



**Department
of Health**

Sexually Transmitted Infections: Syphilis, Gonorrhea, Chlamydia, HIV & HIV Prophylaxis An Update for Family Planning Providers

November 15, 2018

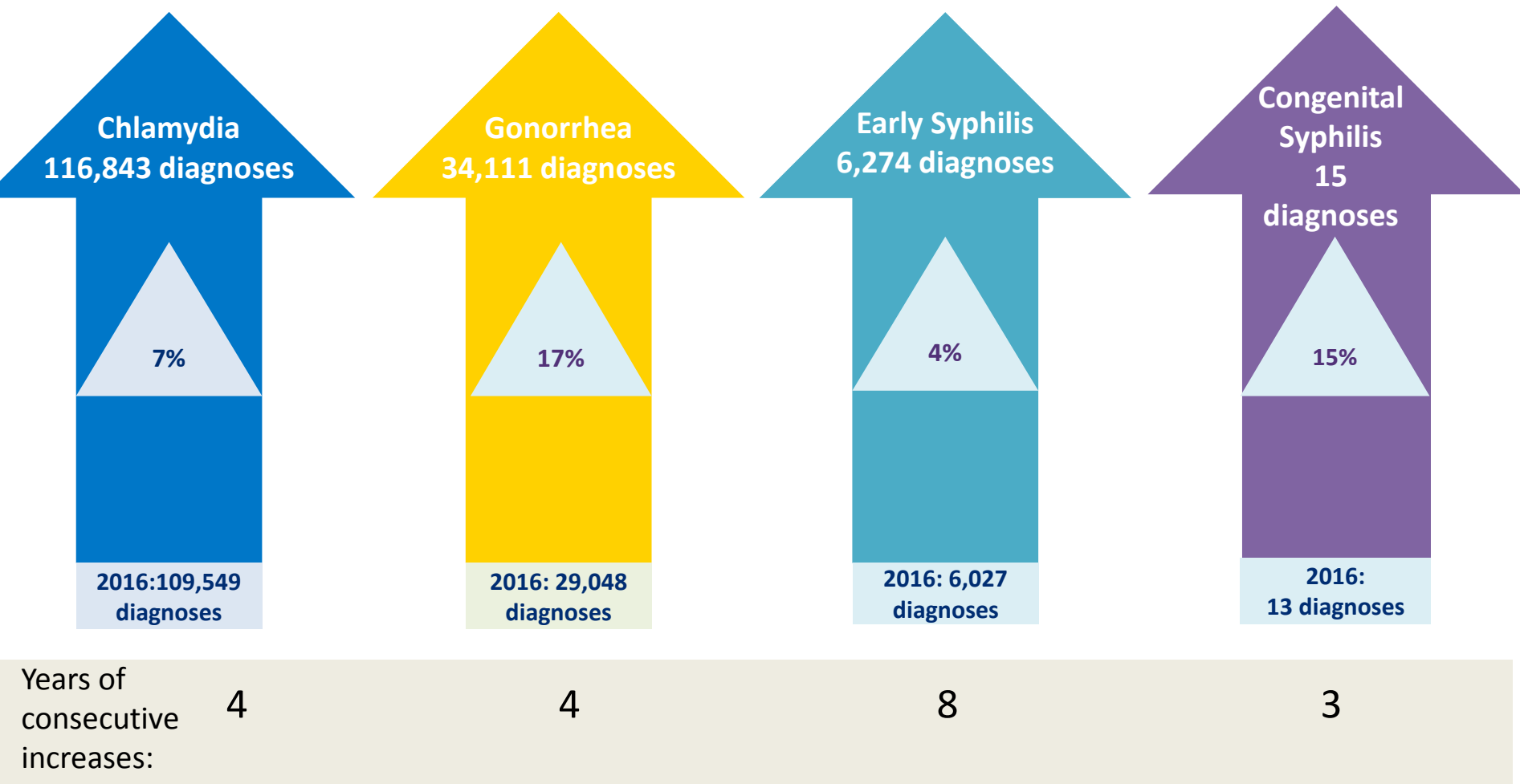


Objectives

- Describe trends in syphilis, gonorrhea, chlamydia and HIV rates in NYS
- Review syphilis, gonorrhea, chlamydia and HIV test recommendations
- Discuss need to include HIV testing in any STI screening panel
- Describe considerations for EPT and PrEP in NYS
- Identify at least one resource to support increased screening for STIs

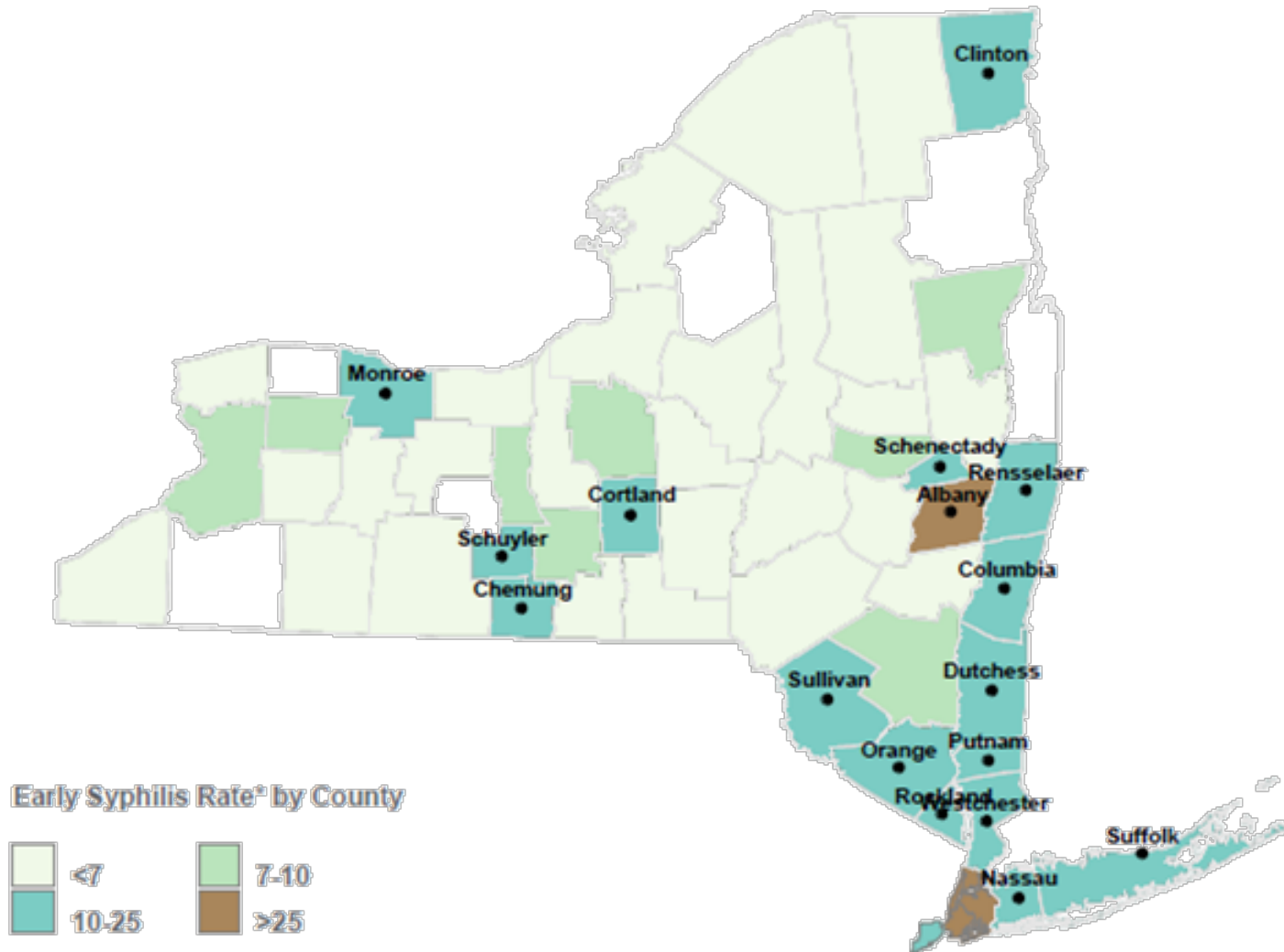
Sexually Transmitted Infections

New York State including New York City (NYC), 2017*



*Primary and secondary (P&S) syphilis diagnoses declined from 2016 to 2017; reduction in cases seen in NYC only;

New York State: Early Syphilis Rates* by County 2017



*Age-adjusted rates per 100,000 population

Syphilis Serology Tests

Two types of serological tests:

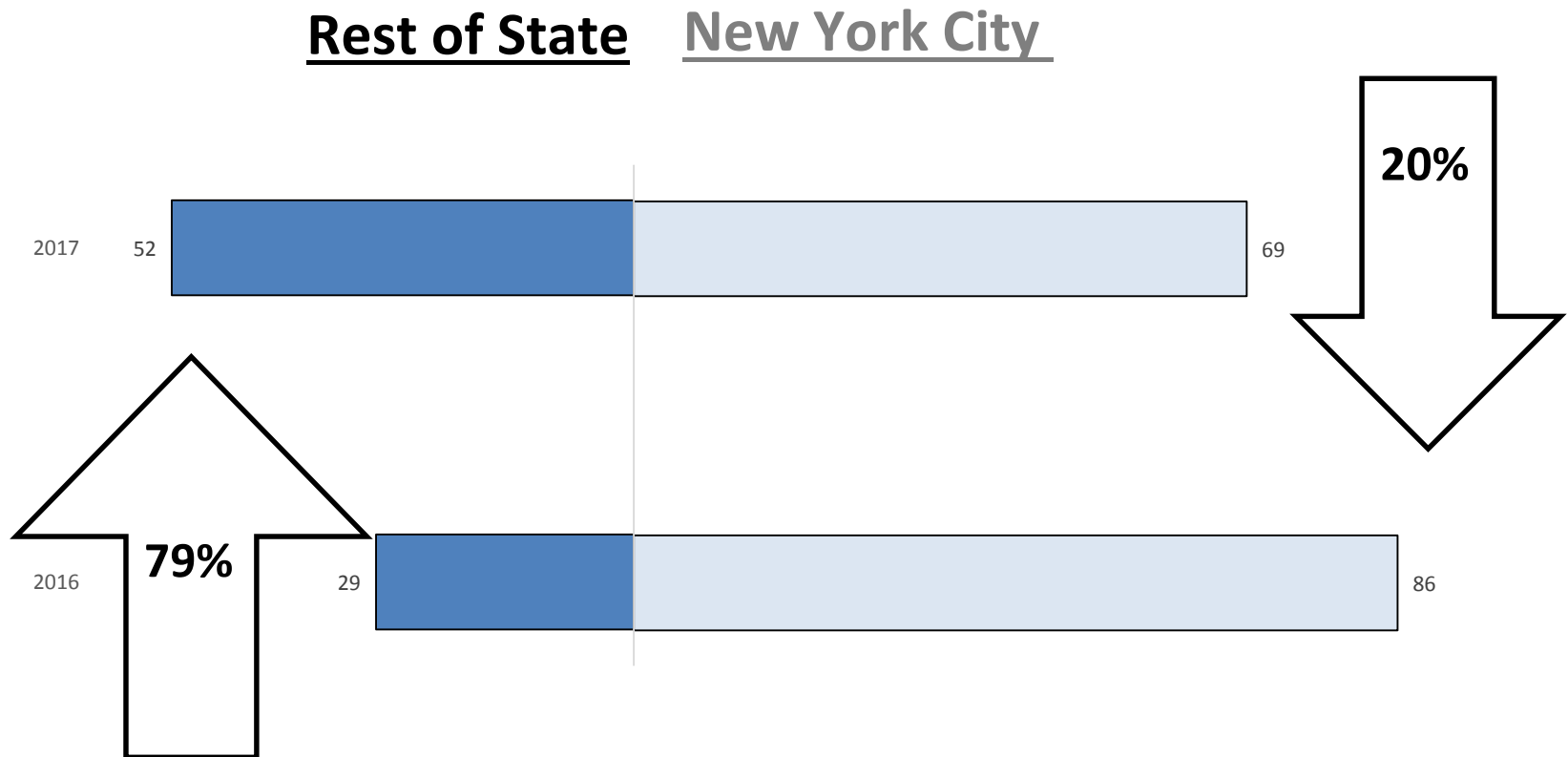
1. Non-specific, non-treponemal antibody (e.g. RPR, VDRL, TRUST)

- quantitative result (e.g. 1:256)
- may be negative when chancre develops

2. Specific, treponemal antibody (FTA-ABS, MHA-TP, TP-PA, EIAs, MBIAs – also includes the rapid point of care test)

- qualitative result only (+ or -)
 - does not distinguish past and present infection
 - positive earlier than non-specific antibody
 - Rapid POC ~ 50% false positive rate
- **Need both types of tests to make an accurate diagnosis of syphilis**
 - **Test performance characteristics vary by stage and activity of disease**

Primary and Secondary Syphilis Diagnoses among Females by Region: 2016-2017

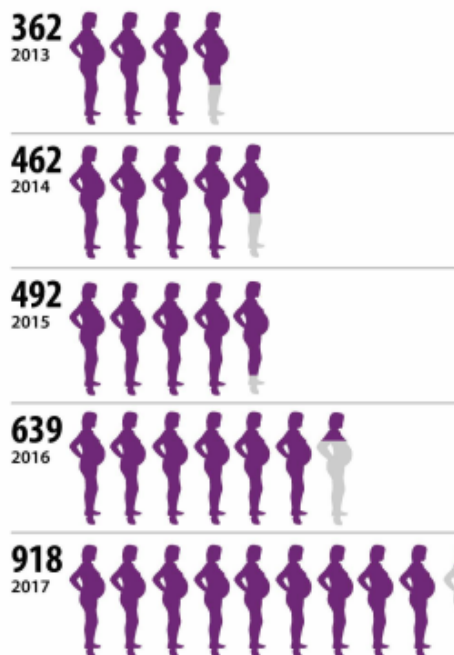


SYPHILIS IN NEWBORNS IS ON THE RISE IN U.S.

Congenital syphilis is a tragic disease that can cause miscarriages, premature births, stillbirths, or even death of newborn babies.

In the past 4 years, cases of congenital syphilis have

MORE THAN DOUBLED



80%

The chance of a mother passing syphilis onto her unborn baby if left untested or untreated.

Source: U.S. Centers for Disease Control and Prevention

CONGENITAL
SYPHILIS IS:



INCREASING
IN THE UNITED STATES

A SOURCE OF MAJOR HEALTH
PROBLEMS, EVEN DEATH



PREVENTABLE



ANDREW M. CUOMO
Governor

Department
of Health

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

To: Family Planning Providers, Hospitals, Emergency Rooms, Community Health Centers, Urgent Care, College Health Centers, Local Health Departments, Community Based Organizations, and Internal Medicine, Obstetrics and Gynecology, Pediatric, Adolescent Medicine, Dermatology, Family Medicine, Infectious Disease, and Primary Care Providers

From: New York State Department of Health, AIDS Institute, Bureau of Sexual Health & Epidemiology

Date: July 16, 2018

**HEALTH ADVISORY: CONGENITAL SYPHILIS INCREASING IN NEW YORK STATE (NYS)
EXCLUDING NEW YORK CITY (NYC)**

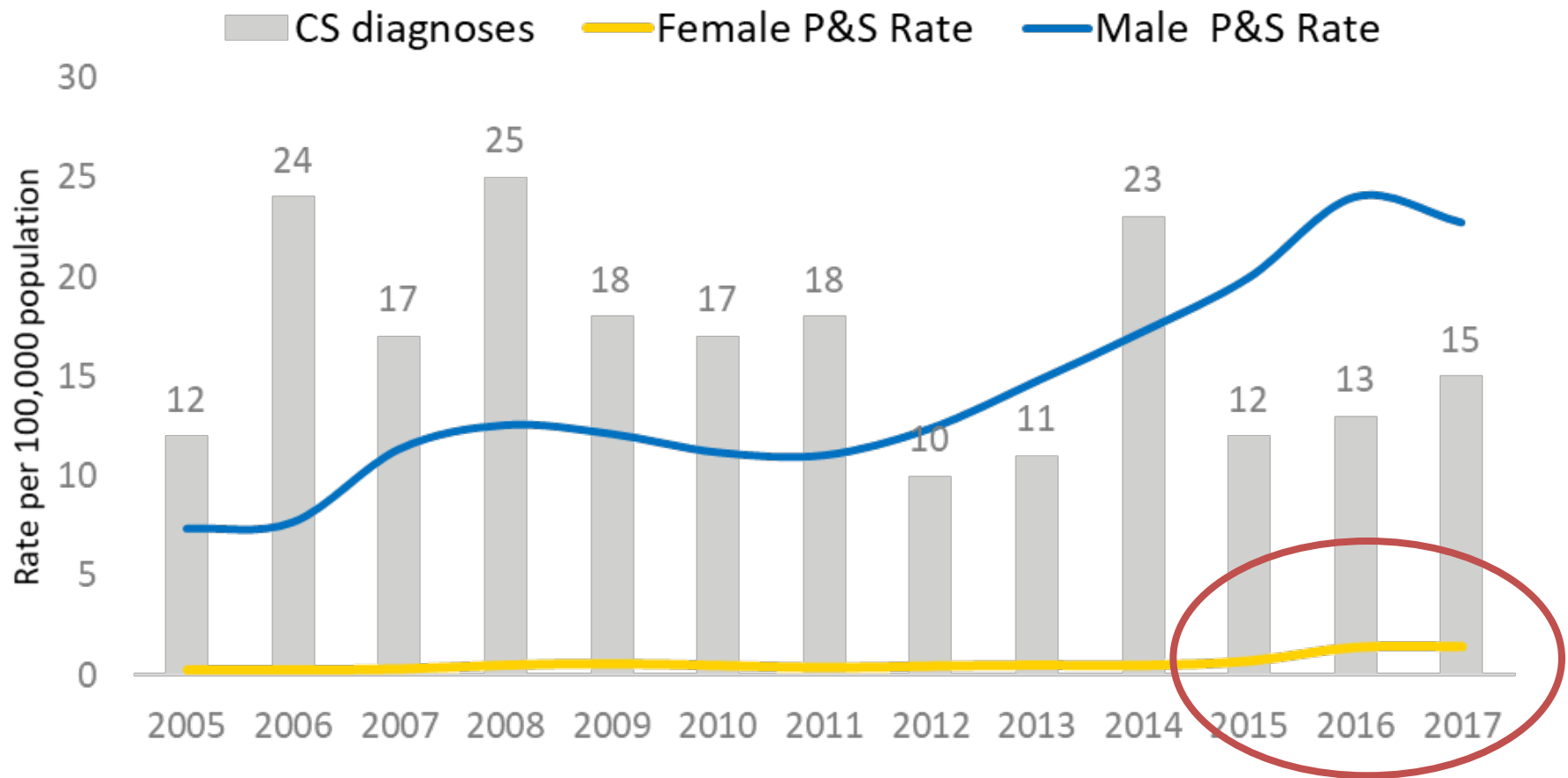
SUMMARY

- Congenital syphilis (CS) diagnoses increased 167% in 2017 (n=8) compared to the average number of annual diagnoses from 2014 – 2016 (n=3).
- Preliminary 2018 data suggest this concerning trend will continue, with four cases diagnosed in the first three months of the year.
- CS can cause miscarriage, stillbirth, prematurity, or death shortly after birth.
- Infants born with CS may have and/or develop deformed bones, neurological problems, skin rashes, severe anemia, jaundice, or meningitis.
- Providers who provide care for women of childbearing age are encouraged to take measures to ensure timely screening, diagnosis, and treatment of syphilis infection.



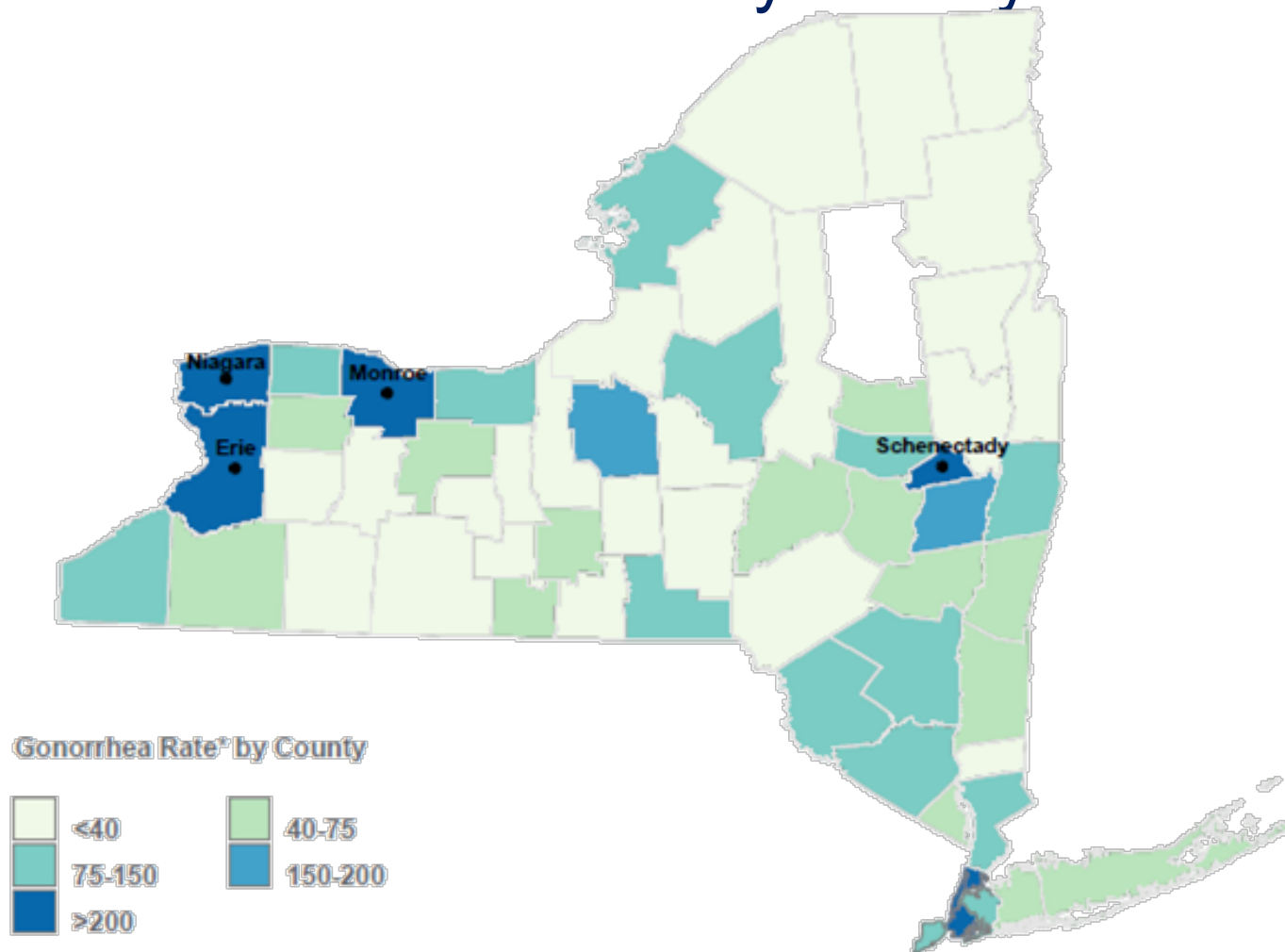
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Congenital Syphilis Counts compared to Primary and Secondary Syphilis Rates: New York State, 2005-2017



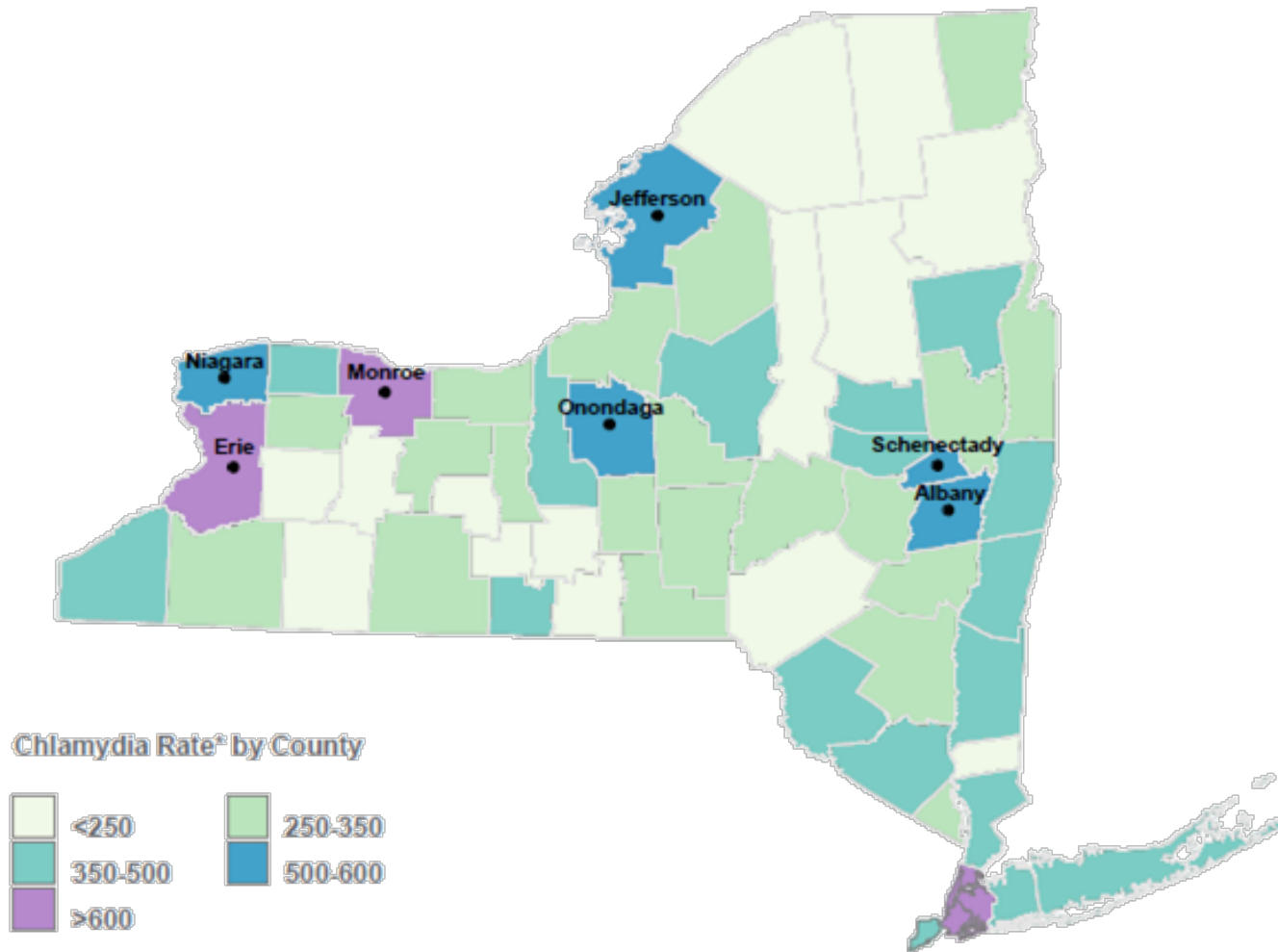
*Rates are age adjusted

New York State: Gonorrhea Rates* by County 2017



*Age-adjusted rates per 100,000 population

New York State: Chlamydia Rates* by County 2017



*Age-adjusted rates per 100,000 population

Recommendations for Laboratory Based Detection of *Chlamydia trachomatis* (Ct) and *Neisseria gonorrhoeae* (GC)*

- “The performance of NAATs with respect to overall sensitivity, specificity and ease of specimen transport is better than any other tests available for the diagnosis of Ct and GC infections.”
- **Preferred specimens (FDA approved):**
 - **Males – urine (equivalent to urethra)**
 - **Females – vaginal (equivalent to cervical; superior to urine)**
- Laboratories should use NAATs to detect Ct and GC except in cases of:
 - Child sexual assault involving boys
 - Rectal and oropharyngeal infections in prepubescent girls
 - Potential GC treatment failure
 - (need culture for antibiotic susceptibility)

*Source: 3/14/14 MMWR



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TEST YOURSELF

The Visual Guide for a Self-collected Swab

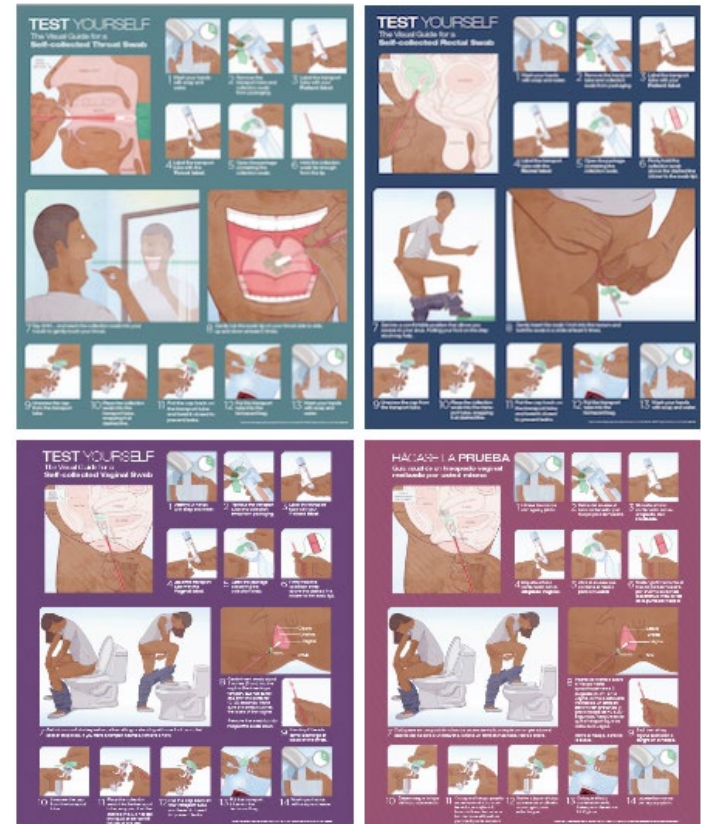
The UW PTC is happy to provide free, high-quality prints pharyngeal, rectal, and vaginal self-testing visual aids for your clinic.

Wall Posters (16" x 20")

- Rectal Swab — English
- Rectal Swab — Spanish
- Pharyngeal Swab — English
- Pharyngeal Swab — Spanish
- Vaginal Swab — English
- Vaginal Swab — Spanish

Small Guides (8.5" x 11"; 2-sided)

- Rectal and Pharyngeal Swabs — English
- Rectal and Pharyngeal Swabs — Spanish
- Vaginal Swab — English/Spanish



<http://uwptc.org/http://uwptc.org/>



Expedited Partner Therapy (EPT)

- A strategy for treating the sex partners of patients diagnosed w/ a sexually transmitted infection
- Partner treatment given without the health care provider first examining the sex partner
- Clinician provides medication or prescription to patient, who brings it to his/her partner(s)
 - Medication EPT (patient-delivered therapy)
 - Prescription EPT

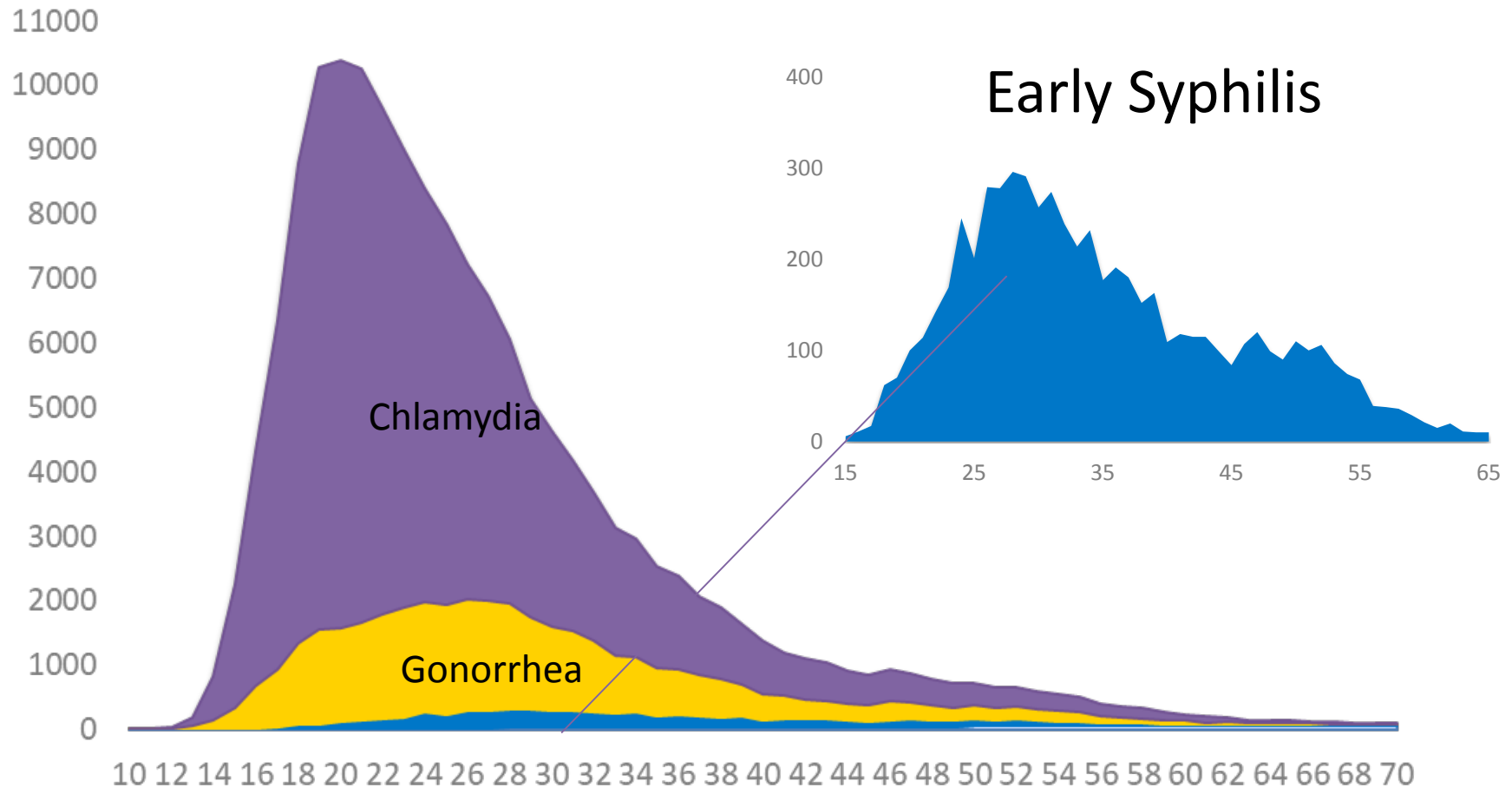


Benefits of EPT for Chlamydia Prevention

- High disease burden, limited resources
- Repeat infection common i.e., inadequate partner treatment
- Asymptomatic – partners may not seek care
- Can be treated with single dose therapy, which is well tolerated
- No evidence of Azithromycin-resistance among Ct patients

IN SUMMARY:

STI Diagnoses By Age - New York State, 2017



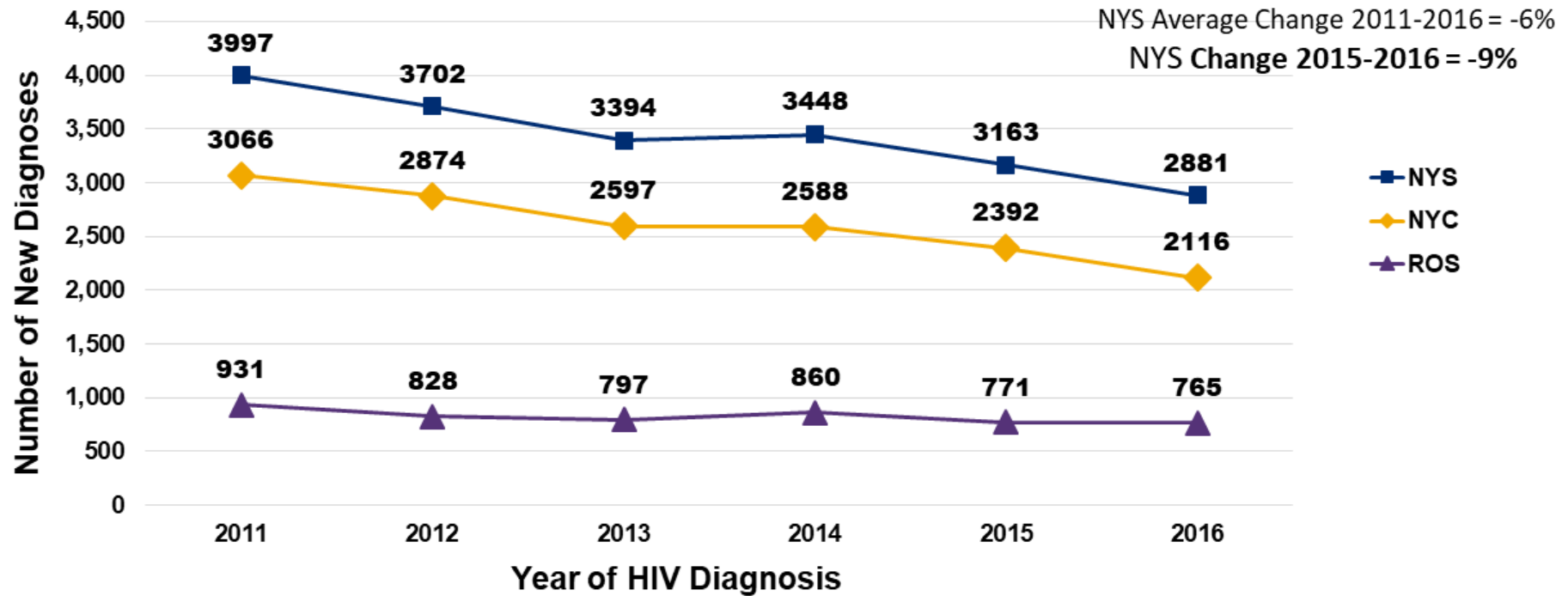
Comparison of STI Cases Reported to CDC in 2016 and 2017

New York State to United States

Type of Infection	2016 US	2017 US	% Change	2016 NYS	2017 NYS	% Change	NY Rank (2017)
Primary & Secondary Syphilis	27,814	30,644	+10	2,455	2,355	-4.2	6
Gonorrhea	468,514	555,608	+18.5	29,000	34,099	+17.6	21
Chlamydia	1,598,354	1,708,569	+6.9	109,433	116,814	+6.7	9
Congenital Syphilis	639	918	+43.7	13	16	+23	28
Total	2,095,321	2,295,739	+9.6	140,901	153,284	+8.8	

This slide represents data collected by the CDC, which may differ slightly from data collected by NYSDOH and Local Health Departments.

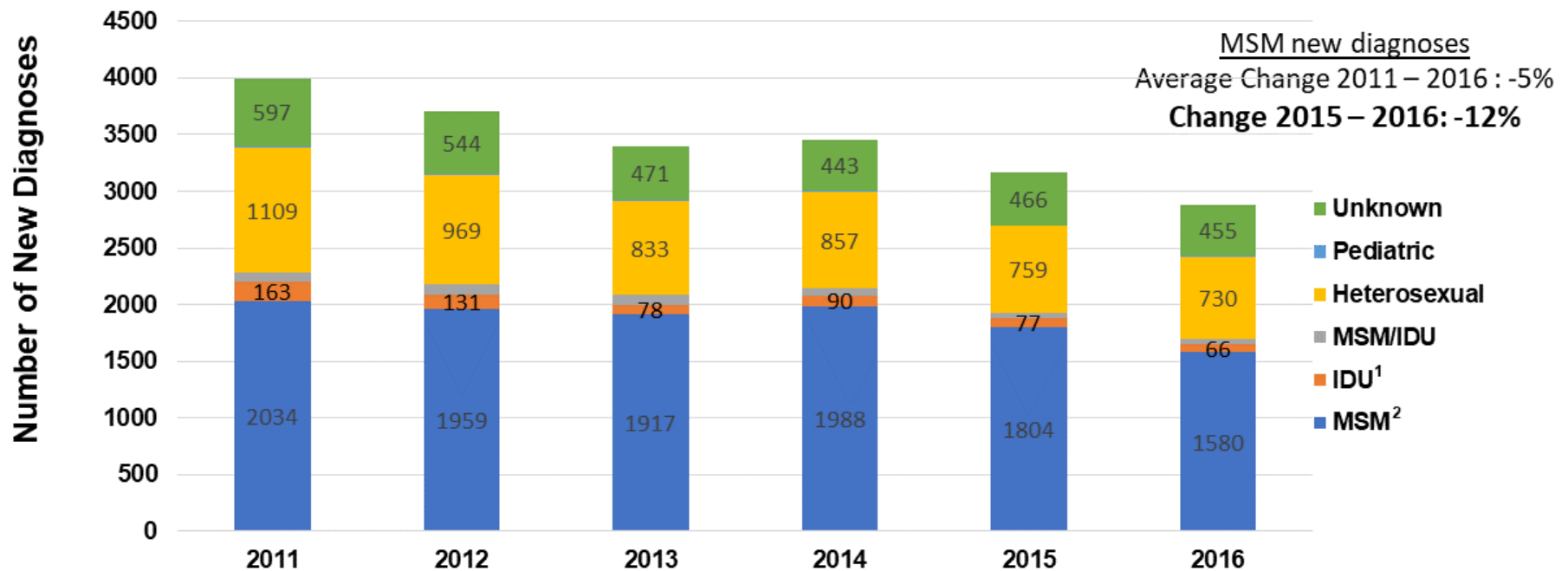
Persons Newly Diagnosed with HIV by Residence at Diagnosis¹, NYS, 2011-2016*



¹Region of Residence at Diagnosis

*Data as of September 2017

Persons Newly Diagnosed with HIV by Year of Diagnosis and Transmission Risk, NYS, 2011-2016*



*Data as of September 2017

¹IDU-History of injection drug use

²MSM-History of male to male sexual contact

Routine HIV Testing: How Often?

- Every 3 months for individuals with highest risk behaviors:
 - Having unprotected anal sex with men
 - Injecting drugs with shared needles, syringes and other injection equipment
 - Engaging in transactional sex
- Every year for those with moderate risk
 - Having unprotected anal, vaginal or oral sex with partners whose HIV status is unknown
 - Having unprotected sex with anyone who engaged in high risk behaviors
- Every 3-5 years for most sexually active individuals

Which Type of HIV Test?

- Choose HIV test that both allows for early detection of HIV infection and best fits testing program
 - If phlebotomy is available, use lab-based combo Ag-Ab test
 - If phlebotomy is not possible and/or rapid result is beneficial, use point-of-care combo Ag-Ab test
 - Preferred specimen: Serum → Whole Blood → Oral Fluid
- Any positive POC test result needs to be confirmed with a lab-based HIV antibody test

Importance of Early Diagnosis of HIV

Allows for initiation of HIV treatment

Improves patient health outcomes

Reduces transmission to partners

UNDETECTABLE = UNTRANSMITTABLE



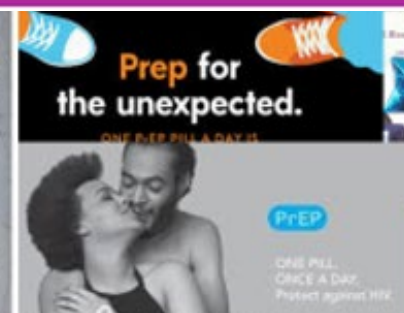
Rapid Initiation of ART in Persons Newly Diagnosed



PREP FOR HIV PREVENTION

The Medical Care Criteria Committee (MCCC) produced the PrEP for HIV Prevention guideline.

- New resource from NYC DOHMH: Making the Sexual History a Routine Part of Primary Care → [Learn More](#)
- CEI provides progressive HIV, HCV, and STD CME for health care providers → [Learn More](#)
- Subscribe to our mailing list to be notified when new or updated guidelines are published





NYSDOH HIV Guidelines

PREP FOR HIV PREVENTION

Checklists for Pre Prescription, Patient Education, and Follow-Up

Pre Prescription and Follow-Up Pocket Guides

HIV CLINICAL RESOURCE ■ 1/4-FOLDED GUIDE

VISIT HIVGUIDELINES.ORG TO LEARN MORE OR VIEW COMPLETE GUIDE

PREP GUIDELINE: PRE-PRESCRIPTION

NYSDOH AIDS INSTITUTE PREP CLINICAL GUIDELINE

→ KEY POINTS

- In New York State, use of TDF/FTC as PrEP is a central component of care for prevention of HIV acquisition.
- A comprehensive HIV prevention plan includes safer sex and safe injection practices.
- PrEP should not be withheld from people of any age at risk of HIV acquisition.
- Education regarding the importance of and adherence may improve adherence to the daily recommended monitoring.
- For those who are unable to adhere to a daily or recommended monitoring, alternative methods should be explored and reinforced.
- If PrEP is to be initiated, the clinician can connect resources for assistance with payment, such as Assistance Program (PrEP-AP) and NYSDOH Payment Options for PrEP.



← Use this code with your phone directly to a mobile-friendly version of the guideline.

■ This 1/4-Folded Guide is a companion to the New York State Department of Health AIDS Institute guideline *PrEP to Prevent HIV Acquisition*. The full guideline is available at www.hivguidelines.org.

HIV CLINICAL RESOURCE ■ 1/4-FOLDED GUIDE

VISIT HIVGUIDELINES.ORG TO LEARN MORE OR VIEW COMPLETE GUIDE

PREP GUIDELINE: FOLLOW-UP

NYSDOH AIDS INSTITUTE PREP CLINICAL GUIDELINE OCTOBER 2017

→ KEY POINTS

- In New York State, use of TDF/FTC as PrEP is a central component of care for prevention of HIV acquisition in those at high risk.
- A comprehensive HIV prevention plan includes PrEP, along with safer sex and safe injection practices.
- PrEP should not be withheld from people of any age group who are at risk of HIV acquisition.
- Education regarding the importance of and strategies to support adherence may improve adherence to the daily PrEP regimen and recommended monitoring.
- For those who are unable to adhere to a daily medication regimen or recommended monitoring, alternative methods of HIV prevention should be explored and reinforced.
- If PrEP is to be initiated, the clinician can connect the patient to resources for assistance with payment, such as the NYSDOH PrEP Assistance Program (PrEP-AP) and NYSDOH Payment Options for PrEP.



← Use this code with your phone's QR code reader to go directly to a mobile-friendly version of the guideline.

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✓ PrEP PRE-PRESCRIPTION PATIENT EVALUATION CHECKLIST

From the NYSDOH AIDS Institute guideline, *PrEP to Prevent HIV Acquisition*, available at www.hivguidelines.org

- 1. SYMPTOMS OF ACUTE HIV INFECTION**
 - Has the patient experienced a fever, "flu", "mono"-like illness in the past 6 weeks?
 - Has the patient had a rash in the previous 6 weeks?
- 2. READINESS AND WILLINGNESS TO ADHERE TO PrEP**
 - Identify potential barriers to daily adherence.
 - Screen for health literacy.
- 3. HIV STATUS OF PATIENT'S SEX PARTNER(S)**
 - Does the patient have sex partners who are known to be HIV-infected?
 - If yes, ask about each partner:
 - Is the partner taking antiretroviral therapy (ART)?
 - Is the partner's HIV viral load suppressed? If no, is a resistance profile available?
- 4. UNDERSTANDING OF PrEP**
 - Ask "Why do you want PrEP?"
 - Ask "What is your understanding of what PrEP will do for you?"
- 5. POTENTIAL DRUG-DRUG INTERACTIONS**
 - Ask the patient to list all drugs he or she is taking, including prescription, over-the-counter, and herbal supplements.
 - Identify nephrotoxic medications.
- 6. SUBSTANCE USE AND MENTAL HEALTH STATUS***
 - Refer to the Mental Health Screening quick reference guide.
 - Refer to the Substance Use Screening quick reference guide.
- 7. PSYCHOSOCIAL STATUS***
 - Screen for intimate partner violence; see NYS Office for the Prevention of Domestic Violence website.
 - Assess relationships and social support status.
 - Assess housing status/stability.
- 8. REPRODUCTIVE PLANS**
 - Is the patient trying to conceive?
 - Is the patient currently using contraception? If not, is the patient interested in other effective methods of contraception in addition to condoms?
 - Is the patient or the patient's partner currently pregnant?
 - Is the patient currently breastfeeding?
- 9. PrEP PAYMENT ASSISTANCE**
 - Connect the individual to resources for assistance with payment, such as the NYSDOH PrEP Assistance Program (PrEP-AP) and NYSDOH Payment Options for PrEP.
 - Other resources can be found through NYSDOH Payment Options for PrEP.

- 10. PrEP PRE-PRESCRIPTION PATIENT EDUCATION CHECKLIST**
 - 1. USE OF PrEP**
 - Discuss and need for daily adherence.
 - Number of sequential doses to achieve protective effect and differences between oral and injectable PrEP.
 - Screen for health literacy.
 - 2. COMMON SIDE EFFECTS**
 - Headache, fatigue, muscle pain, arthralgia, and nausea.
 - Side effects are usually mild, peak at 1 month, and resolve within 3 months.
 - 3. LONG-TERM SAFETY OF PrEP**
 - 30-month follow-up data suggest clinical safety of oral PrEP in individuals at high risk of HIV infection.
 - 4. POSSIBLE SYMPTOMS OF SEROCONVERSION/ACUTE HIV INFECTION**
 - Contact their healthcare provider if they experience any of the following: fever, sore throat, fatigue, muscle pain, rash, headache, malaise, or weight loss.
 - Importance of prompt treatment plan in the event of HIV seroconversion.
 - 5. CRITERIA FOR DISCONTINUING PrEP**
 - Positive HIV test result.
 - PrEP should be discontinued, antiretroviral therapy (ART) should be initiated, and follow-up diagnostic and HIV genotypic resistance testing should be performed.
 - Development of renal disease, there is no risk for adjusting PrEP dosing in the event of renal disease.
 - Non-adherence to medication regimen or appointments.
 - Change in risk behaviors such that PrEP is no longer needed.
 - 6. ADDED VALUE OF COMMON USE**
 - PrEP greatly reduces but may not eliminate HIV transmission risk.
 - PrEP does not protect against other sexually transmitted infections or hepatitis B.
 - 7. USE OF PrEP DURING PREGNANCY**
 - Benefit: PrEP decreases the risk of acquiring acute HIV infection, which may reduce the risk of vertical transmission.
 - Potential toxicity: Although available data suggest that TDF/FTC does not appear to be associated with an increased risk of adverse pregnancy outcomes, long-term follow-up data to determine the effect and longevity of this are not yet available. Data are insufficient to include the possibility of fetal or infant toxicity.
 - Benefit or Risk: For women who become pregnant while using PrEP, oral PrEP should be discontinued as soon as pregnancy is confirmed or suspected.

* Substance use, mental health disorders, and psychosocial challenges are not contraindications to providing appropriate referrals and offer a tailored prevention plan may be barriers to adherence and collectors for increased risk for HIV acquisition.

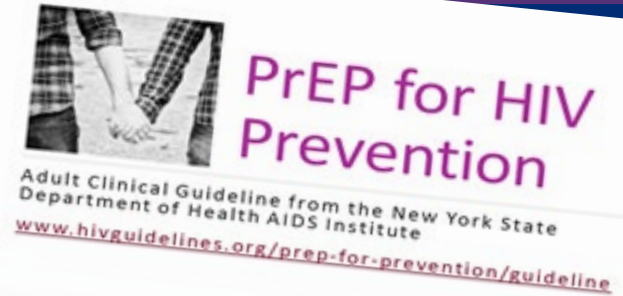
✓ PrEP MANAGEMENT CHECKLIST: PRE-RX, FOLLOW-UP, AND MONITORING

From the NYSDOH AIDS Institute guideline, *PrEP to Prevent HIV Acquisition*, available at www.hivguidelines.org

- PRE-PRESCRIPTION**
 - Discuss PrEP use, clarify any misconceptions.
 - Perform baseline laboratory testing:
 - HIV test (with HIV RNA testing if indicated).
 - Calculated creatinine clearance.
 - Pregnancy test for women of childbearing potential.
 - HIV serologies (HIVAg, anti-HIV, and anti-HIV-1/2/3).
 - HIV serology.
 - SST screening (syphilis, gonorrhea, chlamydia).
 - HCV serology.
 - Serum liver enzymes.
 - Urinalysis.
- AFTER CONFIRMING NEGATIVE HIV TEST**
 - Prescribe 30-day supply of PrEP.
 - Contact patient in 3 weeks to assess for side effects.
 - Instruct patient to report side effects immediately.
- ALWAYS ENSURE ADHERENCE**
 - Assess adherence and commitment at EVERY visit.
 - Schedule visits every 30 days for patients who report poor adherence or inconsistent use of PrEP.
- 30-DAY FOLLOW-UP VISIT**
 - Assess for side effects.
 - Obtain serum creatinine and calculated creatinine clearance for patients with borderline renal function or at increased risk for kidney disease (e.g., age, black race, hypertension, or diabetes).
 - Discuss risk reduction, provide condoms and, if applicable, provide syringes.
 - Discuss risk reduction, provide condoms and, if applicable, provide syringes.
- 3-MONTH VISIT**
 - Perform HIV and syphilis tests; screen for gonorrhea and chlamydia.
 - Ask about symptoms suggestive of STIs and test those at high risk.
 - Screen for symptoms of acute HIV infection and test if indicated.
 - Perform pregnancy test for women of childbearing potential who are not using effective contraception or present with an STI.
 - Obtain serum creatinine and calculated creatinine clearance.
 - Discuss risk reduction, provide condoms and, if applicable, provide syringes.
 - Assess adherence; if adherence has been good, provide a 90-day prescription.
- 6-MONTH VISIT**
 - Perform HIV and syphilis tests; screen for gonorrhea and chlamydia.
 - Ask about symptoms suggestive of STIs and test those at high risk.
 - Screen for symptoms of acute HIV infection and test if indicated.
 - Perform pregnancy test for women of childbearing potential who are not using effective contraception or present with an STI.
 - Obtain serum creatinine and calculated creatinine clearance.
 - Discuss risk reduction, provide condoms and, if applicable, provide syringes.
 - Assess adherence; if adherence has been good, provide a 90-day prescription.
- 12-MONTH VISIT**
 - Perform HIV and syphilis tests; screen for gonorrhea and chlamydia.
 - Urinalysis.
 - Perform pregnancy test for women of childbearing potential who are not using effective contraception or present with an STI.
 - Discuss risk reduction, provide condoms and, if applicable, provide syringes.
 - Assess adherence; if adherence has been good, provide a 90-day prescription.
 - Obtain HIV serology and serum liver enzymes for men who have sex with men, people who inject drugs, and those with multiple sexual partners.

* There is no risk for adjusting TDF dosing in those with GFR < 30 mL/min/1.73 m².

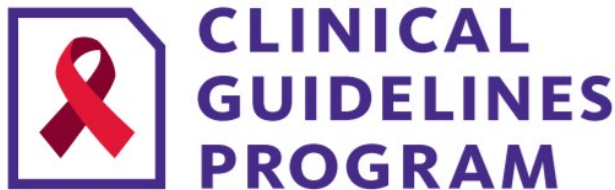
PrEP Guidelines: Updated recommendations



- To achieve protective concentrations of TDF/FTC for PrEP
 - 7 days of daily dosing for receptive anal sex
 - 20 days of daily dosing for all other activities, including insertive anal sex, vaginal sex, and injection drug use
- Test for sexually transmitted infections every 3 months as part of PrEP monitoring and ongoing laboratory testing
- Recommend initiation of PrEP immediately after completion of non-occupational PEP

Other Key Additions

- Updated information on PrEP efficacy and adherence, including data that suggest that women require nearly 100% adherence to achieve protective levels for PrEP
- Updates to information on HIV acquisition in patients who are using PrEP and the need for clinical vigilance for signs and symptoms of seroconversion in patients PrEP



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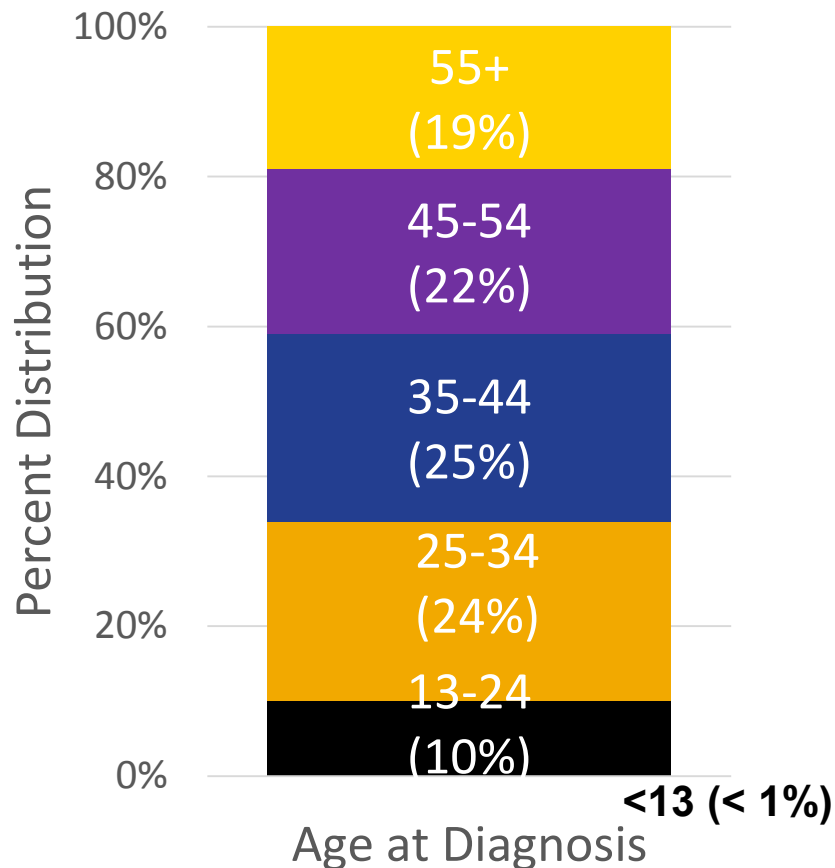
HIV • HCV • STIs • SUBSTANCE USE • LGBT HEALTH



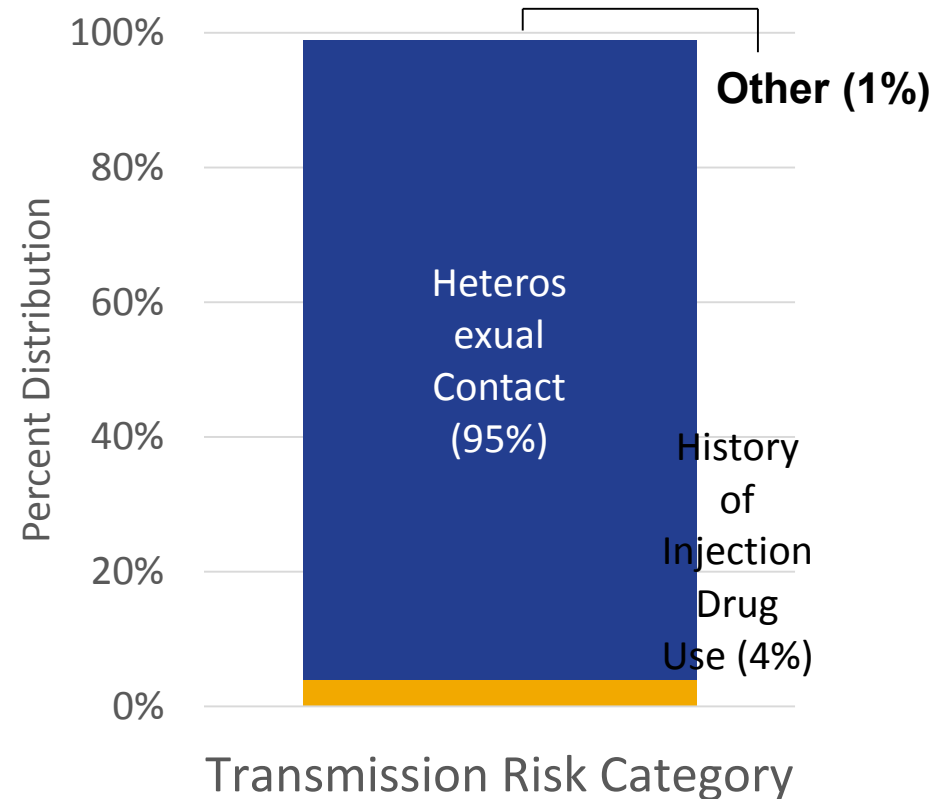
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Female Sex Assigned at Birth, Newly Diagnosed with HIV Infection by Age at Diagnosis and Transmission Risk Category, NYS, 2016*

Age at Diagnosis



Transmission Risk Category



*Data as of September 2017



For those with infrequent or 1-time HIV exposure, post exposure prophylaxis (PEP) is indicated

- Indicated for occupational, sexual, injection potential exposures or other injuries with exposure to potentially infected fluids.
- The first dose should be given as soon as possible, once a significant exposure have been determined.
- To be effective the first dose must be given within 72 hours.
- When providing PEP following a potential non-occupational HIV exposure, discuss whether additional exposures are likely and merit consideration for PrEP use.

PrEP protects you in case you are exposed to HIV in the future. If you say yes to any of the questions below, PrEP might be right for you:

In the last 6 months, did you:

- **Have sex without condoms with a person whose HIV status you didn't know?**
- **Have a sexually transmitted infection (an "STD"), such as gonorrhea, syphilis, or herpes?**
- **Have sex while drunk or high?**
- **Have sex for something you needed (such as housing, money, drugs)?**
- **Share needles or injection supplies?**

In the last 6 months, have you had a sexual partner who:

- **Refused to use condoms?**
- **Made you have sex when you did not want to?**
- **Had sex with anyone besides you?**
- **Has ever been in jail or prison?**
- **Injected drugs with a needle?**
- **Has HIV?**
- **Is a man who has sex with other men?**

Need Help Paying for PrEP?

Call the Pre-Exposure Prophylaxis Assistance Program PrEP-AP at 800-542-2437.

Are You Uninsured or Under Insured?

PrEP Assistance Program (PrEP-AP)

The NYSDOH Pre-exposure Prophylaxis Assistance Program (PrEP-AP) will pay for medical appointments and lab services for PrEP if you are uninsured or under-insured. However, you must receive the services from an enrolled PrEP-AP provider.

Call the HIV Uninsured Care Programs PrEP-AP at 1-800-542-2437.

For additional information about PrEP, including a directory of medical providers who prescribe PrEP, providers who participate in the PrEP-AP program and resources to pay for PrEP, call

1-800-541-AIDS English, 1-800-233-SIDA Spanish or visit www.health.ny.gov/PrEP

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PrEP Payment Options

Payment Options for Adults and Adolescents for Pre-Exposure Prophylaxis (PrEP)	
Medication Assistance Programs	
New York City	In New York City, there are other options available for low-cost access to PrEP. Visit the NYC Health Map . Select "Sexual Health Services" from the services menu. Then select "PrEP and PEP" and "Sliding Scale for Uninsured" under "Cost" to find locations offering this service.
New York State	NYSDOH-funded Adolescent/Young Adult Specialized Care Center providers can provide information and assistance navigating PrEP services and payment options.
Gilead Co-Pay Coupon Card	
1-877-505-6966	
Gilead Truvada for PrEP Medication Assistance Program	
1-855-330-5479	
Patient Advocate Foundation Co-Pay Relief Program	
1-866-512-3861	
Helpful Resources	
Partnership for Prescription Assistance Program	
1-888-477-2669	
Gilead Advancing Access	
1-800-226-2066	
New York State	
Payment Options for Adults and Adolescents for Pre-Exposure Prophylaxis (PrEP)	
Amendments to New York's health regulations allow minors to consent to their own HIV treatment and HIV preventive services such as pre-exposure prophylaxis(PrEP) and post-exposure prophylaxis (PEP) without parental/guardian involvement (10 NYCRR Part 23)	
Minor Consent	
Health Coverage and New York State Department of Health Sponsored Programs	
Commercial Insurance	<ul style="list-style-type: none"> Most commercial insurance plans cover PrEP for adults and adolescents. Coverage varies based on plan. There may be deductibles and co-payments. Adolescents may ask that the EOB be sent to another address but parents may still receive financial information such as copayments made. This is permitted under Insurance Law 2612(h)(2)(A) and Title 11 of NYCRR, section 23.4 Co-pay coupons are available through the manufacturer regardless of income. Gilead: 1-877-505-6966
Fee-for-Service Medicaid	<ul style="list-style-type: none"> Medicaid covers PrEP for adults and adolescents, including PrEP prescription costs, medical appointments, and lab tests Medicaid does not issue EOBs so adolescent confidentiality is protected. Prior approval is required and renewed every 3 months
Medicaid Managed Care	<ul style="list-style-type: none"> Medicaid Managed Care Plans (MMCPs) cover PrEP for adults and adolescents. Prior authorization requirements may vary among plans. MMCPs are required to send notice upon a service or claim denial, where the denial was not based on medical necessity, the enrollee already received the service, and the enrollee is not liable for the cost of the service, consistent with the Department of Health's Policy for the Protection of Confidential Health Information for Minors Enrolled in NYS Medicaid Managed Care Plans. An adolescent may work with their plan or provider to obtain consent to send notices to an alternate address.
PrEP Assistance Program (PrEP-AP)	<ul style="list-style-type: none"> PrEP-AP serves adults and adolescents, who are residents of New York State and are uninsured or underinsured and prescribed PrEP. Financial eligibility is based on 435% of the Federal Poverty Level (FPL). Covers costs of clinical visits and lab testing for uninsured and underinsured individuals. Services include HIV, STI/STD testing, counseling, and supportive primary care services consistent with clinical guidelines for PrEP. PrEP medication is not covered by PrEP-AP. Manufacturer's patient assistance programs (PAP) (listed below) should be contacted for uninsured or underinsured individuals. Providers that are enrolled in the New York State Medicaid Program are eligible to enroll in PrEP-AP. To become a PrEP-AP provider contact the ADAP Provider Relations Section at 1-516-459-1641 or email damaris.feliciano@health.ny.gov for more information. Providers are responsible for assisting patients with the patient assistance program application to receive Truvada as PrEP.
Hotline:	1-800-542-2437

Adolescent's Consent for HIV Services

- **2016 Changes to NYS Public Health Law**
 - HIV now classified as Group B STD
 - Allows minors to consent to HIV prophylaxis and treatment without parental/guardian notification or consent
 - Prohibits release of medical and billing records containing information related to these services to parent/guardian without minor's consent



HIV CLINICAL RESOURCE

- [HIV Clinical Guidelines](#)
- [CEI for Clinical Training in HIV, STIs, and HCV](#)
 - CEI Line 866-637-2342
<https://ceitraining.org>
For clinicians in NYS to discuss
PEP, PrEP, HIV, HCV and STDs .org
- STD Center for Excellence
- Other Clinical resources (CDC guidance, trans- care)

Education and Training Programs Serving a Non-Clinical Audience

- Including:
- Care Coordinators,
Case Managers
- Social Workers,
Counselors
- Patient Navigators
- Peer Workers
- Educators



www.HIVtrainingNY.org

Search...

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Ending the Epidemic

Measure, track, and disseminate information on progress towards achieving the End of the AIDS Epidemic in New York State



INTERESTED IN RECEIVING
NEW DATA AND RESEARCH?



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NEW INTERACTIVE DATA

Visit the Dashboard's new
interactive visualization to view
NYC HIV testing data by
neighborhood

Select HIV testing indicator:

- ☒ Tested in last 12 months
- ☐ Never Tested
- ☐ Tested among MSM
- ☐ Never Tested among MSM

Filters

SEX:

Total

RACE:

Total

AGE:

Total

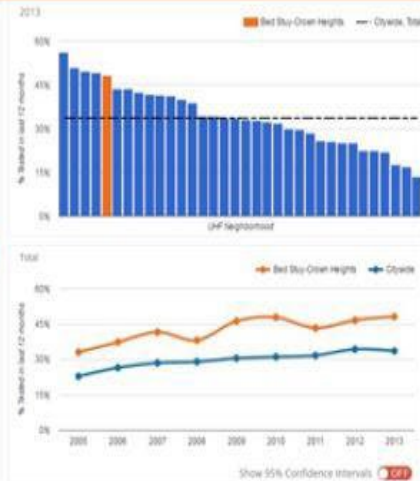
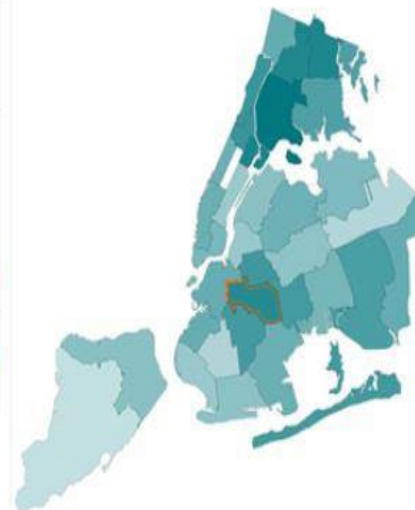
Reset Filters

Highlight By Location

Search UHF name and zip code

Bed Stay Crown Heights

2013

Select an area on the map to view UHF neighborhood level data
Tested in last 12 months, 2013

<http://www.ETEdashboardny.org>



Department
of Health

PrEP Implementation: Experience from One FP Network

Let's talk
about **PrEP!**



PrEP is a
daily pill that
can help you
prevent HIV.



**Come in for
testing,
condoms,
and PrEP.**

Planned Parenthood
can help you prevent HIV.



Questions?



**GET TESTED.
TREAT EARLY.
STAY SAFE.**

End AIDS.



health.ny.gov/ete

New York State Department of Health
AIDS Institute

Marcia.Kindlon@health.ny.gov

518.473.8815



PrEP Implementation in a Family Planning Setting

Laura Gallery, PrEP Coordinator
Planned Parenthood Mohawk Hudson, Inc.
November 2018

Implementation

- Protocols
 - NYS Clinical Guidelines
(<https://www.hivguidelines.org/prep-for-prevention/>)
- Training
 - Who, what, where, when, why
 - Build into EHR
 - Roll out
 - PrEP-AP
- PrEP Coordinator
 - Ensure compliance with protocol
 - Keep staff up to date; in-house “PrEP expert”
 - Conduct outreach, education, and technical assistance in the community
 - Train new staff

Electronic Health Record – Encounter Plan

Chart: TEST, MICHELLE L "SUZY (SHE)" 03/02/1991 (25yo F) #7 E#7 ! [minichart](#) [quickview](#) [prev](#) [next](#)

✓ [Check-in](#) [Intake](#) [Exam](#) [Sign-off](#) [Checkout](#)

Allergy Alert: LATEX AMOXICILLIN BACTRIM CECLOR CELERY CODEINE MORPHINE PEANUT SHELLFISH DERIVED

[facesheet](#) [health history](#) [quality management](#) [patient risk](#) [flowsheets x](#) [current encounter](#)

Patient Details	Vitals/POC Tests/PN	HPI/ROS	Patient Histories	Allergies/Medication List/Pt Problems/CVR-CRP	Office Procedures
QuickPicks	<input type="checkbox"/> 15 MIN <input type="checkbox"/> 30 MINUTE <input type="checkbox"/> Abnormal breast finding <input type="checkbox"/> Annual Check Up <input type="checkbox"/> BC CHANGE <input type="checkbox"/> BC START <input type="checkbox"/> BLOOD PRESSURE CHECK <input type="checkbox"/> BLOODWORK <input type="checkbox"/> COLPO <input type="checkbox"/> COLPO F/U <input type="checkbox"/> CONSULT GYN <input type="checkbox"/> COX <input type="checkbox"/> CRYO <input type="checkbox"/> CSP <input type="checkbox"/> Condoms <input type="checkbox"/> Counseling <input type="checkbox"/> D&C 12-13.6 <input type="checkbox"/> D&C Under 12 <input type="checkbox"/> D&E 14-15.6 <input type="checkbox"/> D&E Over 16	<input type="checkbox"/> GARDASIL #2 <input type="checkbox"/> GARDASIL #3 <input type="checkbox"/> HEPATITIS #1 <input type="checkbox"/> HEPATITIS #2 <input type="checkbox"/> HEPATITIS #3 <input type="checkbox"/> HIV <input type="checkbox"/> INITIAL OFFICE VISIT <input type="checkbox"/> IUC CHECK <input type="checkbox"/> IUC CONSULT <input type="checkbox"/> IUC Continuing <input type="checkbox"/> IUC INSERT <input type="checkbox"/> IUC REMOVAL <input type="checkbox"/> IUC Removal and Insert <input type="checkbox"/> Implant Consult <input type="checkbox"/> Implant Continuing <input type="checkbox"/> Implant Insertion <input type="checkbox"/> Implant Removal <input type="checkbox"/> Implant Removal and Insertion <input type="checkbox"/> Incision Check <input type="checkbox"/> LAMI	<input type="checkbox"/> OV GYN PROCEDURE <input type="checkbox"/> OV3 <input type="checkbox"/> PE <input type="checkbox"/> PRE OP <input type="checkbox"/> PRE OP PT PE <input type="checkbox"/> PT PE <input type="checkbox"/> Partner Treatment <input type="checkbox"/> Patch Continuing <input type="checkbox"/> Patch New Method <input type="checkbox"/> Pills Continuing <input type="checkbox"/> Pills New Method <input type="checkbox"/> PrEP - Continuing <input type="checkbox"/> PrEP - New <input type="checkbox"/> Pregnancy Test <input type="checkbox"/> RCIL <input type="checkbox"/> REPEAT PAP SMEAR <input type="checkbox"/> RESULTS <input type="checkbox"/> Ring Continuing <input type="checkbox"/> Ring New Method		

Initial - HPI

facesheet	health history	quality management	patient risk	flowsheets x	current encounter
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Patient Details	Vitals/POC Tests/PN	HPI/ROS	Patient Histories	Allergies/Medication List/Pt Problems/CVR-CRP	Office Procedures
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PrEP - Initial

☐ Select Normal - All

reported by: Patient ▼

▢ ▼ HPI

▶ Rationale none , HIV Pos Partner , Multiple sex partners , Recent bacterial STI , Inconsistent condom use , No condom use , Unprotected anal sex , Commercial sex worker , Sharing needles , HIV Pos injecting partner , Current IV drug use , Other add'l notes

▶ Current signs and symptoms none , fever , chills , Body aches , Fatigue , Rash , Night sweats , Nausea , Vomiting , Diarrhea add'l notes

▶ Contraindications None , HIV Positive , Osteoporosis , Renal Disease , Hepatitis B , Currently Breastfeeding add'l notes

Notes:

Initial – Procedure Template

Patient Details	Patient Histories	Problems/Meds/Allergies	Vitals	HPI/ROS/PE/PN	Pt Documents & Office Procedures	POC Results/Assessment/RTO
Guidelines/CVR-CRP/Consult Notes						

<input type="checkbox"/> PPMH C. Dilator Insertion Procedure <input type="checkbox"/> PPMH D. SAB Part 2 D&C <input type="checkbox"/> PPMH D. SAB Part 2 D&E <input type="checkbox"/> PPMH E. POC <input type="checkbox"/> PPMH F. Post Surgical AB Recovery Note <input type="checkbox"/> PPMH - Medication Abortion <input type="checkbox"/> GYN Procedure IVCS <input type="checkbox"/> GYN Procedure Recovery <input type="checkbox"/> PPMH IUC Consult	<input type="checkbox"/> Nexplanon Insertion Post AB <input type="checkbox"/> PPMH Contraceptive Implant Insertion <input type="checkbox"/> PPMH Contraceptive Implant Removal <input type="checkbox"/> PPMH Colposcopy <input type="checkbox"/> PPMH Cryotherapy of Cervix <input type="checkbox"/> PPMH LEEP <input type="checkbox"/> PPMH Endometrial Biopsy	<input type="checkbox"/> PPMH - HPV Vaccine <input type="checkbox"/> Do NOT use - test Colposcopy and/or Biopsy of t Vulva <input type="checkbox"/> Other Procedure <input type="checkbox"/> PPMH - Prescription Barrier Method <input checked="" type="checkbox"/> PReP_New <input type="checkbox"/> PrEP_Continuing <input type="checkbox"/> Tobacco Cessation
---	--	---

PReP_New

Discussed importance of daily adherence for medication effectiveness and pt indicated that they are ready to adhere to daily use.

Encouraged consistent condom use for HIV and other STI prevention. Condoms provided.

Explained importance of f/u monitoring q3m including blood HIV and other screening.

Reviewed Truvada information, side effects and length of time before therapeutic levels are obtained.

Of this minute visit, more than 50% was spent counseling on:

Initial – Assessment & Plan

. High risk sexual behavior

Z20.2: Contact with and (suspected) exposure to infections with a predominantly sexual mod of transmission

- [PANEL 083935 Order](#) REVIEW
- [CT/GC NAA, RECTAL Order](#) REVIEW
- [RPR-006072-P Order](#) REVIEW
- [HCV ANTIBODY-140659-P Order](#) REVIEW
- [Pre-Exposure Prophylaxis](#) REVIEW - Handout: 157C/136Sp Pre-Exposure Prophylaxis
- [LEARNING ABOUT TAKING MEDICINE TO PREVENT HIV INFECTIONS \(Healthwise\)](#) REVIEW
- [PREGNANCY TEST, URINE Order](#) REVIEW
- [CREATININE, SERUM Order](#) REVIEW
- [HBSAG SCREEN Order](#) REVIEW
- [CHLAMYDIA/GC AMPLIFICATION-183194-P Order](#) REVIEW
- [CT/GC NAA, PHARYNGEAL Order](#) REVIEW

Follow Up - HPI

facesheet	health history	quality management	patient risk	flowsheets x	current encounter
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Patient Details	Patient Histories	Problems/Meds/Allergies	Vitals	HPI/ROS/PE/PN	Pt Documents & Office Procedures	POC Results/Assessment/RTO
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Guidelines/CVR-CRP/Consult Notes

PrEP - Follow up

☐ Select Normal - All

reported by: Patient

☐ PrEP HPI

Date of Initial Visit: date

Adherent to medication regime Yes , No

Side Effects None , Headache , GI symptoms , Fatigue

Contraindications None , Newly acquired HIV , Currently breastfeeding , Pregnant

Notes:

☐ ROS as noted in the HPI

Follow Up – Procedure Template

facesheet	health history	quality management	patient risk	flowsheets x	current encounter
Patient Details	Patient Histories	Problems/Meds/Allergies	Vitals	HPI/ROS/PE/PN	Pt Documents & Office Procedures
POC Results/Assessment/RTO					
Guidelines/CVR-CRP/Consult Notes					

<input type="checkbox"/> PPMH B. Pre Moderate Sedation Clearance <input type="checkbox"/> PPMH C. Dilator Insertion Procedure <input type="checkbox"/> PPMH D. SAB Part 2 D&C <input type="checkbox"/> PPMH D. SAB Part 2 D&E <input type="checkbox"/> PPMH E. POC <input type="checkbox"/> PPMH F. Post Surgical AB Recovery Note <input type="checkbox"/> PPMH - Medication Abortion <input type="checkbox"/> GYN Procedure IVCS <input type="checkbox"/> GYN Procedure Recovery <input type="checkbox"/> PPMH IUC Consult	<input type="checkbox"/> PPMH IUC Removal <input type="checkbox"/> PPMH Contraceptive Implant Consult <input type="checkbox"/> Nexplanon Insertion Post AB <input type="checkbox"/> PPMH Contraceptive Implant Insertion <input type="checkbox"/> PPMH Contraceptive Implant Removal <input type="checkbox"/> PPMH Colposcopy <input type="checkbox"/> PPMH Cryotherapy of Cervix <input type="checkbox"/> PPMH LEEP <input type="checkbox"/> PPMH Endometrial Biopsy	<input type="checkbox"/> PPMH Genital wart/Molluscum treatment <input type="checkbox"/> PPMH Suture/Staple removal <input type="checkbox"/> PPMH - HPV Vaccine <input type="checkbox"/> Do NOT use - test Colposcopy and/or Biopsy of the Vulva <input type="checkbox"/> Other Procedure <input type="checkbox"/> PPMH - Prescription Barrier Method <input type="checkbox"/> PreP_New <input checked="" type="checkbox"/> PrEP_Continuing <input type="checkbox"/> Tobacco Cessation
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PrEP_Continuing

Pt adherent with daily medication. Assessed for SE. Yes ▼

Encouraged consistent condom use for HIV and other STI prevention. Condoms provided. Yes ▼

Explained importance of f/u monitoring q3m including blood HIV and other screening. Yes ▼

At this ▼ minute visit, more than 50% was spent counseling on:

Challenges

- “one more thing”
- (S)low patient uptake
- Diversifying patient population
- Patient retention
- Financial strain for patients

Solutions

- Support and encourage providers; get feedback. Celebrate!
- Financial Assistance
 - Gilead Co-pay Card
 - Gilead Patient Assistance Program
 - PrEP-AP
 - https://www.health.ny.gov/diseases/aids/general/prep/docs/prep_payment_options.pdf

Solutions

- Develop and improve in-reach to patients; normalize PrEP as part of family planning
- Messaging and Outreach
 - <https://www.youtube.com/watch?v=teqNM28pDtQ>

PrEP is a daily pill for HIV-negative people. It protects you in case you are exposed to HIV in the future.

Destigmatize

If you say yes to any of the questions below, PrEP might be right for you.

In the last 6 months, did you:

- Have sex without condoms with a person whose HIV status you didn't know?
- Have a sexually transmitted infection (an "STD"), such as gonorrhea, syphilis, or herpes?
- Have sex while drunk or high?
- Have sex for something you needed (such as housing, money, drugs)?
- Share needles or injection supplies?

Educate

In the last 6 months, have you had a sexual partner who:

- Refused to use condoms?
- Made you have sex when you did not want to?
- Had sex with anyone besides you?
- Has ever been in jail or prison?
- Injected drugs with a needle?
- Has HIV?
- Is a man who has sex with other men?

If you answered yes to any of the questions, ask a health care provider about an HIV test and whether PrEP might be for you.

PrEP is under YOUR CONTROL – you can use it with or without your partner's knowledge.

Empower

Questions?

Laura Gallery

(518) 573-7887