

## Pre-Exposure Prophylaxis (PrEP) Implementation Guidelines 2015

These guidelines provide local guidance defining priority populations for HIV PrEP, and are designed to complement the U.S. Public Health Service PrEP guidelines<sup>1</sup>. Close to 80% of all HIV infections in Washington State, including in King County, occur in men who have sex with men (MSM), and MSM are the primary candidate population for PrEP use in the area.

### Identifying persons in whom to consider PrEP:

- Public Health recommends that medical providers routinely ask all adolescent and adult patients if they have sex with men, women or both men and women.
- Providers should ensure that all of their patients who are MSM or transgender persons who have sex with men know about PrEP.

Analyses of local data suggest that the strongest risk factors for HIV acquisition among MSM are methamphetamine or popper use and having rectal gonorrhea or early syphilis<sup>2</sup>, and these analyses have helped inform local guideline development. Local MSM with these risk factors have an incidence of HIV exceeding 3% per year. The estimated incidence of HIV among all MSM in King County is approximately 0.5%.

### Guidelines for initiating PrEP in HIV-uninfected persons:

#### Medical providers should **recommend that patients initiate PrEP** if they meet the following criteria:

1. MSM or transgender persons who have sex with men if the patient has any of the following risks:
  - Diagnosis of rectal gonorrhea or early syphilis in the prior 12 months.
  - Methamphetamine or popper use in the prior 12 months.
  - History of providing sex for money or drugs in the prior 12 months.
2. Persons in ongoing sexual relationships with an HIV-infected person who is not on antiretroviral therapy (ART) **OR** is on ART but is not virologically suppressed **OR** who is within 6 months of initiating ART.

#### Additional resources:

The Washington State Department of Health provides financial assistance to help pay for PrEP. Information about this program and a list of medical providers outside of King County who prescribe PrEP is available at:

<http://www.doh.wa.gov/YouandYourFamily/IllnessandDisease/HIVAIDS/HIVCareClientServices/PrEPDAP>

A list of King County medical providers who prescribe PrEP is available at:

<http://www.kingcounty.gov/healthservices/health/communicable/hiv/prevention/prep.aspx>

CDC PrEP Guidelines are available at:

<http://www.cdc.gov/hiv/pdf/prepguidelines2014.pdf>

A list of clinical facilities providing HIV/STD testing in King County is available at:

<http://www.kingcounty.gov/healthservices/health/communicable/hiv/resources/testing.aspx>

### Medical providers should **discuss initiating PrEP** with patients who have any of the following risks:

1. MSM and transgender persons who have sex with men if the patient has either of the following risks:
  - Condomless anal sex outside of a long-term, mutually monogamous relationship with a man who is HIV negative. Unprotected receptive anal sex is associated with a higher risk of HIV acquisition than unprotected insertive anal sex, and some authorities recommend PrEP to all men who have unprotected receptive anal intercourse outside of a mutually monogamous relationship with an HIV-uninfected partner<sup>3</sup>.
  - Diagnosis of urethral gonorrhea or rectal chlamydial infection in the prior 12 months.
2. Persons in HIV-serodiscordant relationships in which the female partner is trying to get pregnant.
3. Persons in ongoing sexual relationships with HIV infected persons who are on antiretroviral therapy and are virologically suppressed.
4. Women who provide sex for money or drugs.
5. Persons who inject drugs that are not prescribed by a medical provider.
6. Persons seeking a prescription for PrEP.
7. Persons completing a course of antiretrovirals for non-occupational exposure to HIV infection.

As with all medical therapies, patients and their medical providers ultimately need to decide what treatments and preventive measures are best for them. Providers should evaluate patients' knowledge and readiness to initiate PrEP prior to prescribing tenofovir and emtricitabine, and should counsel and educate patients to facilitate their success taking PrEP. Medical providers should refer to national guidelines (see below) for information on how to prescribe PrEP and monitor persons on PrEP<sup>1</sup>.

#### References:

1. U.S. Public Health Service. *Preexposure Prophylaxis for the Prevention of HIV Infection in the United States - 2014: A Clinical Practice Guideline*. 2014.
2. Menza TW, Hughes JP, Celum CL, Golden MR. Prediction of HIV acquisition among men who have sex with men. *Sex Transm Dis*. 2009;36(9):547-555.
3. Buchbinder SP, Glidden DV, Liu AY, et al. 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. *The Lancet. Infectious diseases*. 2014; 14(6):468-475.