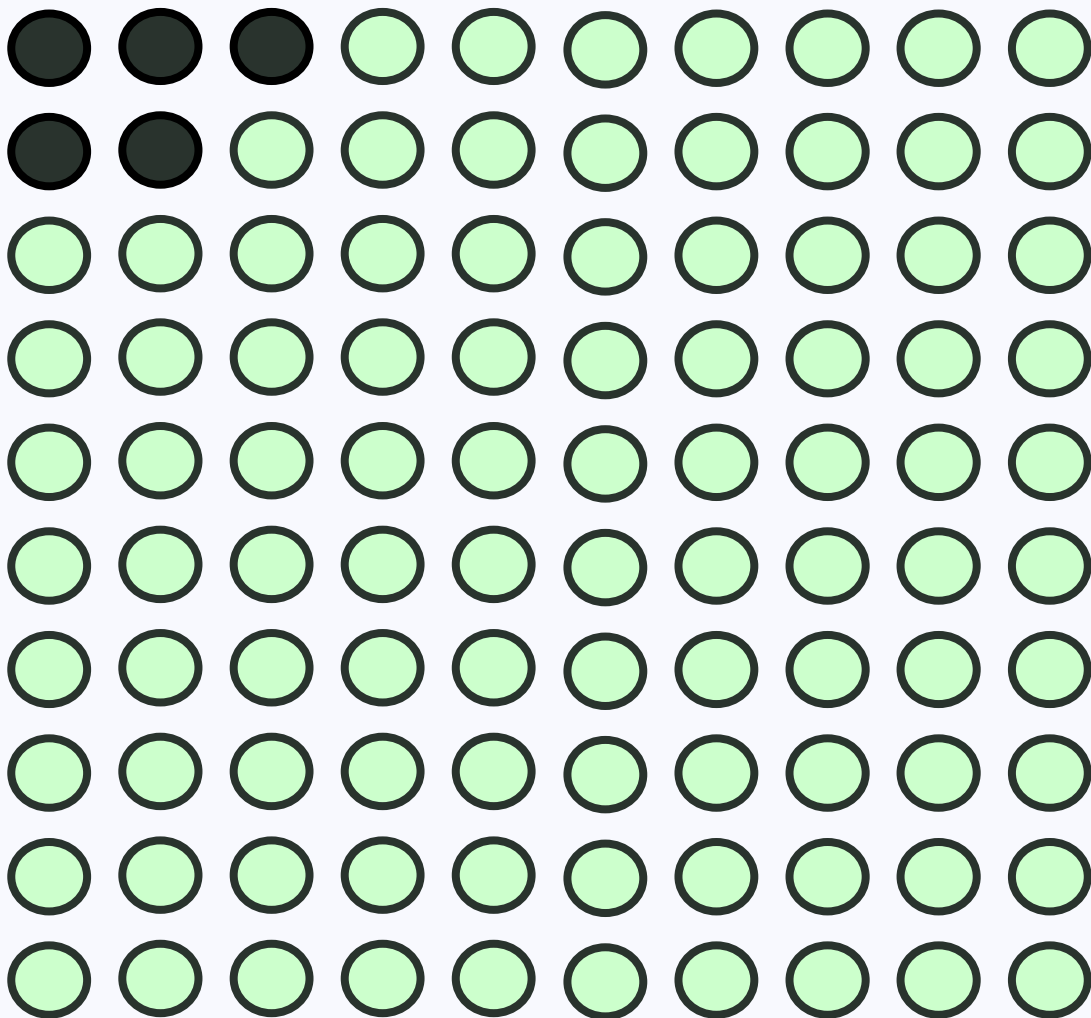


**HIV and STI
co-infection in
Michigan 2018:**

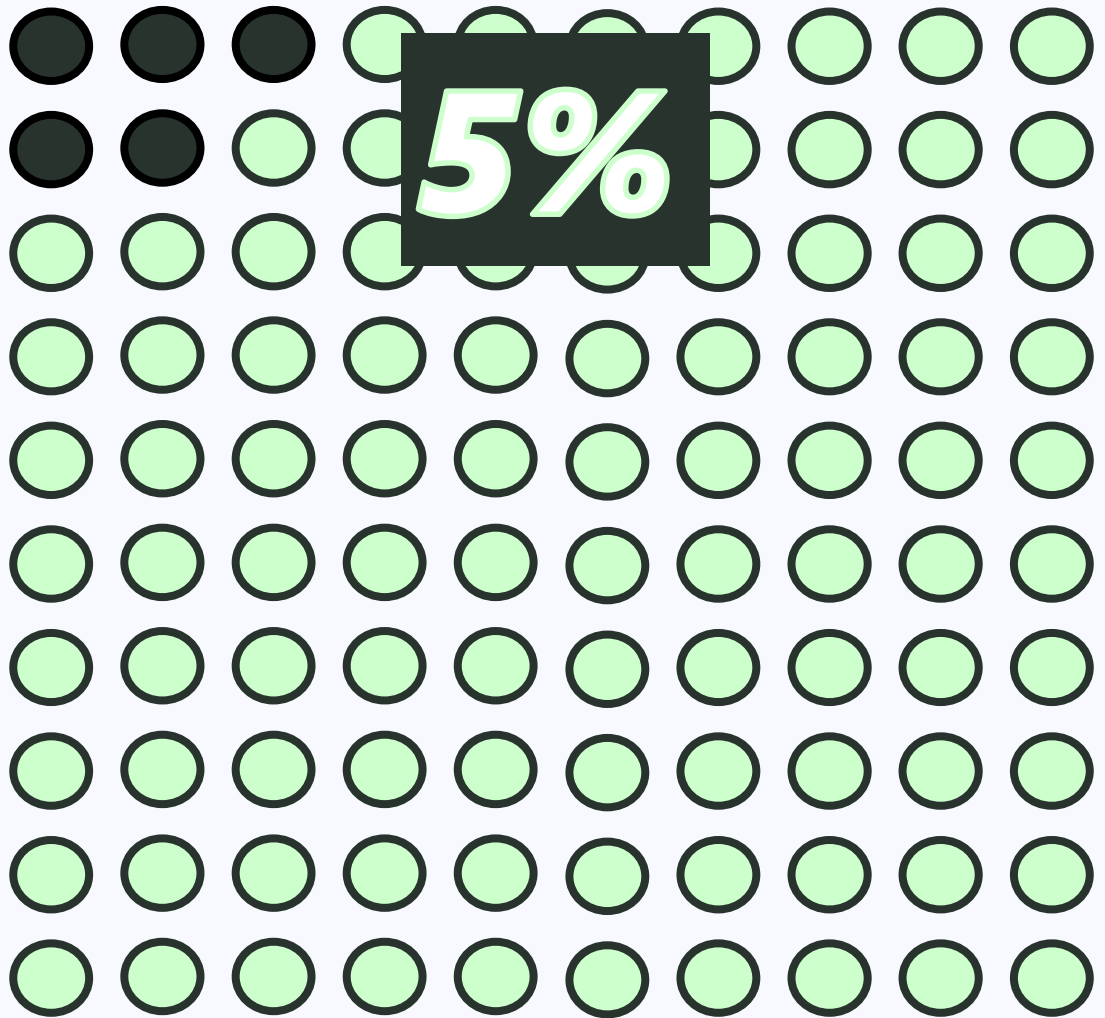
Gonorrhea



Gonorrhea



Gonorrhea

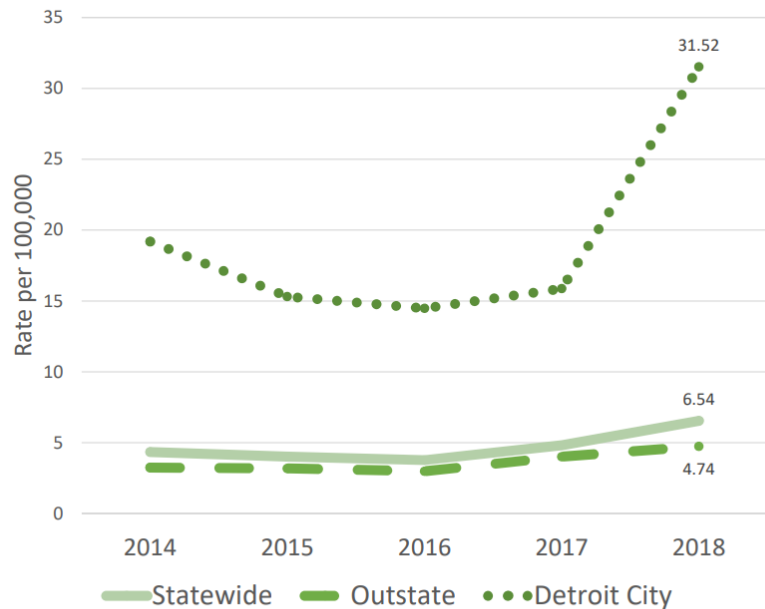


Gonorrhea

1 in 20

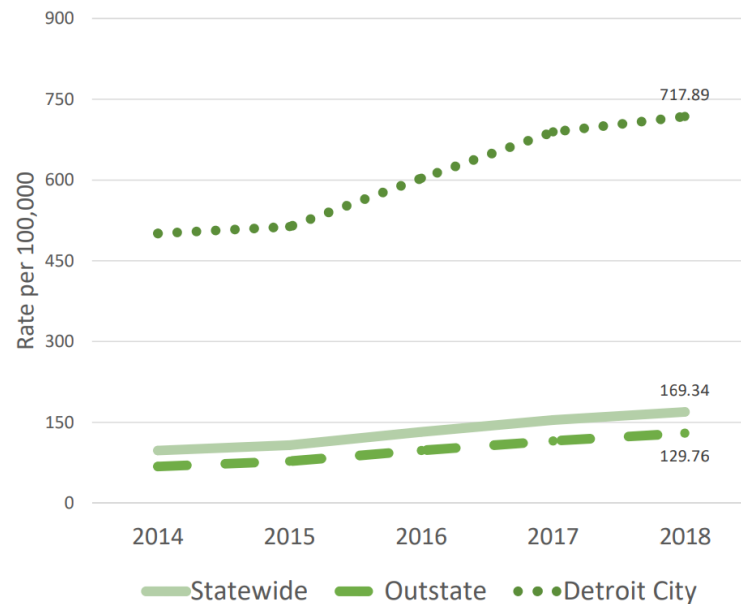


Primary and Secondary Syphilis Rates Michigan 2014-2018



28% increase in 2017
36% increase in 2018

Gonorrhea Rates Michigan 2014-2018



73% increase 2014 to 2018

Onward to PrEP!



PrEP (Pre-exposure prophylaxis) refers to taking medication to decrease likelihood of HIV transmission

2012: FDA approved Truvada (200mg emtricitabine/300mg tenofovir DF) one tablet daily for PrEP use in individuals 18 years of age and older

2014: CDC released PrEP clinical practice guidelines

2017: CDC released updated PrEP clinical practice guidelines

May 2018: FDA Approves Truvada for people weighing at least 35kg/77lbs

October 2019: FDA approved Descovy (200mg emtricitabine/25mg tenofovir AF) for PrEP for men who have sex with men and transgender women



HIV

[HIV](#) > [HIV Basics](#) > [Prevention](#)



[HIV Basics](#)

[About HIV/AIDS](#)

[Transmission](#)

[Prevention](#)

[PrEP](#)

[PEP](#)

[Testing](#)

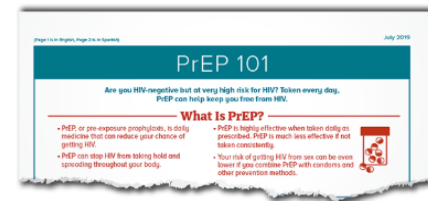
[Living With HIV](#)

PrEP

[Español \(Spanish\)](#)

Pre-exposure prophylaxis (or PrEP) is when people at very high risk for HIV take daily medicine to prevent HIV. PrEP can stop HIV from taking hold and spreading throughout your body. When taken daily, PrEP is highly effective for preventing HIV from sex or injection drug use. PrEP is much less effective when it is not taken consistently.

Studies have shown that PrEP reduces the risk of getting HIV from sex by about 99% when taken daily. Among people who inject drugs, PrEP reduces the risk of getting HIV by at least 74% when taken daily.



[PrEP 101 Consumer Info Sheet](#)

[PDF – 447 KB]

[PrEP Pocket Guide](#) [PDF – 530 KB]

and [Folding Instructions](#)

[PDF – 1 KB]

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Prevention of Human Immunodeficiency Virus (HIV) Infection: Preexposure Prophylaxis

Release Date: June 2019

Recommendation Summary

Population	Recommendation	Grade (What's This?)
Persons at high risk of HIV acquisition	The USPSTF recommends that clinicians offer preexposure prophylaxis (PrEP) with effective antiretroviral therapy to persons who are at high risk of HIV acquisition.	A

To read the recommendation statement in *JAMA*, select [here](#).

To read the evidence summary in *JAMA*, select [here](#).

See the [Clinical Considerations](#) section for information about identification of persons at high risk and selection of effective antiretroviral therapy.

[Read the Full
Recommendation
Statement](#)

Supporting Documents

- [Final Research Plan](#)
- [Final Evidence Review](#) 
PDF Version (PDF Help)
- [Evidence Summary](#) 
PDF Version (PDF Help)

[Clinical Summary](#)

Grade	Definition	Suggestions for Practice
A	The USPSTF recommends the service. There is high certainty that the net benefit is substantial.	Offer or provide this service.
B	The USPSTF recommends the service. There is high certainty that the net benefit is moderate or there is moderate certainty that the net benefit is moderate to substantial.	Offer or provide this service.
C	The USPSTF recommends selectively offering or providing this service to individual patients based on professional judgment and patient preferences. There is at least moderate certainty that the net benefit is small.	Offer or provide this service for selected patients depending on individual circumstances.
D	The USPSTF recommends against the service. There is moderate or high certainty that the service has no net benefit or that the harms outweigh the benefits.	Discourage the use of this service.
I Statement	The USPSTF concludes that the current evidence is insufficient to assess the balance of benefits and harms of the service. Evidence is lacking, of poor quality, or conflicting, and the balance of benefits and harms cannot be determined.	Read the clinical considerations section of USPSTF Recommendation Statement. If the service is offered, patients should understand the uncertainty about the balance of benefits and harms.

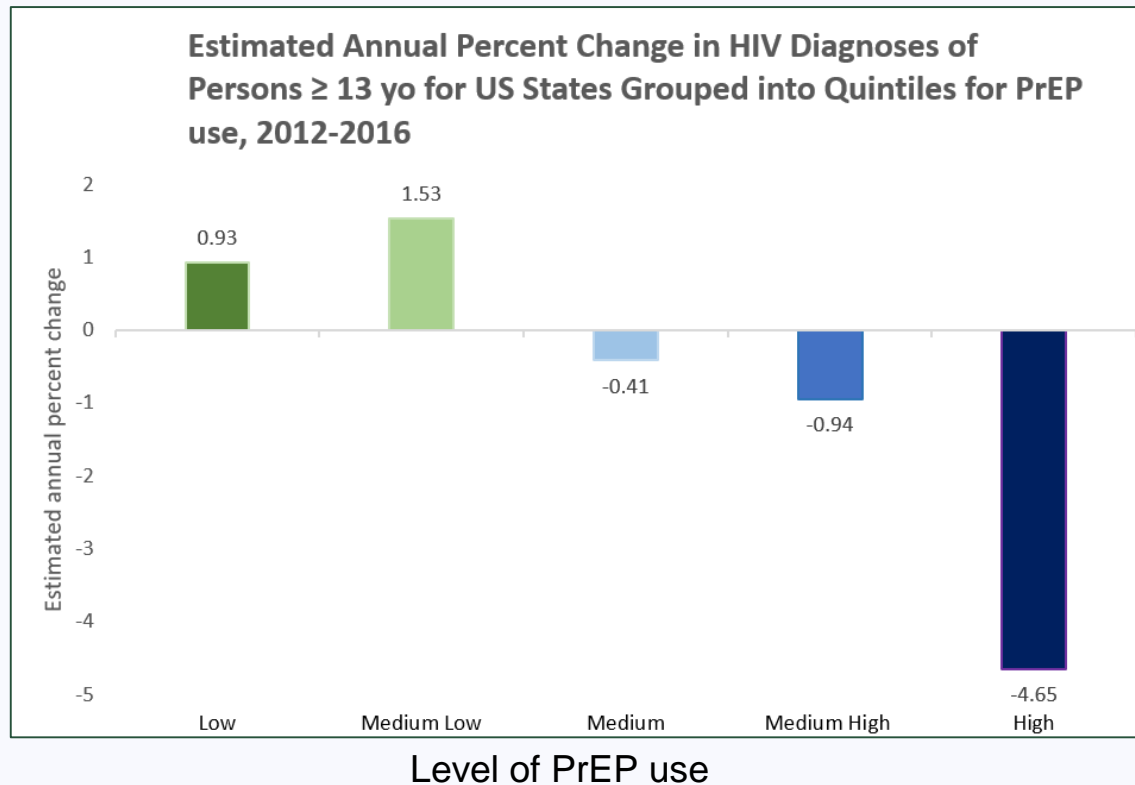
**A little
context:**

**Number
needed to
treat (NNT)**

**Number of patients treated to prevent
one additional bad outcome**

3000	Aspirin to prevent a first stroke
2000	Aspirin to prevent a first heart attack
450	Colonoscopy to prevent death from colorectal cancer
104	Statins to prevent heart attack
71	Flu vaccine to prevent influenza
60	HPV vaccine in girls and women to prevent HPV
50	PrEP to prevent HIV
8	IV Steroids during asthma attack to prevent admission to hospital

The Impact of Pre-exposure Prophylaxis With FTC/TDF on HIV Diagnoses



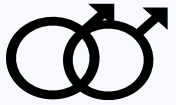
- States with **High and Medium-High** use saw decreases in new HIV diagnoses
- States with **Low and Medium-Low** use saw an increase
- Effect remains when controlling for viral suppression

PrEP in Clinical Practice

CDC Guidelines



Men who have sex with men PrEP indications



Adult or adolescent male weighing at least 35kg (77lbs) without acute or established HIV infection

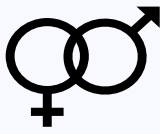
Any male sex partners in the past 6 months (if also has sex with women, see Heterosexual indications)

Not in a monogamous partnership with a recently tested, HIV-negative man

AND, at least one of the following:

- **Any anal sex without condoms (receptive or insertive) in the past 6 months**
- **A bacterial STI (syphilis, gonorrhea, or chlamydia) diagnosed or reported in past 6 months**

Heterosexual people PrEP indications



Adult or adolescent person weighing at least 35kg (77lbs) without acute or established HIV infection

Any sex with opposite sex partners in past 6 months

Not in a monogamous partnership with a recently tested HIV-negative partner

AND, at least one of the following:

- **Is a man who has sex with both women and men**
- **Infrequently uses condoms during sex with 1 or more partners of unknown HIV status who are known to be at substantial risk of HIV infection**
- **Is in an ongoing sexual relationship with an HIV-positive partner**
- **A bacterial STI (syphilis, gonorrhea) diagnosed or reported in the past 6 months**

Persons who inject drugs indications



Adult or adolescent person weighing at least 35kg (77lbs) without acute or established HIV infection

Any injection of drugs not prescribed by a clinician in past 6 months

AND, at least one of the following:

- **Any sharing of injection or drug preparation equipment in past 6 months**
- **Risk of sexual acquisition (also evaluate by MSM and/or heterosexual criteria as indicated)**

PrEP initiation/monitoring Laboratory Test	Baseline	Every 3 Months	At least every 6 months	Notes
HIV Screening Assay	X	X		Consider need for HIV RNA PCR
HBV antibody panel and HCV antibody	X			Offer HBV vaccination if not immune
Serum creatinine	X		X	Avoid Truvada if eCrCl <60 mL/min Avoid Descovy if eCrCl <30 mL/min
STI Testing	X		X	Include oral/rectal screen if risk
Pregnancy test for women*	X	X		

Abbreviations: eCrCl = estimated creatinine clearance, STI = sexually transmitted infections

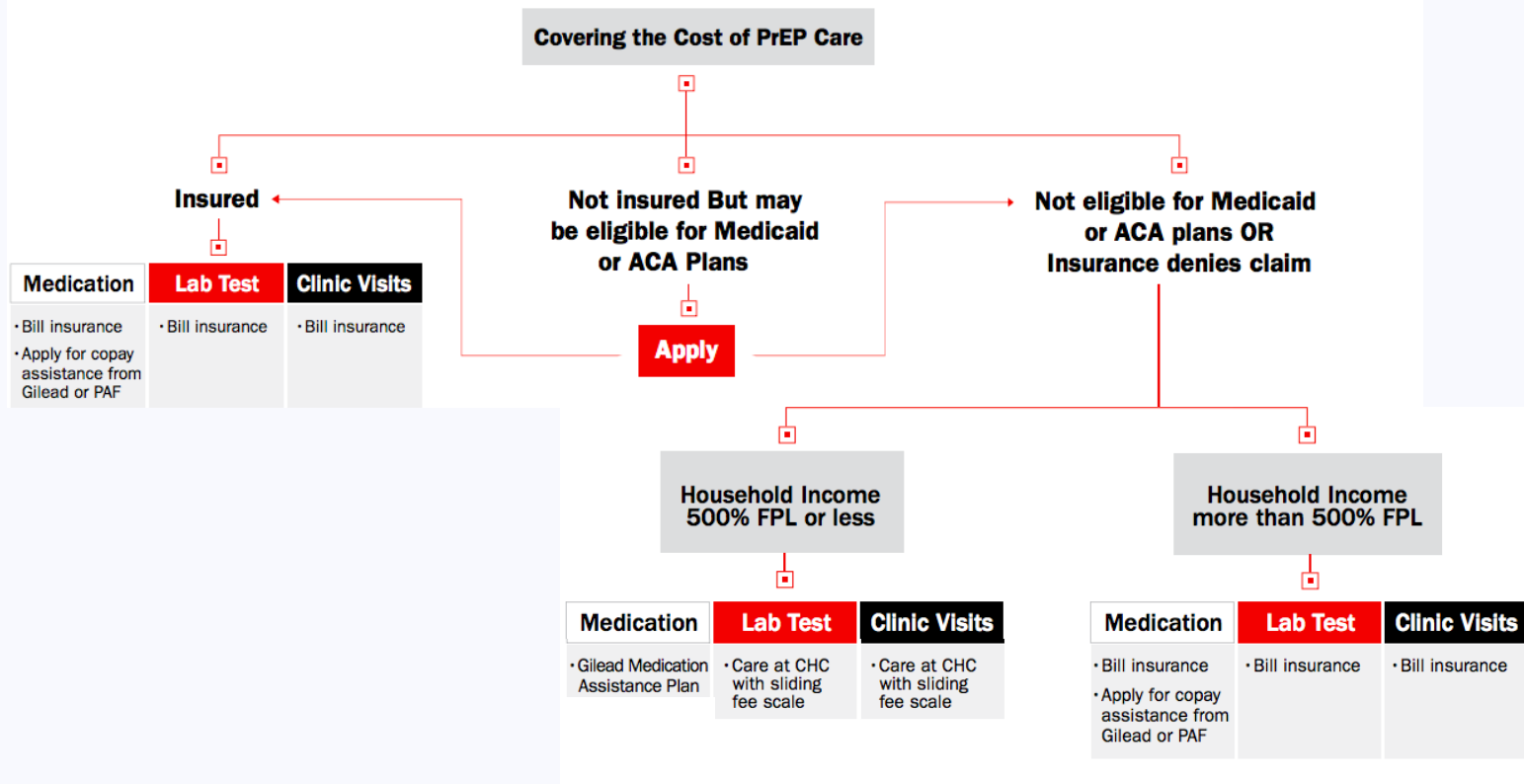
*The safety of PrEP in pregnancy has not been established

PrEP in clinical practice



Financial support

Paying for PrEP



Insured



Medication

- Bill insurance
- Apply for copay assistance from Gilead or PAF

Lab Test

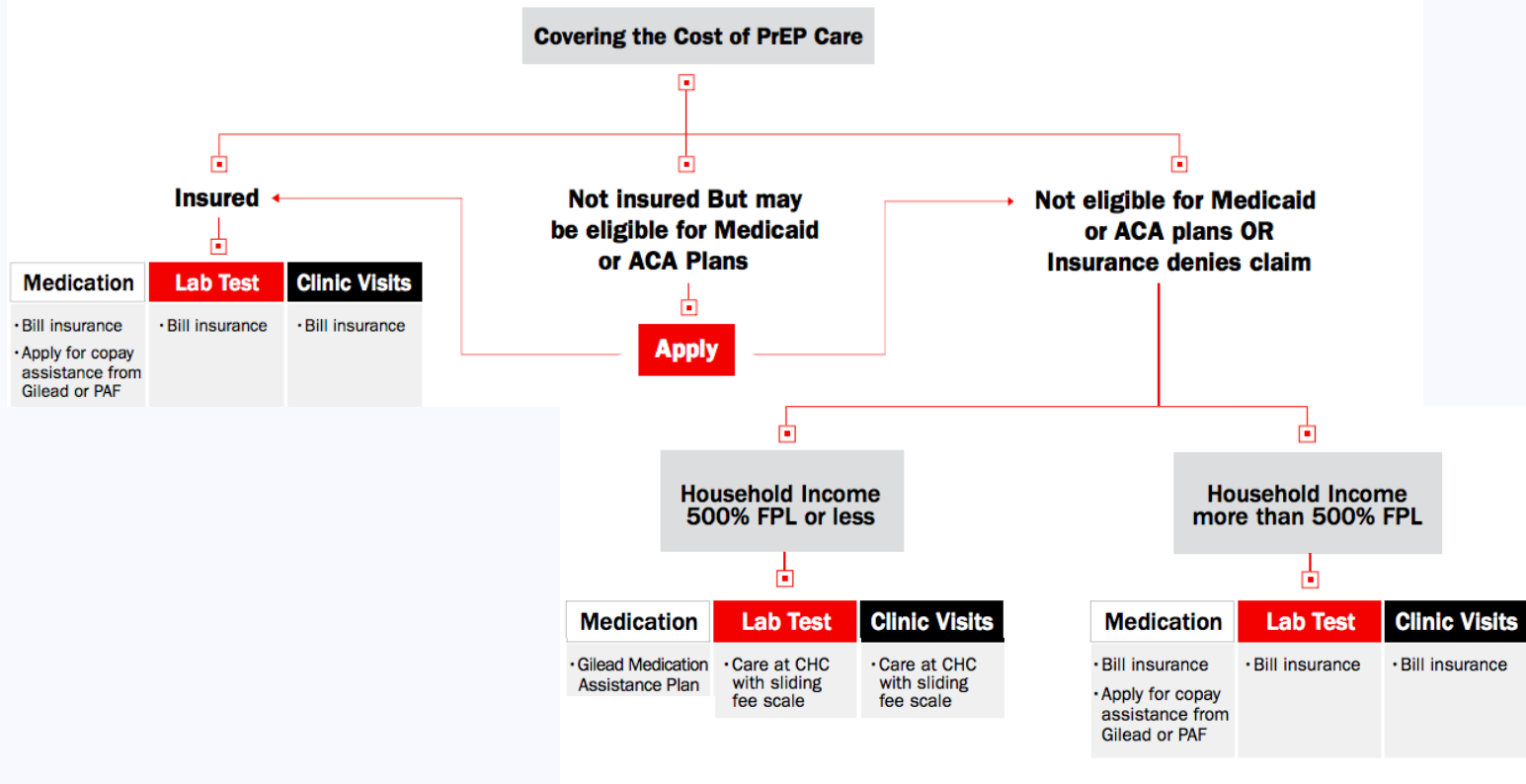
- Bill insurance

Clinic Visits

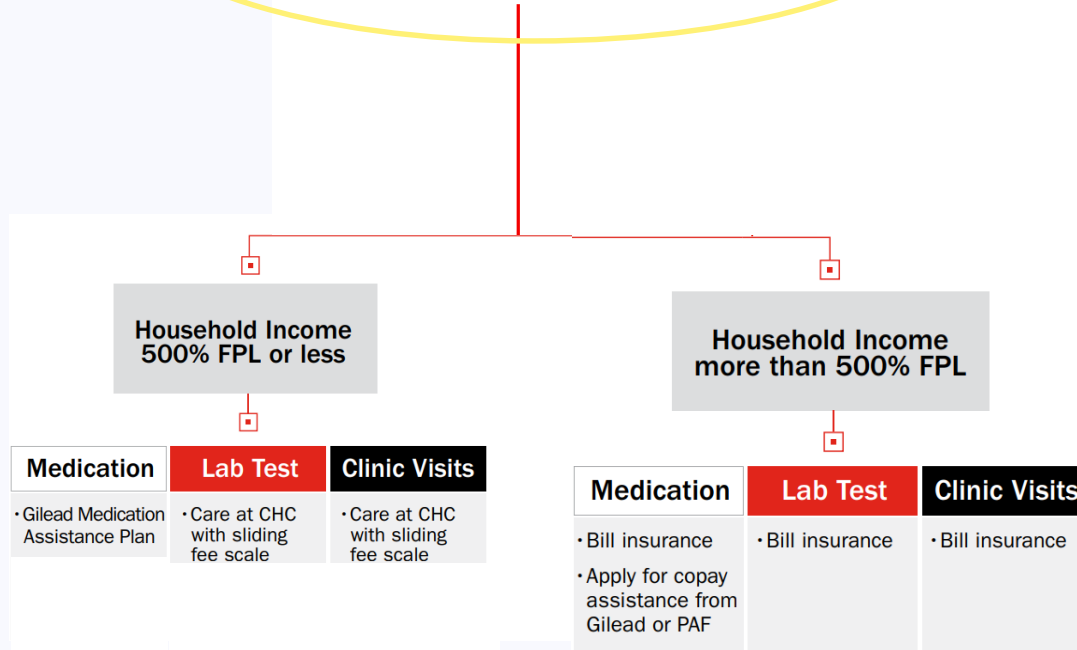
- Bill insurance

- Michigan Medicaid plans cover PrEP medication and associated visits/lab tests
- Commercial insurance plans cover PrEP medication and associated visits/labs with some exceptions
- Gilead copay card \$7,200/calendar year for commercial plans with copays
- Patient Assistance Program can be used for *underinsured* (medication is not covered by pts plan, and patient makes <500% FPL)

Paying for PrEP



**Not eligible for Medicaid
or ACA plans OR
Insurance denies claim**



- Patient Assistance Program can be used for uninsured people making <500% FPL
- Patient Assistance Program can be used for undocumented people
- Consider foundations
- Consider lab tests/visits at sliding scale clinic or local health department

PrEP is one of the main tenants of the current federal Ending the Epidemic initiative

THE TIME IS NOW: RIGHT DATA, RIGHT TOOLS, RIGHT LEADERSHIP

- **Epidemiology**
 - Most new HIV infections are clustered in a limited number of counties and specific demographics
- **Antiretroviral Therapy**
 - Highly effective, saves lives, prevents sexual transmission; increasingly simple and safe
- **Pre-exposure Prophylaxis (PrEP)**
 - FDA-approved and highly effective drug to prevent HIV infections
- **Proven Models of Effective Care and Prevention**
 - 25 years' experience engaging and retaining patients in effective care
- **Detect and Respond Strategy**
 - Extensive surveillance infrastructure in place, rapid detection and response capacity increasing

There is a real risk of HIV exploding again in the U.S.

due to several factors including injection drug use and diagnostic complacency among healthcare providers

PrEP implementation



**Medical
director buy-in,
MDHHS
meeting**

**Coordinated Health Officer, Medical
Director, Personal/Family Health
Supervisor, and Nurse Practitioner**

Discussed Proposal Initiation

**MDHHS Staff answered Health Officer
requirement questions**

**Finding/making
protocols,
getting
approvals**

MDHHS Provided with PrEP Provider Toolkit

MDHHS shared protocols from partnering agencies

Adapted protocols to our agency needs

County commission approved policy/protocol presented

Chippewa County Health Department HIV Pre-Exposure Prophylaxis (PrEP)

I. OVERVIEW

HIV pre-exposure prophylaxis (PrEP) is an effective HIV prevention strategy. Studies have shown ~70% reduction in HIV acquisition in patients that report high medication adherence and ~90% reduction in HIV acquisition in patients with detectable drug levels. 1-2 PrEP should be used in combination with other HIV prevention strategies such as condom use and safe needle practices.

Patients ≥ 18 years of age may be 1) referred to the Chippewa County Health Department for PrEP or 2) a need for PrEP may be identified during their visit at the CCHD clinic. Referrals may arise internally from our nurses or externally from local physicians in the community; or patients may request PrEP without a referral.

The recommended regimen for PrEP is tenofovir 300 mg /emtricitabine 200 mg (Truvada®) 1 tablet daily. It is important to get PrEP patients enrolled in insurance when possible given their ongoing need for laboratory monitoring and prescription drugs. If a patient is insured, his/her co-pay for Truvada® should be verified at the initial PrEP visit. If a patient is underinsured or uninsured, there are medication assistance resources available (see appendices 6-8). Patient should be counseled about potential side effects including nausea, vomiting, diarrhea, and headache as well as about signs and symptoms of renal and liver toxicity.

PrEP patients must have HIV testing every 3 months. We will perform one additional HIV test at 1 month given our high-risk patient population. We must verify that the patient's HIV test is negative prior to prescribing Truvada®, A CMP should be drawn at the initial visit, at the 1-month visit, and then every 6 months. This will be more frequent for patients at increased risk for kidney disease. At the first visit, we will perform a urine dipstick to evaluate for any abnormalities. If there is no abnormality on urine dipstick and the HIV test is negative, we can give the first Truvada® prescription prior to obtaining the CMP results. PrEP patients should also be screened for hepatitis B and C at their initial visit and undergo STD screening every 3 months. Patients should also be encouraged to get hepatitis B and HPV vaccination as appropriate.

References

1. Grant RM, Lama JR, Anderson PL, et al. Preexposure chemoprophylaxis for HIV prevention in men who have sex with men. *N Engl J Med.* 2010;363(27):2587-2599.
2. Baeten JM, Donnell D, Nidase P, et al. Antiretroviral prophylaxis for HIV prevention in heterosexual men and women. *N Engl J Med.* 2012;367(5):399-410.

II. INDICATIONS FOR PrEP

1. **HIV-Negative MSM and/or transgender person have sex with men** – Sexually active adult without HIV infection AND any of the following:
 - a. Any anal sex without condoms within the past 6 months (receptive or insertive)
 - b. Any STD in the past 6 months
 - c. In an ongoing sexual relationship with an HIV-positive partner
 - d. Is a commercial sex worker
2. **Heterosexual and Bisexual Men and Women** – Sexually active adult without HIV infection

AND any of the following:

- a. Is a man who has sex with both men and women
 - b. Sex without condoms with partners with substantial HIV risk
 - c. In an ongoing sexual relationship with an HIV-positive partner
 - d. Is a commercial sex worker
3. **Injection Drug Users** - Sexually active adult without HIV infection AND any of the following:
 - a. Any sharing of drug injection or drug preparation equipment in past 6 months
 - b. Been in a methadone, buprenorphine, or suboxone treatment program in the past 6 months
 - c. Risk of sexual acquisition

III. CONTRAINDICATIONS & IMPORTANT CONSIDERATIONS

1. **Contraindications**
 - a. Documented HIV Infection
 1. PrEP (Tenofovir/emtricitabine) given to an HIV-infected patient can result in drug resistance
 - b. Creatinine clearance < 60 mL/min
2. **Important Considerations** – not absolute contraindications, proceed with caution and consider co-management with an infectious disease specialist in patients:
 - a. With Hepatitis B virus (HBV) infection
 1. PrEP (TDF/FTC) also treat HBV
 2. If PrEP is discontinued, patients with HBV may have rebound viremia
 - b. Who are pregnant or are attempting to conceive
 1. Need to discuss risks and benefits of PrEP
 - i. Benefits: decreased risk of acute HIV during pregnancy and decreased risk of mother-child HIV transmission
 - ii. Risks: no data to suggest PrEP (TDF/FTC) increases risk of birth defects, however there is not enough data to exclude the possibility of harm

- c. With pre-existing risk factors for chronic kidney disease (> 65 years of age, hypertension, diabetes, etc.)
 - 1. Discuss possibility of kidney disease
 - 2. Perform more frequent laboratory monitoring of CMP and UA
- d. Taking concomitant nephrotoxic drugs or drugs that interact with PrEP
 - 1. Take thorough medication history and consider discussing with a pharmacist
- e. With osteopenia, osteomalacia, or osteoporosis
 - 1. Discuss risk of bone loss with tenofovir (TDF)
- f. Adolescents
 - 1. Parental consent not needed for HIV preventative services provided by Title X agencies
 - 2. Younger adolescents at higher risk of renal complications and osteopenia associated with tenofovir (TDF)

IV. INITIAL PrEP VISIT

- 1. Assess:
 - a. Indications for PrEP
 - b. Contraindications/considerations for PrEP
 - c. Symptoms of acute HIV infection
 - d. Barriers to adherence
- 2. Educate:
 - a. CDC General information sheet
 - b. CDC Medication fact sheet
 - c. CDC Acute HIV fact sheet
 - d. CDC Adherence brochure
 - e. Risk reduction counseling (condom use, safe injection practices, etc.)
- 3. Testing
 - a. On-site, same day labs:

- i. Rapid HIV Ab/Ag test
 - ii. Urine dipstick
 - iii. Urine pregnancy test for women
- b. Send out labs:
 - i. CMP (calculate creatinine clearance using Cockcroft-Gault)
 - ii. Hepatitis B screening (surface antigen, surface antibody, core antibody) and
 - iii. Hepatitis C screening (follow our most recent MDHHS protocol)
 - iv. Urethral, rectal and pharyngeal (based on reported sexual practices) gonorrhea and chlamydia screening
 - v. Syphilis screening
- 4. Prescription and Follow-Up
 - a. If rapid HIV test negative and urine dipstick without abnormality, give 30-day prescription for Truvada® (tenofovir 300 mg/emtricitabine 200 mg) 1 tablet daily
 - b. Confirm that patient has coverage for Truvada®
 - i. Insured: call pharmacy to confirm co-pay, use medication assistance programs as necessary
 - ii. Underinsured or uninsured: discuss insurance enrollment options, use medication assistance programs as necessary
 - c. Schedule follow up appointment just prior to end of 30-day prescription

V. PrEP 30-DAY VISIT

- 1. Assess:
 - a. Side effects
 - b. Symptoms of acute HIV infection
 - c. Adherence and barriers to adherence
- 2. Educate:
 - a. Reiterate adherence techniques
 - b. Continued risk reduction counseling (condom use, safe injection practices, etc.)
- 3. Testing

c. On-site, same day labs:

i. Rapid HIV Ab/Ag test

d. Send out labs:

i. CMP (calculate creatinine clearance using Cockcroft-Gault)

4. Prescription and Follow-Up

a. If rapid HIV test negative, give 60-day prescription for Truvada® (tenofovir 300 mg/emtricitabine 200 mg) 1 tablet daily

b. Schedule follow-up appointment just prior to end of 60-day prescription

VI. ROUTINE PrEP FOLLOW-UP VISITS (every 3 months)

1. Assess:

a. Side effects

b. Symptoms of acute HIV infection

c. Adherence and barriers to adherence

d. Ongoing indication for PrEP

2. Educate:

c. Reiterate adherence techniques

d. Continued risk reduction counseling (condom use, safe injection practices, etc.)

3. Laboratory studies (every 3 months)

a. On-site, same day labs:

i. Rapid HIV Ab/Ag test

ii. Urine pregnancy test for women

b. Send out labs:

i. Urethral, rectal, and pharyngeal (based on reported sexual practices) gonorrhea and chlamydia screening

ii. Syphilis screening

4. Laboratory studies (every 6 months)

a. Send out labs

i. CMP* (calculate creatinine clearance using Cockcroft-Gault)

5. Prescription and Follow-Up

c. If rapid HIV test negative, give 90-day prescription for Truvada® (tenofovir 300 mg/emtricitabine 200 mg) 1 tablet daily

d. Schedule follow-up appointment just prior to end of 90-day prescription

*if patient has risk factors for kidney disease, perform CMP every 3 months and UA every 6 months.

**Staffing PrEP
clinic hours,
Staff education**

**Registered Nurse met MDHHS
required HIV training modules**

**Personal/Family Health Supervisor
attended PrEP Navigator Training**

**RN attended Clinical Nurse HIV
training**

PrEP Clinical Providers Guidelines

RN availability based

Initiating patients

Family planning/STI clinic visits

**Create separate office visit vs.
combined**

Outreach

Schedule of visits and lab work

Insurance information

Barriers to adherence

Intake form

Work with providers



Chippewa County Health Department Health History – PrEP

Affix label here

GENERAL HEALTH	STAFF COMMENTS																																																																
HAVE YOU EVER HAD: <input type="checkbox"/> Hepatitis <input type="checkbox"/> Stroke <input type="checkbox"/> Diabetes <input type="checkbox"/> Thyroid Disease <input type="checkbox"/> Rheumatic Fever <input type="checkbox"/> Asthma <input type="checkbox"/> Heart Disease <input type="checkbox"/> Epilepsy <input type="checkbox"/> Mental Illness <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Cancer Hospitalization/Surgery _____ Major Illnesses/Injuries _____ Allergies: _____ List all medications you use (prescribed/not prescribed) _____ Tobacco Use: <input type="checkbox"/> Former <input type="checkbox"/> Present <input type="checkbox"/> Never How much? _____ Marijuana Use: <input type="checkbox"/> Former <input type="checkbox"/> Present <input type="checkbox"/> Never How much? _____ Immunizations: Are you up to date? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure																																																																	
FAMILY HISTORY HAVE YOUR PARENTS, BROTHERS OR SISTERS EVER HAD (if known): <table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>?</th> </tr> </thead> <tbody> <tr> <td>Were you adopted?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Heart attack before age 50 (parent)?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>High blood pressure?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Cancer?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Diabetes?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>High cholesterol?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Stroke?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Alcoholism?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Inherited/genetic diseases?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		Yes	No	?	Were you adopted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart attack before age 50 (parent)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	High cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stroke?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alcoholism?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Inherited/genetic diseases?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STAFF COMMENTS																								
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Chippewa County Health Department Health History – PrEP

DO YOU NOW HAVE, OR HAVE EVER HAD (continued)?	STAFF COMMENTS																																																
HIV <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Have you been tested? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If yes, when? Syphilis <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Have you been tested? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> If yes, when? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> When was the <u>first day</u> of your last normal period? How often is your period? Every _____ days Are you currently breastfeeding? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																	
SEXUAL/SOCIAL HISTORY Are you currently sexually active? <input type="checkbox"/> Yes <input type="checkbox"/> No Age you first had intercourse _____ Please describe your sexual activity during the last year. (check all that apply) <input type="checkbox"/> I was in a monogamous relationship with a man (I had sex with one man only) <input type="checkbox"/> I was in a monogamous relationship with a woman (I had sex with one woman only) <input type="checkbox"/> I had multiple partners <input type="checkbox"/> I had both male and female partners <input type="checkbox"/> I did not have any sexual partners <input type="checkbox"/> Other: _____ Do you live or associate with a cluster of individuals who are HIV+? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you engage in anonymous sex or sex parties? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you use condoms: <input type="checkbox"/> every time <input type="checkbox"/> sometimes <input type="checkbox"/> never Would you like condoms today? <input type="checkbox"/> Yes <input type="checkbox"/> No In the past 12 months have you had vaginal or anal sex with: <table border="0"> <thead> <tr> <th></th> <th>Yes</th> <th>No</th> <th>?</th> </tr> </thead> <tbody> <tr> <td>A male without using a condom?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>A male who has HIV+?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>A female without using a condom?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>A female who is HIV +?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>A transgender person without using a condom?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>A transgender person who is HIV+?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>A man who has sex with other men?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Given or received oral sex?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Have you exchanged sex for drugs or money?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Have you ever had sexual acts forced upon you?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Have you ever been slapped/hit/kicked by your partner?</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table> ANSWER THE FOLLOWING IF YOU USE ALCOHOL OR STREET DRUGS: In the past 3 months: Has anyone annoyed mentioned to you that you should cut down/stop drinking or using drugs? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you used injectable drugs/methamphetamine? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you had sex with a partner that uses/used injectable drugs: <input type="checkbox"/> Yes <input type="checkbox"/> No		Yes	No	?	A male without using a condom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A male who has HIV+?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A female without using a condom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A female who is HIV +?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A transgender person without using a condom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A transgender person who is HIV+?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	A man who has sex with other men?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Given or received oral sex?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you exchanged sex for drugs or money?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever had sexual acts forced upon you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been slapped/hit/kicked by your partner?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	STAFF COMMENTS
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Chippewa County Health Department
Health History – PrEP

ZIKA RISK ASSESSMENT	STAFF COMMENTS
Have you or your sexual partner traveled in or outside the United States in the last 8 months? <input type="checkbox"/> Yes <input type="checkbox"/> No, if yes where did you travel to? Are you or your partner planning a trip outside the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No, if yes where are you traveling to? Are you planning to become pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes when are you planning to become pregnant? _____	
Do you have any other questions or problems?	
Are you currently homeless or foresee being homeless within the next 30 days?	

To the best of my knowledge the above information is complete and accurate

Client's Signature

Date

Monitoring ongoing patients

Following recommendations

One month follow-up

Three month follow-up with lab work

Tracking

Created module in Electronic Health Record to monitor/track:

labs

visits

adherence

insurance

pharmacy

risk factors

provider visit notes

side effects

Outreach to Community/ Physicians

PrEP bulletin board in lobby

Educational Information to local physicians

Advertised on radio and social media

Outreach through Syringe Access and Drag Night

University outreach

Discussed in Family Planning/STI Clinics

Hep C/Hep A/HIV/Syringe Access Program

Lead nurse for Syringe Access Program, Hep A Grant

Newly granted Hep C linkage to care

Will be providing access to HIV testing

Ongoing HEP A outreach and vaccination to at risk community members

Possible access during Syringe Access Program clinic in future

Billing:

Superbill*

CHIPPEWA COUNTY HEALTH DEPARTMENT
508 Ashmun Street, Suite 120 Sault Ste. Marie, MI 49783 (906) 635-1566 Federal Tax ID #38-2893870

PrEP

Client Name: _____
Client # _____ DOB _____

Date of Service _____ RU _____ 333
Staff ID _____ Staff Name _____

Evaluation & Management Visits		STI Prevention Visits	
Description of Service	CPT Code	ICD-10 Code Descriptor	ICD-10-CM Code
Initial visit and assessment (10 min)	99201	Contact with and (suspected) Exposure to HIV	Z20.6
Initial visit and assessment (20 min)	99202	Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission	Z20.2
Initial visit and assessment (30 min)	99203	Contact with and (suspected) exposure to viral hepatitis	Z20.5
Initial visit and assessment (45 min)	99204	Contact with and (suspected) exposure to other viral communicable diseases	Z20.828
Initial visit and assessment (60 min)	99205	Contact with and (suspected) exposure to unspecified communicable diseases	Z20.9
Prescription visit (document and bill based on time and complexity)	99211-99215	Encounter for other procedures for purposes other than remedying health state	Z41.8
Quarterly follow-up visit (document and bill based on time and complexity)	99211-99215		
Annual follow-up visit (document and bill based on time and complexity)	99211-99215		

STI Counseling Visits		Prevention Medicine and Risk Factor Reduction Visits	
ICD-10 Code Descriptor	ICD-10-CM Code	Description of Service	CPT Code
Counseling related to patient's sexual behavior and orientation	Z70.1	Initial comprehensive prevention medicine services (12-17 yo)	99384
Counseling related to combined concerns regarding sexual attitude, behavior and orientation	Z70.3	Initial comprehensive preventative medicine services (18-39 yo)	99385
Sex counseling, unspecified	Z70.9	Initial comprehensive prevention medicine services (40-64 yo)	99386
Other sex counseling	Z70.8	Initial comprehensive prevention medicine services (65+)	99387
HIV counseling	Z71.7	Comprehensive preventive medicine services for established patient's (12-17 yo)	99394
STI Screening Tests		Comprehensive preventive medicine services for established patient's (18-39 yo)	99395
ICD-10 Code Descriptor	ICD-10-CM Code	Comprehensive preventive medicine services for established patient's (40-64 yo)	99396
Encounter for preprocedural laboratory examination	Z01.812	Comprehensive preventive medicine services for established patient's (65+)	99397
Encounter for screening for infections with a predominantly sexual mode of transmission	Z11.3	Preventive medicine counseling and/or risk factor reduction intervention(s) (15 minutes)	99401
Encounter for screening for HIV	Z11.4	Preventive medicine counseling and/or risk factor reduction intervention(s) (30 minutes)	99402
Encounter for screening for other infectious and parasitic diseases (e.g. chlamydia)	Z11.8	Preventive medicine counseling and/or risk factor reduction intervention(s) (45 minutes)	99403
Encounter for screening for other viral diseases	Z11.59	Preventive medicine counseling and/or risk factor reduction intervention(s) (60 minutes)	99404

Useful tips

Don't be afraid to jump in!

Support is available!

Support is available!

(313) 575 0332

[Doctors](#)[Locations](#)[Services](#)[Contact](#)[MyChart](#)[More ▾](#)

[Home](#) > [For Healthcare Professionals](#) > [Academic and Clinical Programs](#) > [Department of Medicine](#) > [Divisions of the Department of Medicine](#)
> [Infectious Diseases](#) > [Michigan HIV Consultation Program](#)

[Share](#)

Infectious Diseases

HIV Consultation Program

Michigan HIV Consultation Program

[Our Team](#)[Provider Resources](#)[Community & Patient Resources](#)[Request a Consult](#)[Hepatitis A Outbreak](#)[HIV and Hepatitis A](#)[Interactive HIV Sessions](#)

A free 24-hour consult line is available for all health care professionals with questions about HIV disease management. (313) 575-0332

Request a [consult](#) for any non-urgent inquiries and we will get back to you within 24-48 hours.

HIV Resources for Health Care Providers

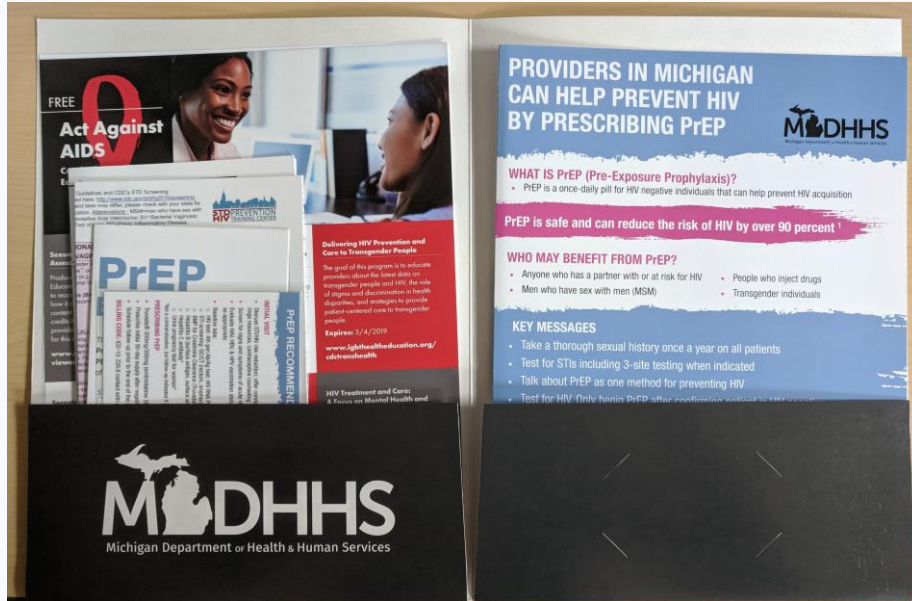
The HIV Consult Program is a partnership between the Michigan Department of Health and Human Services and Henry Ford Hospital, a leader in HIV/AIDS treatment and research. We are here to counsel and support healthcare providers about HIV care management and best practices.

The program is a valuable resource to help provider's better care for their patients with HIV, says [Norman Markowitz, M.D.](#), an Infectious Diseases physician who leads Henry Ford's HIV team.

<https://www.henryford.com/hcp/academic/medicine/divisions/id/hiv-consult>

Support is available!

MDHHS Public Health Detailing program



- Direct outreach
- Short interactive sessions focused on provider needs/population they see
- Focus on primary care
- Emphasis on local epi

Support is available!

MDHHS PrEP Provider Toolkit

Michigan specific and recently updated

Financial support guide

“Is your clinic ready to offer PrEP?”
checklist

Contact Jonathan Fritz, MDHHS
Biomedical Prevention Coordinator,
fritzj1@Michigan.gov with questions

PrEP Provider Toolkit



This toolkit is aimed at current or potential PrEP providers. It contains helpful information including PrEP prescribing guidelines, a summary of PrEP efficacy trials, patient eligibility criteria, health insurance coverage/billing, support resources, and a guide to discussing a patient's sexual health



Questions

Charity Zimmerman | czimmerman@chippewahd.com

Mary Miller | mmiller@chippewahd.com

Mary Nagy | nagym@Michigan.gov



Reach out any time!

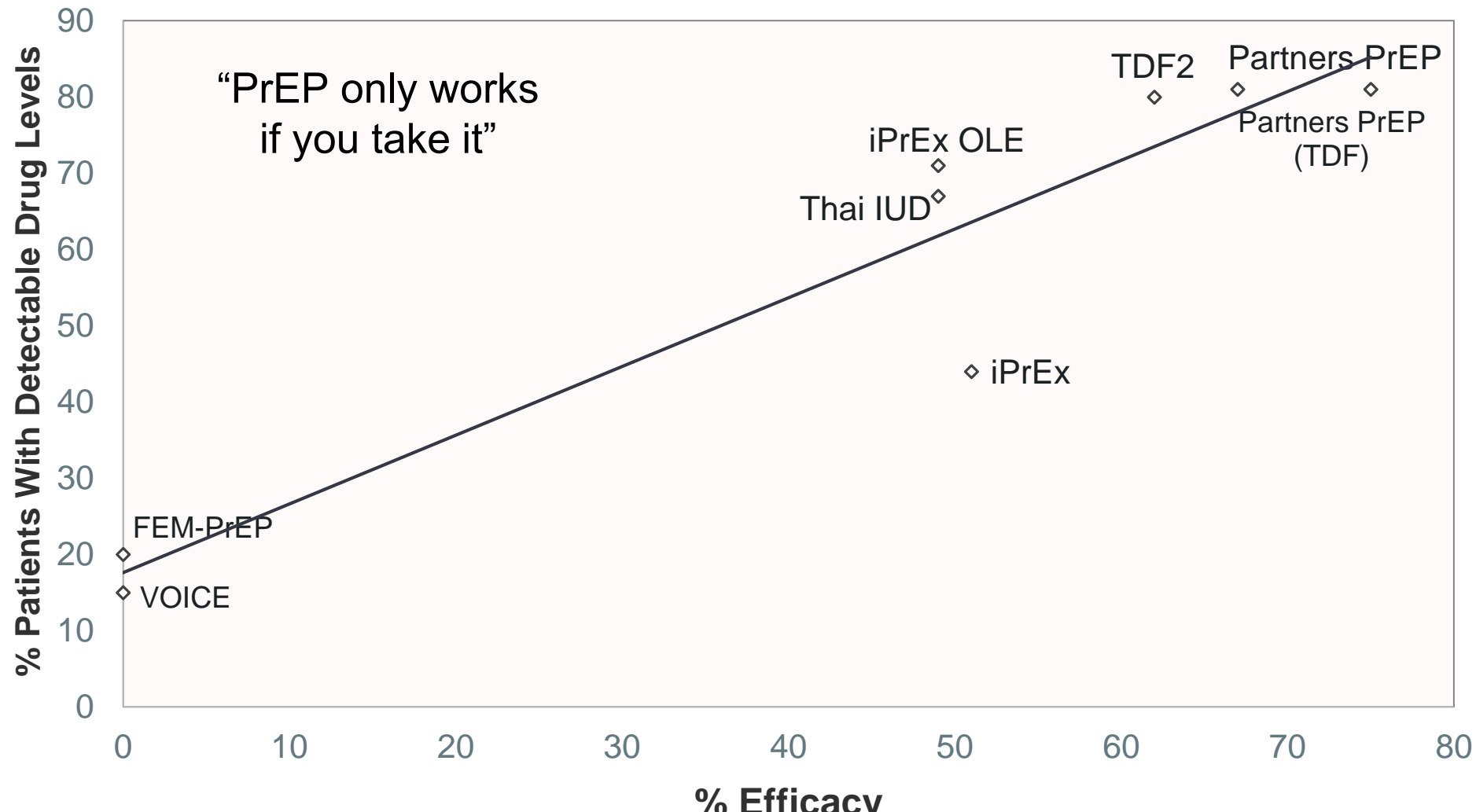
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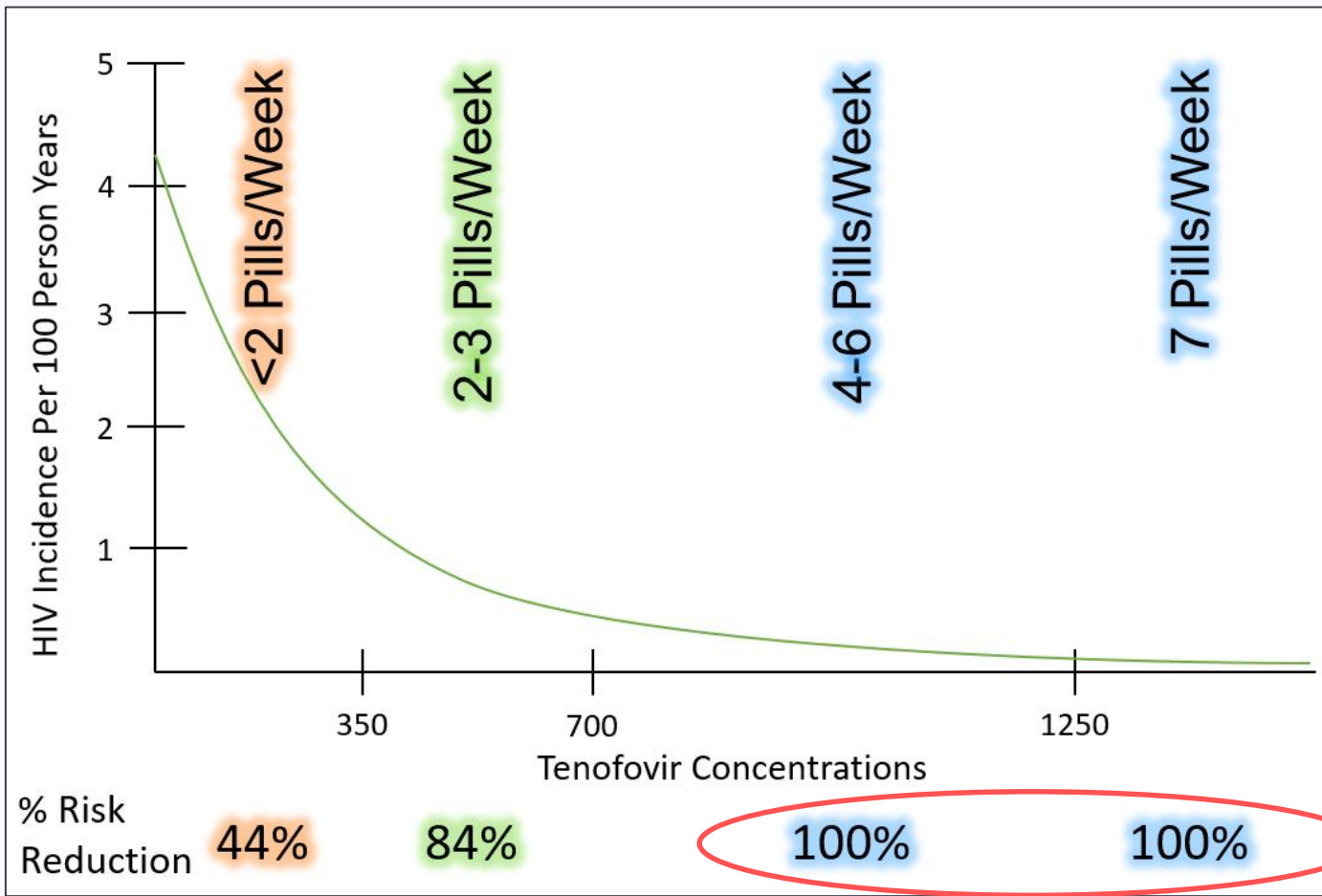
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PrEP and adolescents

legal guidance for Michigan providers

- PrEP prescriptions with or without a recent STI at a Title X clinic does not require parental consent
- PrEP prescriptions with a recent STI in any type of provider setting does not require parental consent
- PrEP prescriptions for a minor in the absence of a recent STI and not prescribed in a Title X clinic requires parental consent





**iPrEx
Open
Label
Extension**

Table 1: Summary of Guidance for PrEP Use

	Men Who Have Sex with Men	Heterosexual Women and Men	Persons Who Inject Drugs
Detecting substantial risk of acquiring HIV infection	HIV-positive sexual partner Recent bacterial STI [†] High number of sex partners History of inconsistent or no condom use Commercial sex work	HIV-positive sexual partner Recent bacterial STI [‡] High number of sex partners History of inconsistent or no condom use Commercial sex work In high HIV prevalence area or network	HIV-positive injecting partner Sharing injection equipment
Clinically eligible	Documented negative HIV test result before prescribing PrEP No signs/symptoms of acute HIV infection Normal renal function; no contraindicated medications Documented hepatitis B virus infection and vaccination status		
Prescription	Daily, continuing, oral doses of TDF/FTC (Truvada), ≤90-day supply		
Other services	Follow-up visits at least every 3 months to provide the following: HIV test, medication adherence counseling, behavioral risk reduction support, side effect assessment, STI symptom assessment At 3 months and every 6 months thereafter, assess renal function Every 3-6 months, test for bacterial STIs		
	Do oral/rectal STI testing	For women, assess pregnancy intent Pregnancy test every 3 months	Access to clean needles/syringes and drug treatment services

STI: sexually transmitted infection

[†] Gonorrhea, chlamydia, syphilis for MSM including those who inject drugs

[‡] Gonorrhea, syphilis for heterosexual women and men including those who inject drugs



CLINICAL FOLLOW-UP AND MONITORING

Once PrEP is initiated, patients should return for follow-up approximately every 3 months. Clinicians may wish to see patients more frequently at the beginning of PrEP (e.g., 1 month after initiation, to assess and confirm HIV-negative test status, assess for early side effects, discuss any difficulties with medication adherence, and answer questions).

All patients receiving PrEP should be seen as follows:

- **At least every 3 months to**
 - Repeat HIV testing and assess for signs or symptoms of acute infection to document that patients are still HIV negative (see Figure)
 - Repeat pregnancy testing for women who may become pregnant
 - Provide a prescription or refill authorization of daily TDF/FTC for no more than 90 days (until the next HIV test)
 - Assess side effects, adherence, and HIV acquisition risk behaviors
 - Provide support for medication adherence and risk-reduction behaviors
 - Respond to new questions and provide any new information about PrEP use
 - Conduct STI testing for sexually active persons with signs or symptoms of infection and screening for asymptomatic MSM at high risk for recurrent bacterial STIs (e.g., those with syphilis, gonorrhea, or chlamydia at prior visits or multiple sex partners)
- **At least every 6 months to**
 - Monitor eCrCl
 - If other threats to renal safety are present (e.g., hypertension, diabetes), renal function may require more frequent monitoring or may need to include additional tests (e.g., urinalysis for proteinuria)
 - A rise in serum creatinine is not a reason to withhold treatment if eCrCl remains ≥ 60 ml/min.
 - If eCrCl is declining steadily (but still ≥ 60 ml/min), consultation with a nephrologist or other evaluation of possible threats to renal health may be indicated.
 - Conduct STI screening for sexually active adolescents and adults (i.e., syphilis and gonorrhea for both men and women, chlamydia for MSM) even if asymptomatic
- **At least every 12 months to**
 - Evaluate the need to continue PrEP as a component of HIV prevention



HIV pre-exposure prophylaxis in men who have sex with men and transgender women: a secondary analysis of a phase 3 randomised controlled efficacy trial

Susan P Buchbinder, David V Glidden, Albert Y Liu, Vanessa McMahan, Juan V Guanira, Kenneth H Mayer, Pedro Goicochea, Robert M Grant

Summary

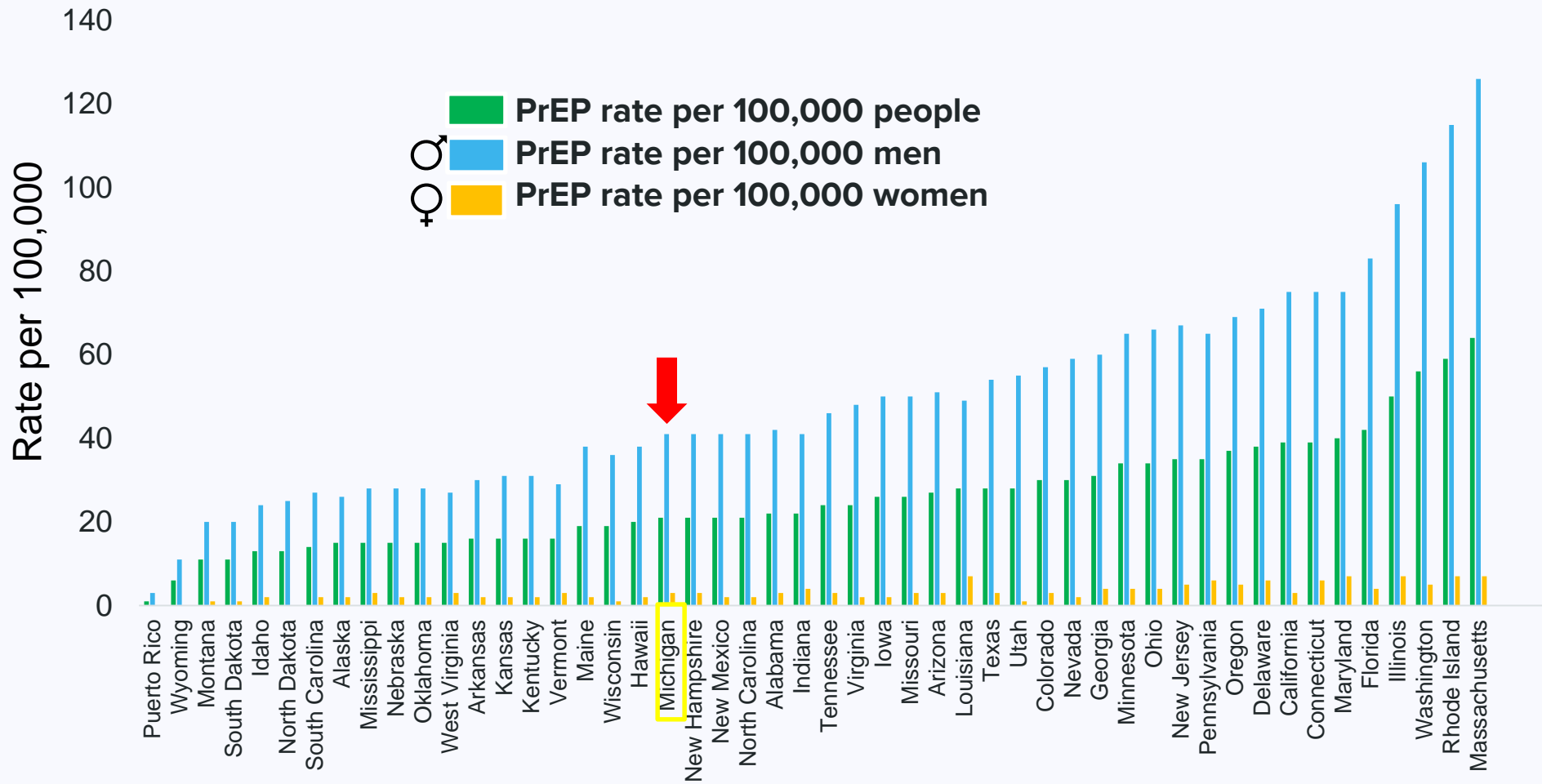
Lancet Infect Dis 2014;
14: 468–75

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S1473-3099\(14\)70025-8](http://dx.doi.org/10.1016/S1473-3099(14)70025-8)

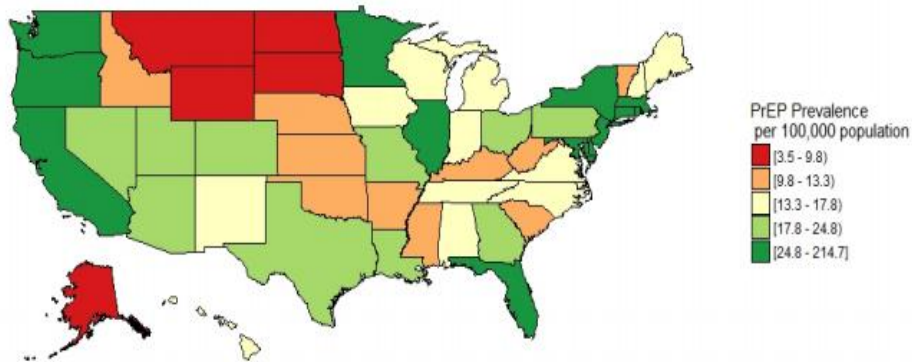
Background For maximum effect pre-exposure prophylaxis should be targeted to the subpopulations that account for the largest proportion of infections (population-attributable fraction [PAF]) and for whom the number needed to treat (NNT) to prevent infection is lowest. We aimed to estimate the PAF and NNT of participants in the iPrEx (Pre-Exposure Prophylaxis Initiative) trial.

Number needed to treat

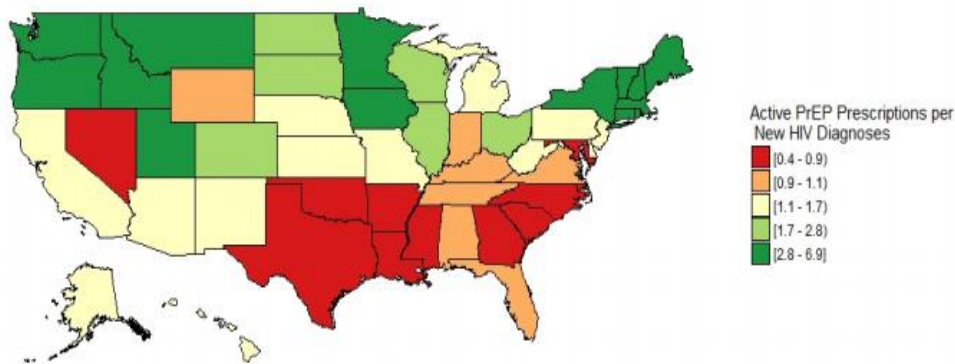
60	Cohort overall
36	Transgender women receptive anal sex without a condom
36	Men who have sex with men anal sex without a condom
12	Cocaine use



Prevalence of Active PrEP Prescriptions per 100,000 population
Q2 2017



PrEP-to-Need Ratio
Q2 2017



Distribution of Active PrEP Prescriptions and the PrEP-to-Need Ratio, US 2017

- Only 5% of the 1.2 million persons indicated for PrEP are potentially receiving it
- Prevalence of PrEP prescriptions nearly 10 times lower for women than for men
- The PrEP-to-need ratio for the South that is half of the next lowest region
- PrEP-to-need ratio lower among youth