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# Black MSM and PrEP: Challenges and Opportunities

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# Objectives

- Understand healthcare challenges for Black MSM
- Understand different pathways that healthcare organizations can take to provide access to culturally competent PrEP services
- Learn about innovative strategies for addressing HIV prevention needs of Black MSM in the South

# Disclosures

- Latesha Eloppe
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# United States HIV Epidemic

- CDC estimates 1.2 million people are living with HIV
  - One in eight do not know they are infected
  - 44,073 new cases of HIV infections annually
- 81% of HIV infections occur in men
- 67% of new cases are men who have sex with men (MSM), 3% are MSM injection drug users
  - Adolescent MSM (aged 13-24) had a 22% increase in incidence

CDC HIV Surveillance Report 2015



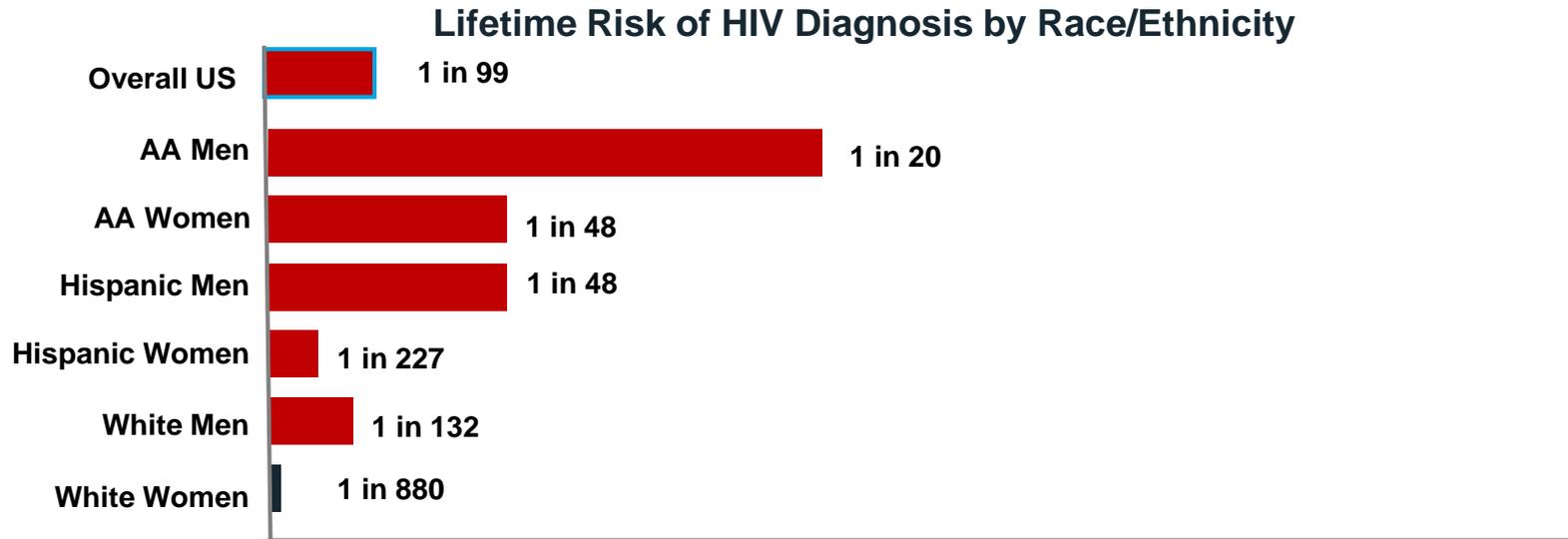
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# African-Americans Have the Highest Lifetime Risk of HIV Diagnosis

44,073: New HIV diagnoses in the US

- **44% African Americans (AA) (n=19,540) :**
  - 26% AA Women (n=5,128)
- **22% youth aged 13 to 24 (n=9,731) :**
  - 56% AA (n=5,464) , 22% Hispanic (n=2,108),17% White (n= 1,644)



**Availability of FTC/TDF for PrEP and other prevention methods are urgently needed to reduce new HIV infections**

<http://www.cdc.gov/hiv/group/raciaethnic/africanamericans/index.html>

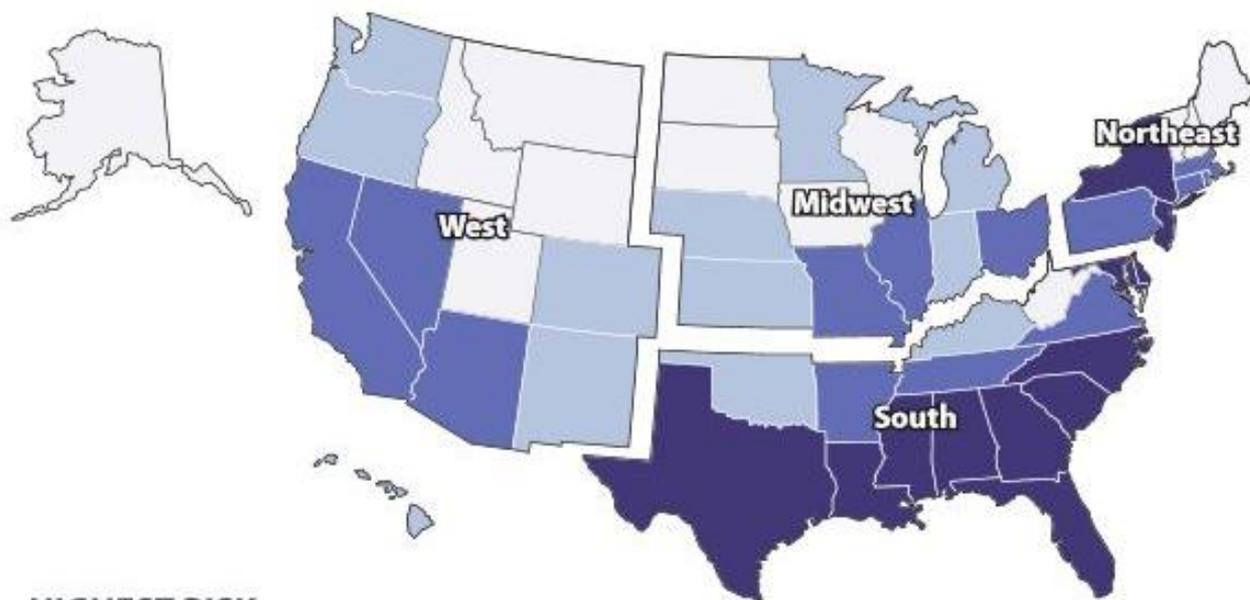
<http://www.cdc.gov/nchhstp/newsroom/2016/croi-press-release-risk.html>

<http://www.cdc.gov/nchhstp/newsroom/2016/croi-2016.html#Graphics/> Kristen H, et al. CROI 2016. Boston, MA. #52

<http://www.cdc.gov/hiv/group/age/youth/index.html>

[http://www.cdc.gov/nchhstp/newsroom/images/2016/croi\\_lifetime\\_risk\\_race\\_ethnicity.jpg](http://www.cdc.gov/nchhstp/newsroom/images/2016/croi_lifetime_risk_race_ethnicity.jpg)

# Lifetime Risk of HIV Diagnosis in the US



**HIGHEST RISK**

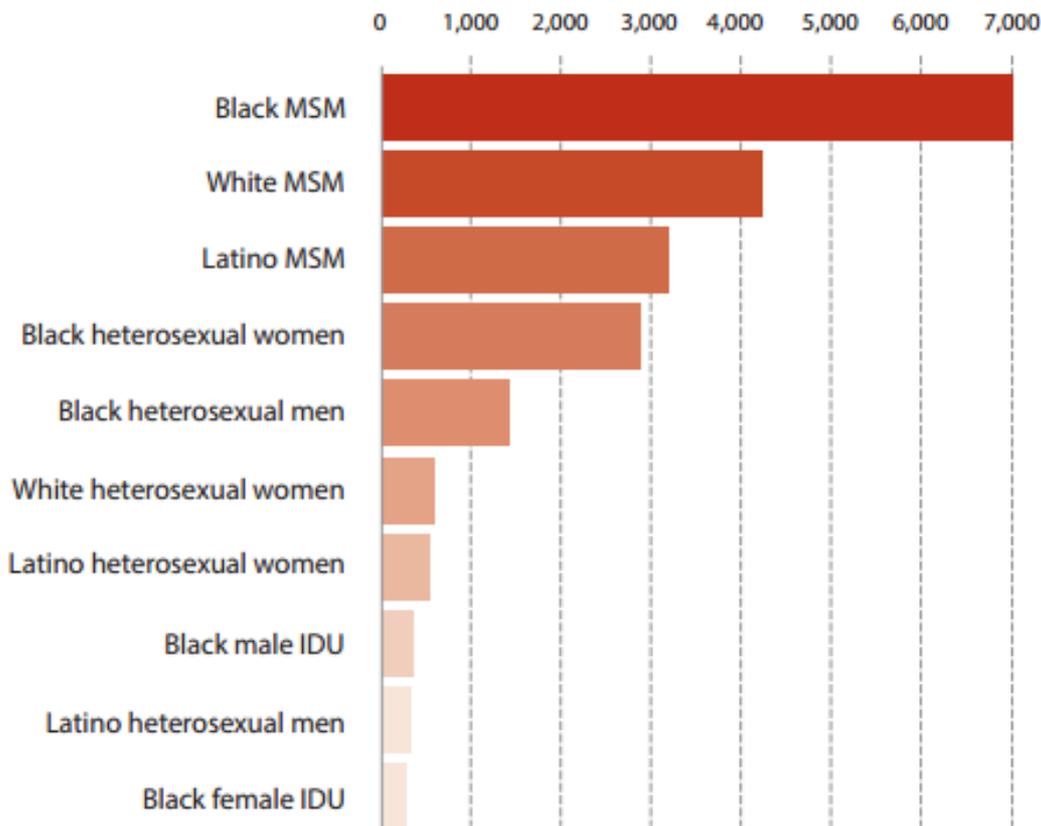
**LOWEST RISK**

State	One in "n"	State	One in "n"	State	One in "n"	State	One in "n"
District of Columbia	13	Nevada	98	Michigan	167	West Virginia	302
Maryland	49	Illinois	101	Oklahoma	168	Wisconsin	307
Georgia	51	California	102	Kentucky	173	Iowa	342
Florida	54	Tennessee	103	Indiana	183	Utah	366
Louisiana	56	Pennsylvania	115	Washington	185	Maine	373
New York	69	Virginia	115	Colorado	191	Alaska	384
Texas	81	Massachusetts	121	New Mexico	196	South Dakota	402
New Jersey	84	Arizona	138	Hawaii	202	New Hampshire	411
Mississippi	85	Connecticut	139	Oregon	214	Wyoming	481
South Carolina	86	Rhode Island	143	Minnesota	216	Vermont	527
North Carolina	93	Ohio	150	Kansas	262	Idaho	547
Delaware	96	Missouri	155	Nebraska	264	Montana	578
Alabama	97	Arkansas	159			North Dakota	670

Source: CDC. Lifetime risk of HIV diagnosis February 23, 2016.

# HIV in the Southern U.S.

New HIV Diagnoses, Southern United States, 2014



Source: CDC. *HIV Surveillance Report*, 2014.

- African Americans in the South accounted for 54% of new HIV diagnoses in 2014.
- Black MSM account for 59% of all HIV diagnoses among African Americans in the South.
- Of all black MSM diagnosed with HIV nationally, more than 60% were living in the South.
- Black women account for 69% of all HIV diagnoses among women in the South

# HIV Infection in Black MSM

- Black MSM are more likely to be HIV positive and have STI diagnoses
- CDC predicts if diagnoses rates persists, lifetime risks of HIV will be:
  - 1 in 2 for Black MSM
  - 1 in 4 for Latino MSM
  - 1 in 11 for White MSM
- Black MSM are less likely to:
  - Have health Insurance
  - Adhere to ART
  - Be virally Suppressed

Gregory Millett et al. The Lancet 2012



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# HIV Pre-exposure Prophylaxis

- Tenofovir disoproxil fumarate (TDF) and emtricitabine (FTC)
- Approved July 2012 by FDA for PrEP
- Recommended use one tablet, by mouth every day



# Efficacy Trials

Study Name	Population	N	Placebo incidence	Results
<b>Partners PrEP</b> Kenya, Uganda	Heterosexual discordant couples	4758	2/100 p-y	TDF: 67% efficacy FTC/TDF: 75% efficacy
<b>TDF2 Study</b> Botswana	Heterosexual men and women	1219	3/100 p-y	FTC/TDF: 62% efficacy
<b>iPrEx</b> Brazil, Ecuador, Peru, South Africa, Thailand, US	MSM	2499	4/100 p-y	FTC/TDF: 44% efficacy
<b>Thai IDU Study</b> Thailand	IDU	2413	4/100 p-y	TDF: 49% efficacy
<b>FEM-PrEP</b> Kenya, S Africa, Tanzania	Heterosexual Women	1951	5/100 p-y	FTC/TDF: futility
<b>VOICE</b> South Africa, Uganda, Zimbabwe	Heterosexual Women	5029	6/100 p-y	TDF: futility Vaginal TFV gel: futility FTC/TDF: futility



# Efficacy with Adherence

Study	Efficacy Overall, %	Blood Samples With TFV Detected, %	Efficacy By Blood Detection of TFV, %
iPrEx <sup>[1]</sup>	44	51	<b>92</b>
iPrEx OLE <sup>[2]</sup>	49	71	<b>90</b> (2-3 tablets)
Partners PrEP <sup>[3]</sup>	67 (TDF) 75 (TDF/FTC)	81	86 (TDF) <b>90</b> (TDF/FTC)
TDF2 <sup>[4]</sup>	62	80	85
Thai IDU <sup>[5]</sup>	49	67	74
Fem-PrEP <sup>[6]</sup>	No efficacy	< 30	NR
VOICE <sup>[7]</sup>	No efficacy	< 30	NR

1. Grant RM, et al. N Engl J Med. 2010;363:2587-2599. 2. Grant RM, et al. Lancet Infect Dis. 2014; 14:820-829. 3. Baeten JM, et al. N Engl J Med. 2012;367:399-410. 4. Thigpen MC, et al. N Engl J Med. 2012;367:423-434. 5. Choopanya K, et al. Lancet. 2013;381:2083-2090. 6. Van Damme L, et al. N Engl J Med. 2012;367:411-422. 7. Marrazzo J, et al. CROI 2013. Abstract 26LB.



# Indications for PrEP Use for MSM

## Indications for MSM

Adult man without acute or established HIV infection

Any male sex partners past 6 months

Not in a monogamous relationship with HIV – man

AND at least 1 of the following:

Condomless, anal sex in past 6 months  
(insertive or receptive)

STI in the past 6 months

Serodiscordant relationship male partner

CDC. Clinical Practice Guidelines. 2014



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# Top 20 US Cities with FTC/TDF for PrEP Use in 2015 (January to December)

## Total Number of Individuals Prescribed FTC/TDF for PrEP in 2015

### West

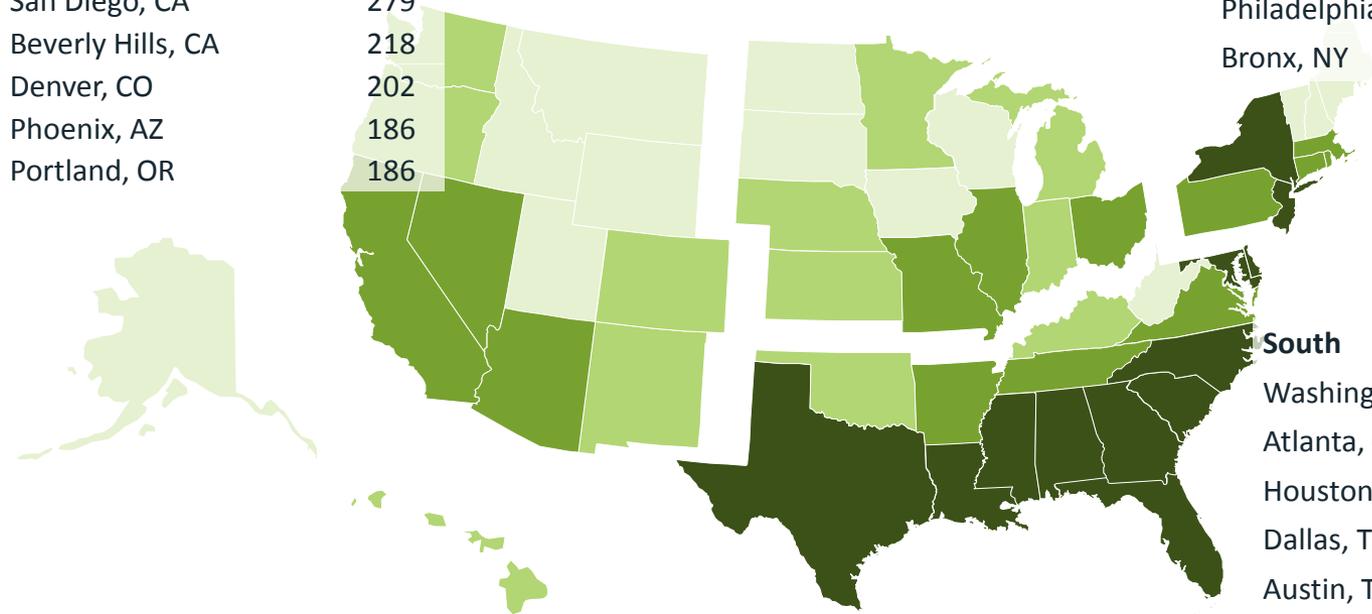
San Francisco, CA	1094
Los Angeles, CA	660
Seattle, WA	574
San Diego, CA	279
Beverly Hills, CA	218
Denver, CO	202
Phoenix, AZ	186
Portland, OR	186

### Midwest

Chicago, IL	1001
Minneapolis, MN	378

### Northeast

New York, NY	2936
Boston, MA	548
Philadelphia, PA	500
Bronx, NY	169



### South

Washington, DC	840
Atlanta, GA	524
Houston, TX	388
Dallas, TX	400
Austin, TX	286
Orlando, FL	168

2015 accounts for 39-55% of starts in each city

# Challenges for Black MSM

- Decreased Knowledge of PrEP
- Stigma
  - Internalized Homophobia
  - HIV Stigma
  - “Truvada Whore”
- Structural Barriers
  - Unemployment, Low Income, Previous Incarceration, Education

Eaton et al. Aids and Patient Care 2015

Millet et al. The Lancet 2012

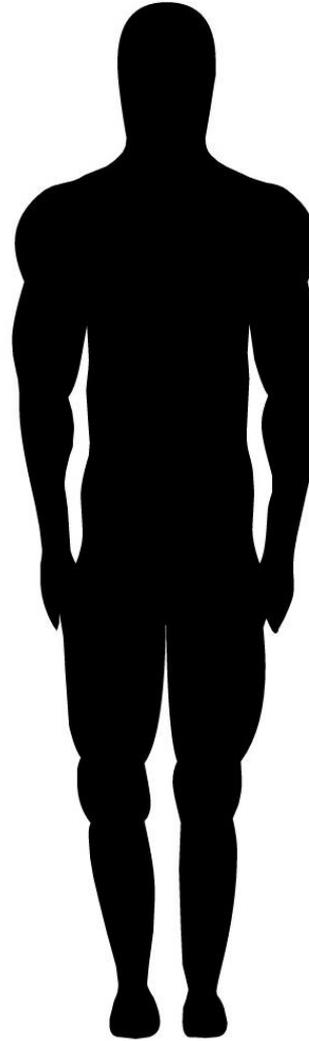
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# Intersecting Disparities

## Black

- Poverty
- Education
- Employment
- Access to care
- Chronic diseases
- Racism/Profiling
- Sexual prejudice
- Insurance
- Homicide
- HIV/STI
- CSA
- Mental health
- Homelessness
- Incarceration
- Alcohol/Substance abuse



## MSM/Gay men

- Sexual prejudice
- Obesity
- HIV/STI
- Suicide
- Alcohol/Substance abuse
- Homelessness
- Mental health
- Access to care
- CSA

Malebranch, Robinson & Moore, 2015



# Structural and Social Barriers to HIV Testing – Black MSM

- Access to Healthcare
  - Lack of Insurance Coverage – 19% of Blacks in the U.S. do not have health insurance
  - Perceived high costs and low benefits
  - Transportation and availability of services
  - Housing status
- Incarceration
  - Higher rates of incarceration among Black MSM
  - Only 20 states test all inmates for HIV and only 3 states test upon release
  - Low access to condoms (2 state prison systems have condoms available)

Mathew Levy. AIDS and Behavior 2014  
DeNavas-Walt C. Census Bureau 2013

# Personal Barriers to HIV and STI Testing – Black MSM

- Stigma
  - Homophobia and disclosure of sexual identity
  - HIV Stigma
- Education
- Discrimination based on race, gender, and/or sexual orientation
- Mental Health and substance abuse
- Healthcare mistrust

Mimiaga et al. AIDS and Patient Care 2014

Maulsby et al. AIDS and Behaviore 2014

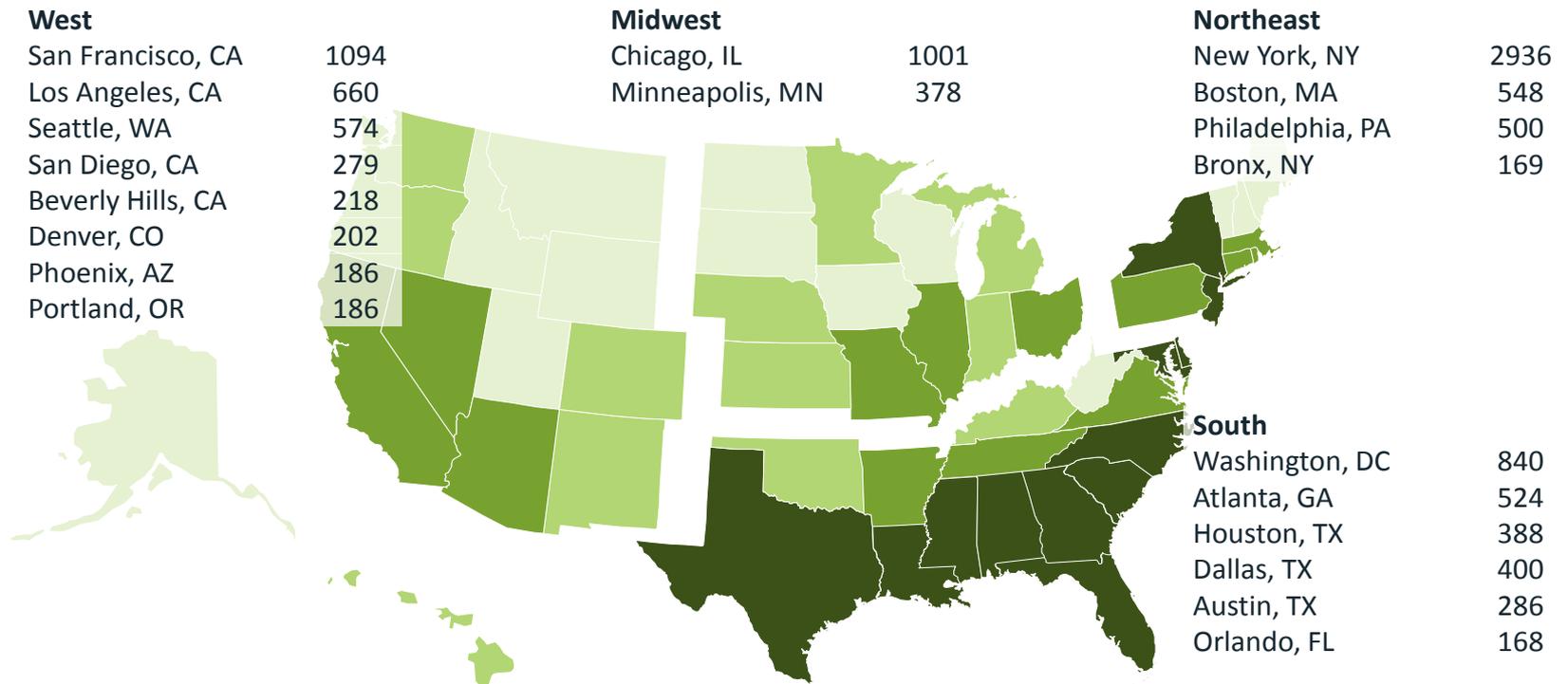
# Region and State Use of FTC/TDF for PrEP 2012-2015

South		Northeast		Midwest		West	
TX	6.8%	NY	15.9%	IL	5.4%	CA	16.7%
FL	5.7%	MA	5.1%	MN	2.5%	WA	3.5%
GA	3.7%	PA	4.7%	OH	2.1%	AZ	1.8%
DC	3.3%	NJ	2.5%	MO	1.2%	CO	1.5%
NC	1.7%	CT	0.8%	MI	1.2%	OR	1.2%
MD	1.5%	RI	0.5%	IN	1.0%	NV	0.6%
VA	1.2%	NH	0.2%	WI	0.6%	UT	0.5%
TN	1.0%	ME	0.2%	KS	0.5%	NM	0.4%
LA	0.9%	VT	0.1%	IA	0.3%	HI	0.2%
AL	0.5%			NE	0.2%	ID	0.2%
SC	0.4%			ND	0.1%	MT	0.1%
KY	0.4%			SD	0.0%	WY	0.1%
OK	0.4%					AK	0.0%
MS	0.3%						
DE	0.3%						
AR	0.2%						
WV	0.1%						

**CA, NY, TX, FL, & IL account for 50.5% of unique individuals starting FTC/TDF for PrEP**

# Top 20 US Cities with FTC/TDF for PrEP Use in 2015 (January to December)

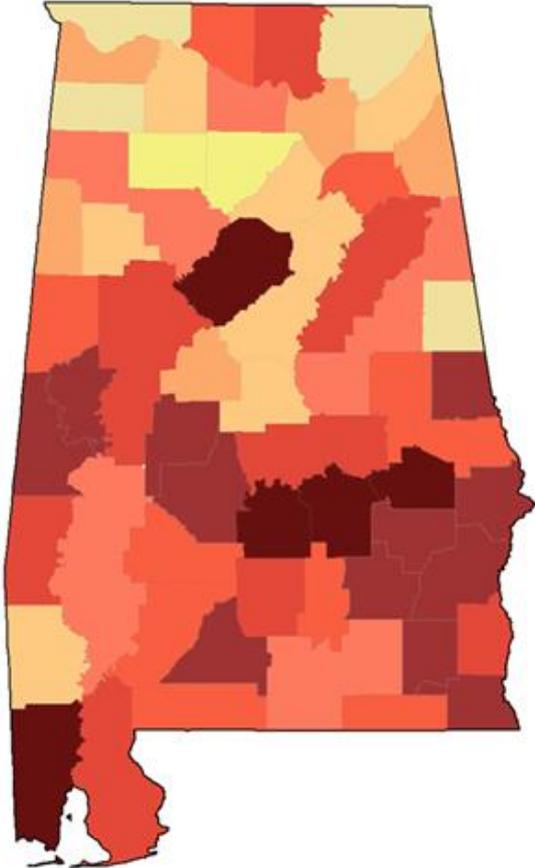
## Total Number of Individuals Prescribed FTC/TDF for PrEP in 2015



2015 accounts for 39-55% of starts in each city

# PrEP in Birmingham, AL

# HIV in Alabama

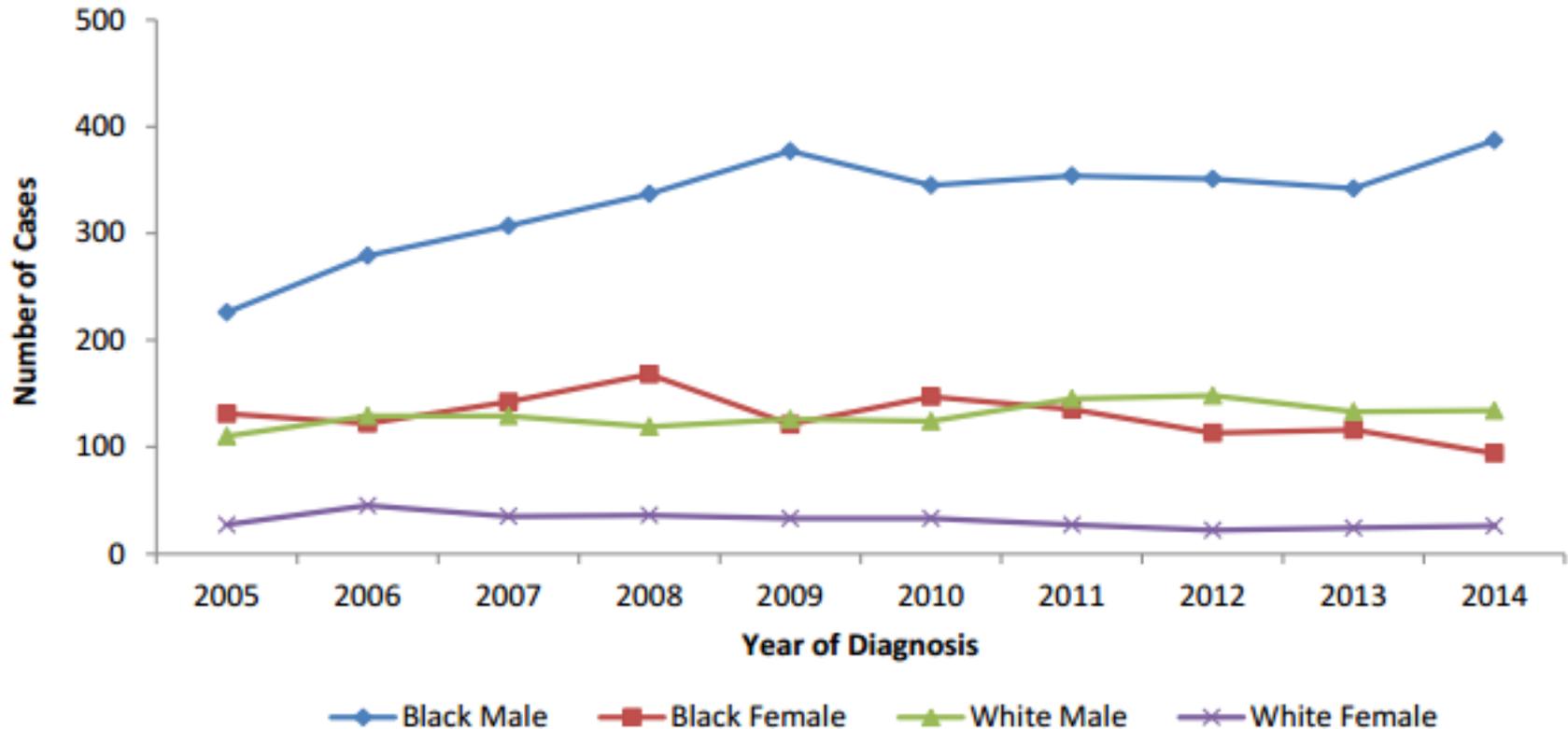


- **Jefferson County has the highest number of HIV cases each year**
  - However, highest rate of new infections per 100,000 residents occurs in rural counties
- **Black men are 10 x more likely to acquire HIV than other AL residents**
  - Most affected age group is from 15-29
  - Most common risk factor is being MSM



# HIV in Alabama

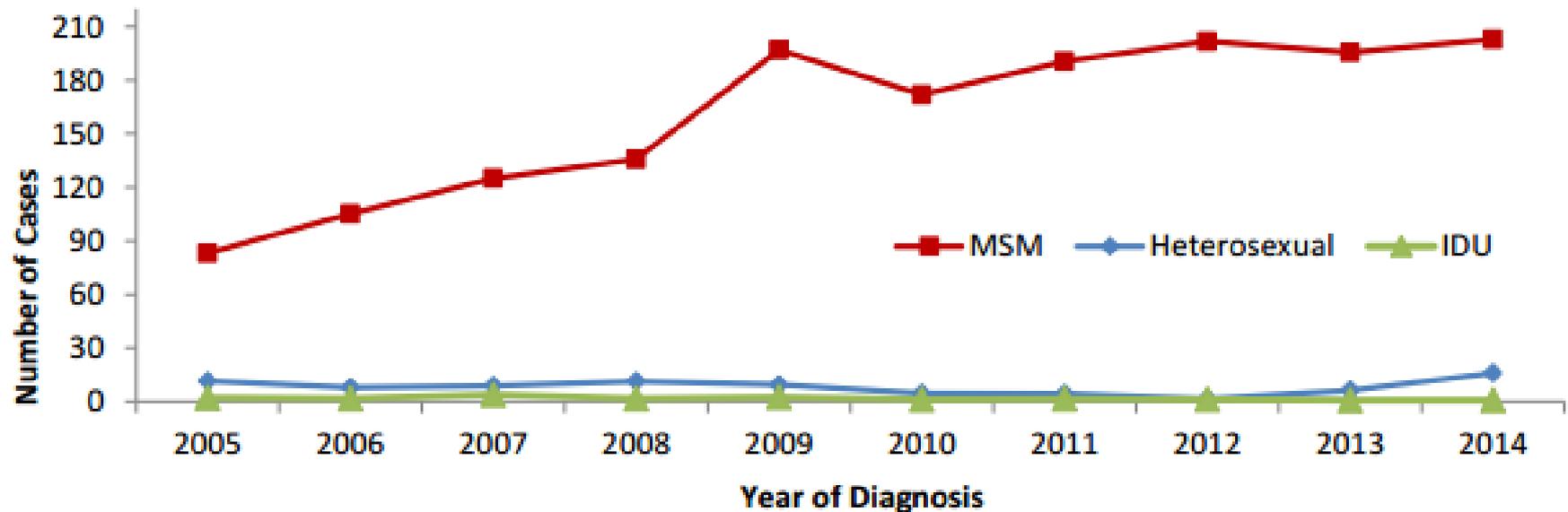
Figure 4. Trends in Newly Diagnosed HIV Cases by Race and Sex, 2005-2014



Source: Alabama Department of Public Health, Division of STD Prevention and Control, HIV Surveillance Branch.

# HIV in Alabama

Figure 8. Trends in Newly Diagnosed HIV Cases Among Black Males (Age 15-29 Years) by Mode of Exposure, Alabama 2005-2014



Source: Alabama Department of Public Health, Division of STD Prevention and Control.

Note: Multiple imputation methodology was used to estimate unknown risk among cases  $\geq 13$  years. MSM - Men who have Sex with Men, IDU - Intravenous Drug Use. MSM includes any MSM (i.e., MSM alone and in combination with IDU).

# University-Affiliated PrEP Clinic

- 1917 -PrEP Clinic opened at the University of Alabama at Birmingham (UAB) in April 2014 after several months of planning
  - Planning team was interdisciplinary, and included clinic leadership, education staff, social work staff, and providers
- Patients primarily recruited/referred via:
  - HIV Clinic
  - Clinical trials
  - CBOs



# Client Demographics

March 2014 – February 2016,  
120 Clients Screened

Characteristics	PrEP Clinic (N = 120) n (%)
Median Age, years (Q <sub>1</sub> -Q <sub>3</sub> )	33 (26, 44)
<b>Race</b>	
Black	32 (27)
White	80 (67)
Other	8 (6)
<b>Risk Factors</b>	
MSM	96 (80)
Serodiscordant relationship	57 (48)
Multiple sexual partners	63 (53)
Exchange sex for money or drugs	3 (2)
Condomless Sex	104 (87)
Receptive anal sex	93 (78)
IVDU <sup>b</sup>	0
Sex while drunk or "high" <sup>c</sup>	55 (46)
<b>Health Insurance</b>	
Yes	95 (79)
No	25 (21)
<b>Self-reported Motivation</b>	
HIV positive partner	56 (47)
HIV prevention	64 (53)
<b>Referred by</b>	
Community Based Organization	7 (8)
Internet	16 (18)
Health Department	4 (4)
Partner	31 (34)
Healthcare Provider	19 (21)
Friends	14 (15)

- Demographics:
  - Median Age 33
  - 67% White
- Risk Factors:
  - 80% MSM
  - 48% serodiscordant relationships
  - 87% Condomless sex
  - 53% Multiple sex partners
- 79% Health Insurance
- Referrals:
  - Majority Partners

# Health Disparities

## ■ Jefferson County – New HIV Cases

- 62% MSM
- 79% Black
- 50% Black MSM
- 10% White MSM
- 19% Young, Black MSM

## ■ UAB 1917 PrEP Clinic

- 80% MSM
- 27% Black
- 18% Black MSM
- 56% White MSM
- 8% Young, Black MSM

Elopre et al. JAIDS  
2017

Characteristic	PrEP Clinic (N = 120) n (%)	Jefferson County (N = 159) n (%)
<b>Male Gender*</b>	101 (84)	133 (84)
<b>Sexual Behavior*</b>		
Men who have sex with men (MSM)	96 (80)	99 (62)
Men who have sex with women (MSW)	5 (4)	34 (22)
Women who have sex with men (WSM)	19 (16)	26 (16)
<b>Race*</b>		
Black (B)	32 (27)	125 (79)
White (W) and Other (O)	88 (67)	34 (16)
Other (O)**	8 (6)	9 (5)
<b>Race by Sexual Behavior*</b>		
BMSM	22 (18)	80 (50)
BMSW	2 (2)	24 (15)
BF	8 (7)	21 (13)
WMSM	67 (56)	16 (10)
WMSW	2 (2)	6 (4)
WF	11 (9)	3 (2)
OMSM	7 (5)	4 (3)
OMSW	1 (1)	3 (2)
OF	0 (0)	2 (1)
<b>Adolescent (&lt; 25 years of age)*</b>	25 (22)	40 (25)
<b>Young BMSM (&lt; 25 years)*</b>	9 (8)	30 (19)

\* Indicated p-value < 0.05



# Challenges – Uninsured



- Ryan White Center - Unable to use 340B money for PrEP
- Uninsured individuals are referred to PrEP Clinic social worker
  - Assess eligibility for assistance programs
    - Gilead Medication Assistance Program
    - Patient Access Network Foundation
    - UAB Hospital Charity Care
  - Apply to appropriate programs
- Gilead Truvada for PrEP Medication Assistance Program
  - Covers cost of Truvada for individuals whose income is less than 500% Federal Poverty Level.
  - Medication must be shipped to the clinic where the individual is receiving care for at least the first month, then may be shipped where the client requests.
  - <https://www.gileadadvancingaccess.com/financial-support/uninsured>



# Strategies to Lower Costs for Clients

- Collaborations to provide some associated testing and services at low or no cost to clients
  - UAB Emergency Department – 4th generation HIV test
  - UAB STD Lab – RPR, GC, CT, & TV
  - Alabama Department of Public Health – Rapid HIV tests
- Providers only provide PrEP services, not primary care, and bill at level 1 or 2 to lower costs
- UAB Hospital's Charity Care Program
  - Full or partial coverage depending on needs
  - Client must have an income but not be eligible for insurance coverage through exchange, or Medicaid/Medicare



# Community Centers



- Magic City Wellness Center (opened January 2016)
  - Primary Care for the LGBTQ community
- Services
  - Primary Healthcare
  - Sexual Health
  - Trans Health
  - Counseling
  - Massage Therapy
- STD Clinic one half-day a week
  - Screened 1067 clients for STDs (99 diagnosed)

# Client Demographics for PrEP

- 76 Clients on PrEP
- Risk Behavior: All MSM
- Referred by: Primarily through ASO parent Organization (Birmingham Aids Outreach)
- Race/Ethnicity
  - 16 MSM of color and 60 White

# Strategies to Lower Costs

- Charity Care Program – Funded through donation from ASO parent organization
- STD Clinic – Able to received 340B money
  - Requires mail order for PrEP medications
  - Patients uninsured treated for free
- Getting i-STAT Blood Analyzer for creatinine testing
- Collaborations to provide lower costs for STD testing with UAB STD lab

# Other Settings

- UAB Sexual Health Clinic
- Thrive
- Jefferson County Department of Health

# What do Black MSM Want for PrEP Services?

- “There is still some internalized fear. In my community, there is still some stigma with coming to a place like the Hub, BAO, or Magic City Wellness Center [for PrEP].”
- “I would not pick up [PrEP] at the Health Department because I do not want anybody saying I have got this. Then, you run into somebody...”
- “Would like if PrEP was available in my neighborhood drugstore

# Addressing Barriers

- Structural
  - Insurance
  - Healthcare Access
  - Reducing Costs
- Individual
  - Cultural competency training
  - Stigma
  - Knowledge



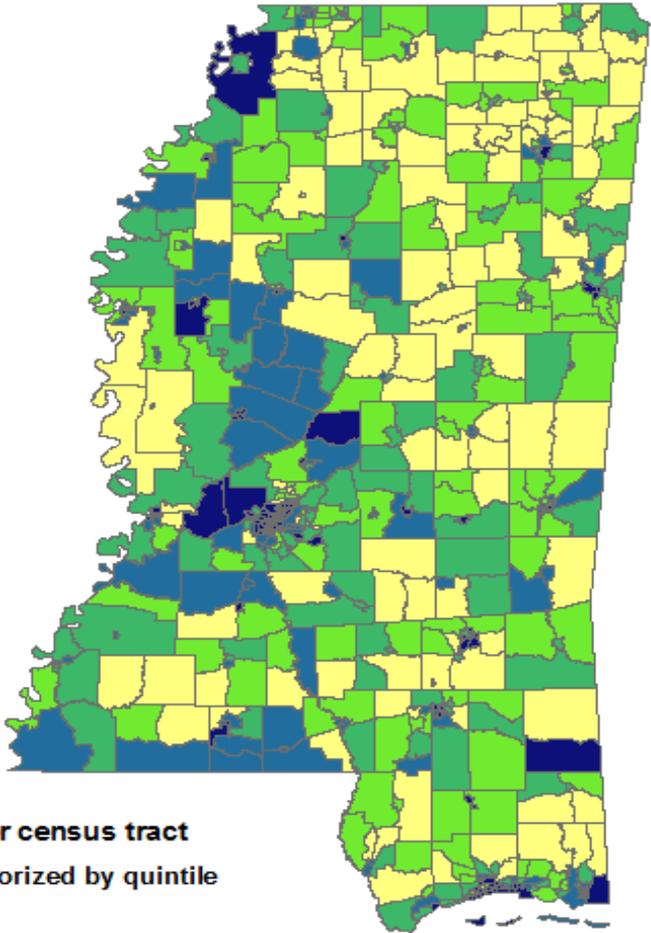
# Potential Service Delivery Models

- Telemedicine
  - Structural Barriers – transportation
  - Individual Barriers – stigma
- MAO (Medical Advocacy and Outreach)
  - Ryan White Clinic
  - 10 telemedicine satellite rural clinics
  - PrEP services started Jan. 2016
    - 30 people on PrEP
    - All insured or self-pay



# Pre-Exposure Prophylaxis Implementation to Prevent HIV Infection among Black Men who have Sex with Men in Jackson, MS

# HIV/AIDS in Mississippi



**PLWHA per census tract**  
Rate, categorized by quintile

0-80
81-141
142-234
235-436
437-4430

RATE PER 100,000, BY CENSUS TRACT  
(AS OF 12/31/2013)

Maps: Kendra Johnson (MSDH)

- Mississippi ranked 7th in the nation for HIV/AIDS prevalence in 2015
  - 80% of the new HIV cases documented in were African-American
  - HIV diagnosis increased 19% among 15-24 years old
- Jackson had the 4th highest HIV and highest AIDS diagnosis rates in 2015 of any US metropolitan statistical area (MSA) with a population 500,000 or greater
  - 39.9 % of MSM with HIV
  - 2013: 4.01% of HIV negative MSM were diagnosed with HIV
  - Over one-half of new HIV diagnoses in 2015 in Jackson were among African-American MSM

# Crossroads STD Clinic



- Located in Jackson, MS at the Jackson Medical Mall
- Open Monday, Wednesday, Thursday and Friday 8 a.m.-5 p.m., Open Tuesday 8.a.m.-7p.m.
- Walk-in Clinic
- Funded primarily through Federal Funds
- Few salaries are paid from State Funds
- Free Clinic—Bill Medicaid/Medicare
- Provide STD/HIV Services



# Patients Served 1/1/16-12/30/16

- 9,796 patients
  - 93.4% Black
  - 53.3% Female
  - 15.5% MSM
  - 11.6% YBMSM
  - 95.3% STD Screening

STD Patients Characteristics	%
Age:	
<18	1
18-27	50.3
28-36	28.3
37+	20.2
CT	14.2
GC	6.6
RPR Reactive	4.9
HIV (all)	1.9
HIV (YBMSM)	11.9

## Risk Behaviors Reported by HIV Negative African-American MSM age 15-29 attending Crossroads for STD/HIV screening (N=288)

Sex with men past 90 days:	%
>10 male partners	12.8
6-10 male partners	13.1
0-5 male partners	74.1
≥ 1 condomless receptive anal sex	71.9
≥ 1 positive partner	12.8
AI with an anonymous male	27.4
Exchanged sex for money or drugs	7.3
IDU/Methamphetamine/poppers	0
Cocaine	2
Rectal GC/CT	24.6
Likely to take PrEP	61

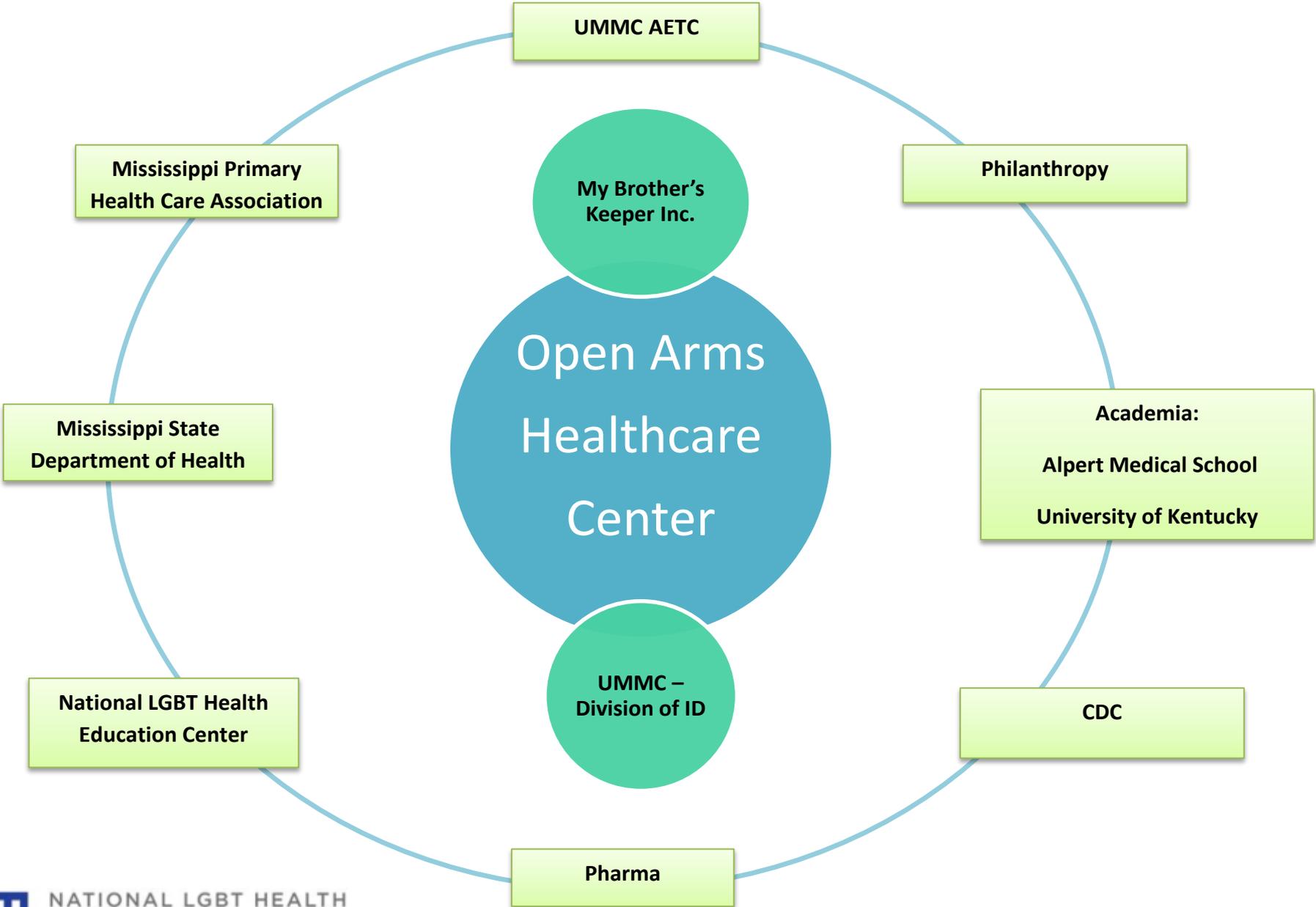


# Why Focus on Black MSM?

- Only subgroup with increasing HIV incidence
- General health issues often ignored
  - Sole focus on HIV and STIs
- Emphasis on deficits/pathology instead of assets/resilience
- Intersectionality of race and sexual orientation often not addressed
  - Black men's health initiatives often ignore sexual diversity
  - LGBT health initiatives often ignore racial diversity

Rosenberg et al., 2014; Prejean et al., 2011

# Open Arms Healthcare Center



# Open Arms Healthcare Center



- Located in Jackson, MS
- Opened in 2/2013
- LGBT Healthcare
- Staff: 3 MDs (PT), 1 NP, 1 Clinical Psychologist, 1 RN, 1 LPN, 1 NA, 2 Case Managers
- PrEP awareness
  - 2014: < 15%
  - 2015: 28%
  - 2016: 56 %

## MSM Tested for HIV 2016 (n=932)

Characteristics	%
Age:	
<18	1
18-24	49
25-34	33
35+	17
Race/Ethnicity:	
White	11.1
African-American	78.3
Other	<1
Hispanic	7.2
HIV-positive rate	12.9

# PrEP Education

- Flyers about PrEP
- Educational Programs:
  - Healthcare Providers
  - Healthcare Professionals and advocate
  - STD clinic staff and DIS
  - Consumers
- 1-800-Yes-PrEP
  - Wrist band with phone number

## Pre-Exposure Prophylaxis for HIV Prevention Program

### Protect Yourself!

HIV and other sexually transmitted diseases (STDs) are still a major problem in Mississippi. We recommend that if you have sex, you should be tested once a year for HIV and other STDs. If you're interested in protecting yourself from HIV, use condoms and ask your sex partners if they have been tested recently. If you are having sex with someone who has HIV, they should be on treatment, which helps prevent them from transmitting HIV to you.

### WHAT is PrEP?

Pre-Exposure Prophylaxis (PrEP) is a prescription medicine which helps prevent people from getting infected with HIV. PrEP is a single pill that contains the prescription medicines emtricitabine and tenofovir disoproxil fumarate.

### WHO should consider PrEP?

Anyone can become infected with HIV. You must be negative for HIV to start PrEP. We are offering PrEP to people who may be at risk of HIV.

### HOW should PrEP be used?

PrEP should be used with condoms. This is because PrEP is not 100% effective. The usual dose of PrEP is 1 pill once a day. While using PrEP, you will need to be tested every 3 months to make sure you remain HIV negative.

### What are most common SIDE EFFECTS for people using PrEP?

- Stomach upset (nausea) can occur and typically goes away after a couple weeks.
- The medication can cause kidney problems, so we monitor kidney function closely.
- Other potential side effects include the weakening or softening of bones and liver problems (rare).

### How EFFECTIVE is PrEP?

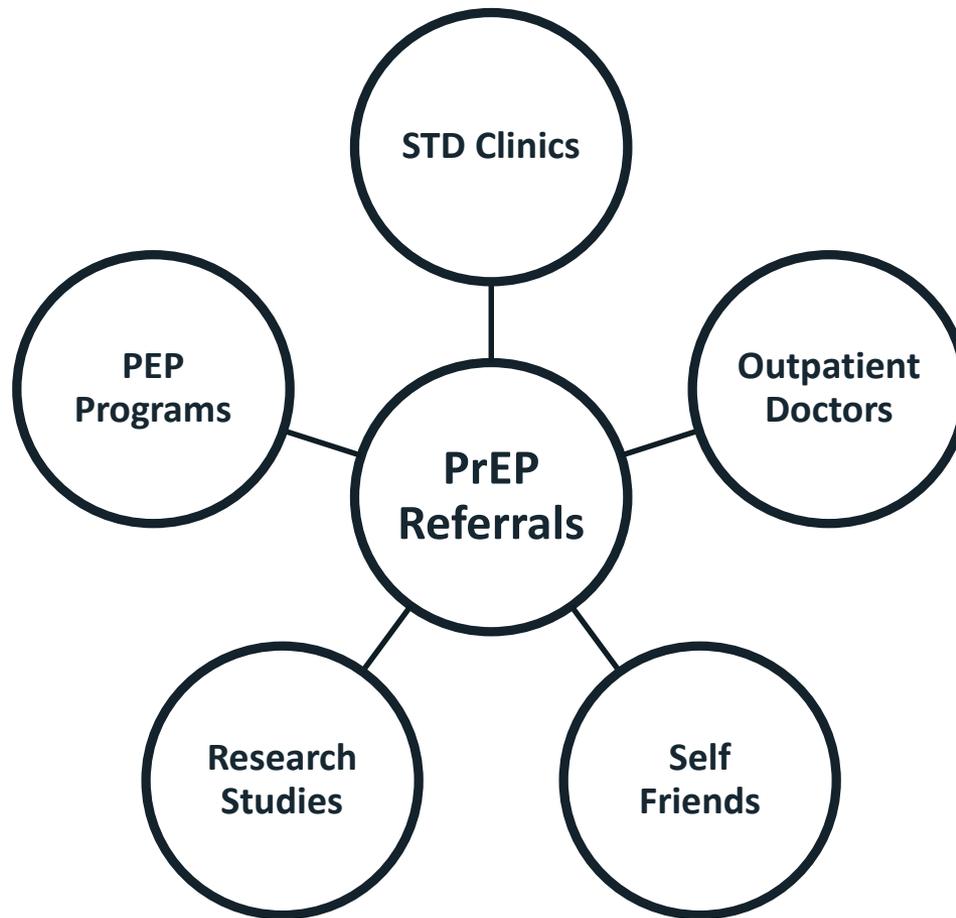
The medication depends on how well a person takes the pill each day. For people who take their pills almost every day, PrEP can significantly reduce their risk of getting HIV. People who take their pills less regularly have less protection against HIV. This graph shows results from three studies on the ability of PrEP to reduce the risk of HIV infection.

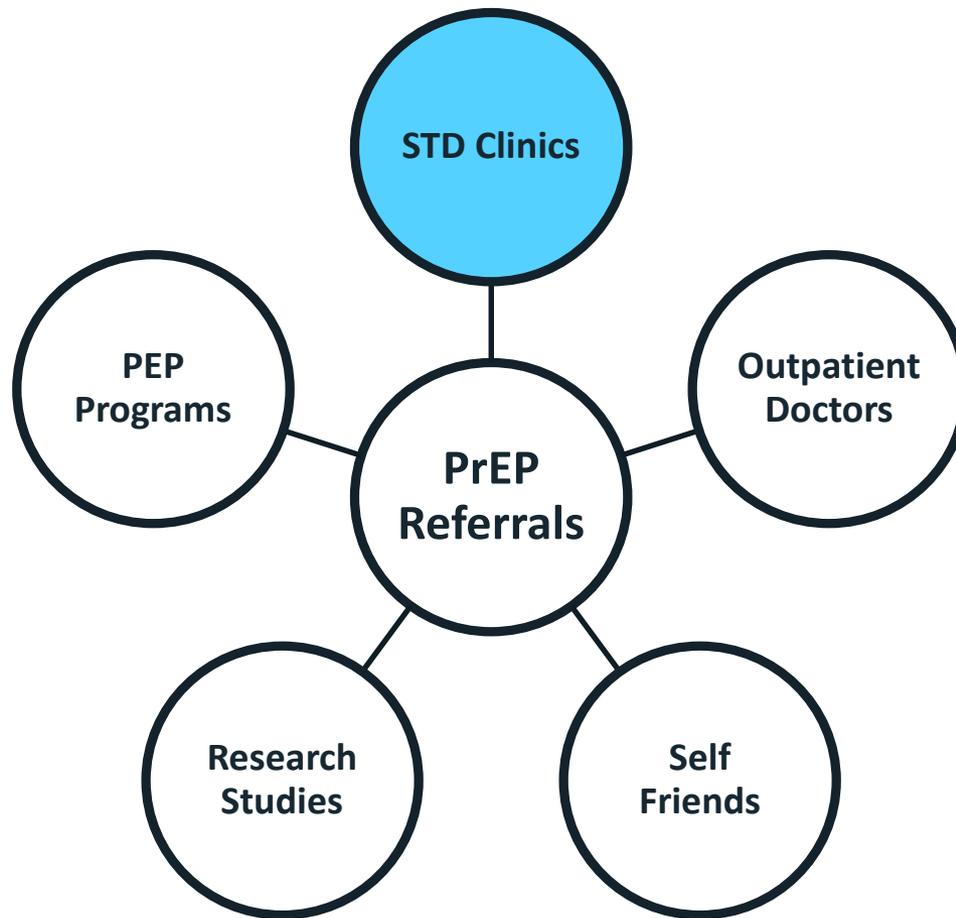


For more information about where to get PrEP you may call **1-844-YES-PrEP**

To make an appointment for PrEP:

*Insert your clinic information*





# PrEP: Recruitment and link to care in Jackson, MS

Crossroads (STD Clinic)  Open Arms Healthcare Center

Screen for risk behaviors

First PrEP Appointment

HIV/STD testing

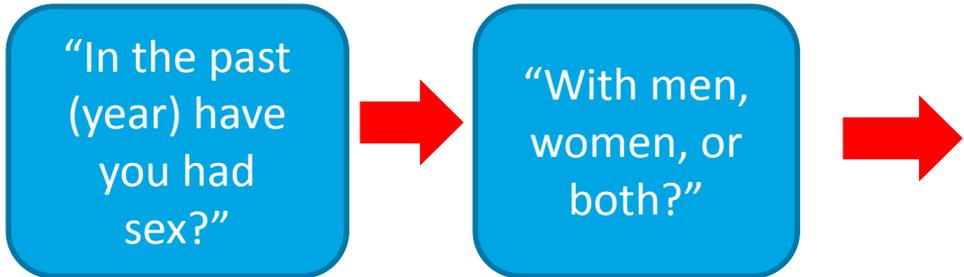
First Clinical Eval and Rx

Discuss PrEP

Q3 month follow up



# A tool for risk-stratifying MSM: CDC risk index (“HIRI”)



Score < 9: standard prevention  
Score ≥ 10: strongly consider PrEP

HIRI-MSM Risk Index*			
1	How old are you today (yrs)?	<18 years	score 0
		18–28 years	score 8
		29–40 years	score 5
		41–48 years	score 2
		≥49 years	score 0
2	How many men have you had sex with in the last 6 months?	>10 male partners	score 7
		6–10 male partners	score 4
		0–5 male partners	score 0
3	In the last 6 months, how many times did you have receptive anal sex (you were the bottom) with a man?	1 or more times	score 10
		0 times	score 0
4	How many of your male sex partners were HIV positive?	>1 positive partner	score 8
		1 positive partner	score 4
		<1 positive partner	score 0
5	In the last 6 months, how many times did you have insertive anal sex (you were the top) with a man who was HIV positive?	5 or more times	score 6
		0 times	score 0
6	In the last 6 months, have you used methamphetamines such as crystal or speed?	Yes	score 5
		No	score 0
7	In the last 6 months, have you used poppers (amyl nitrate)?	Yes	score 3
		No	score 0
Add down entries in right column to calculate total score			Total score†

Screen for risk behaviors



HIV/STD Testing



Discuss PrEP



Initial PrEP Visit



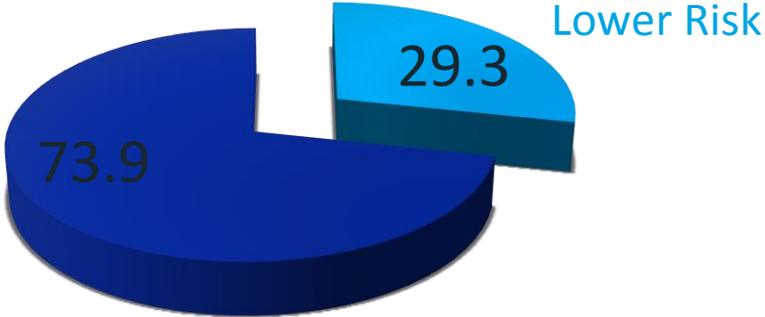
Prescribe PrEP



Q3 Month Follow-ups

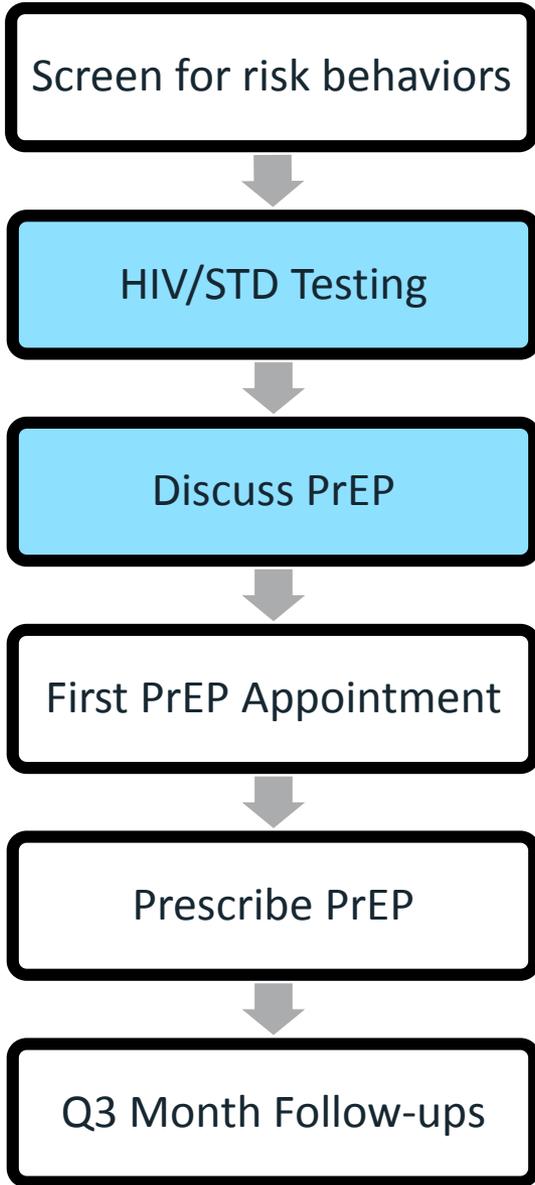
Screen for risk behaviors

# MSM Risk Stratification (n=74 Sept – Oct , 2016)



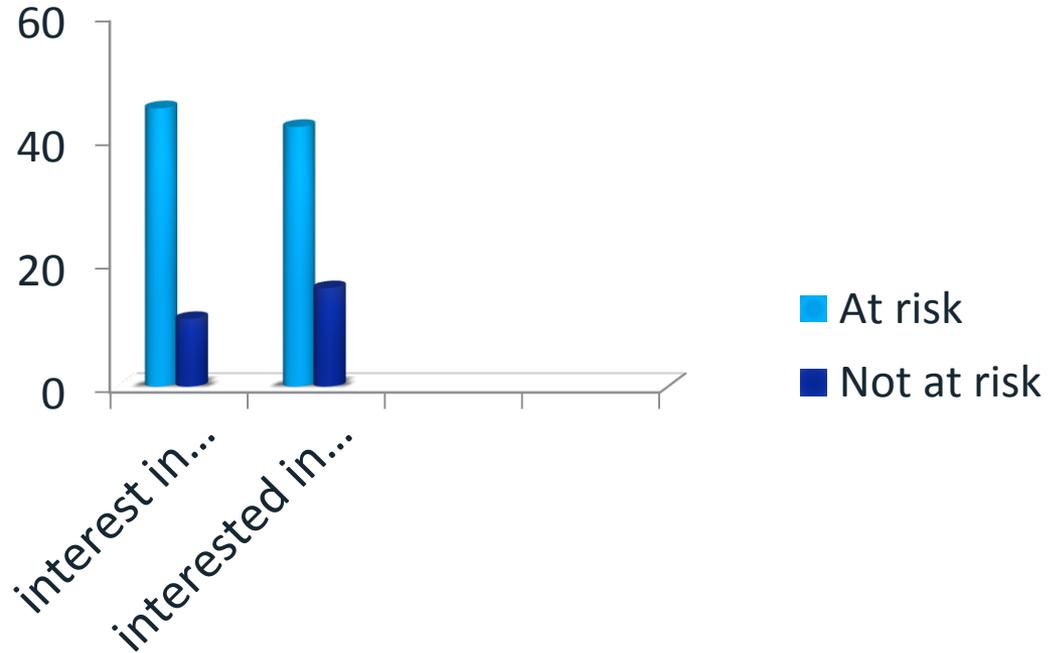
Higher Risk

Mean Score  
16.17

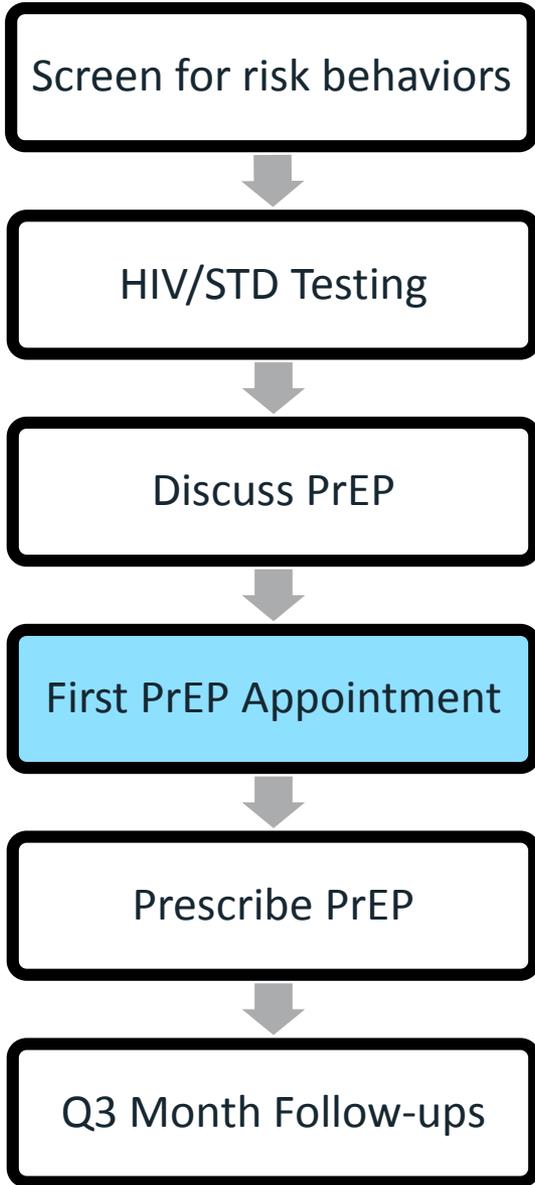


HIV/STD Testing

Discuss PrEP



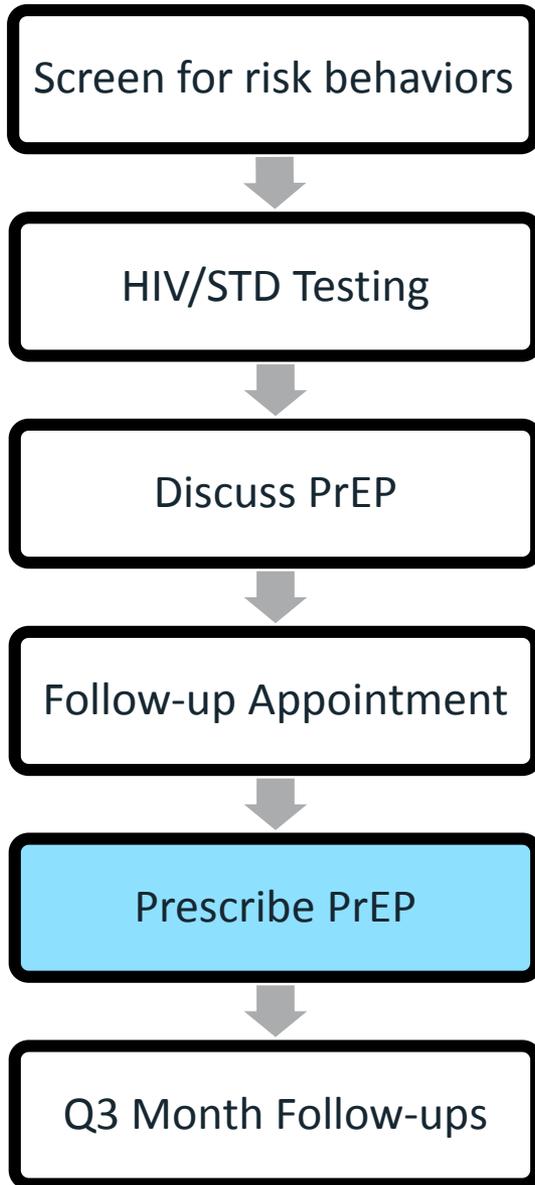
\* Smith D. et al CID 012



First PrEP Appointment

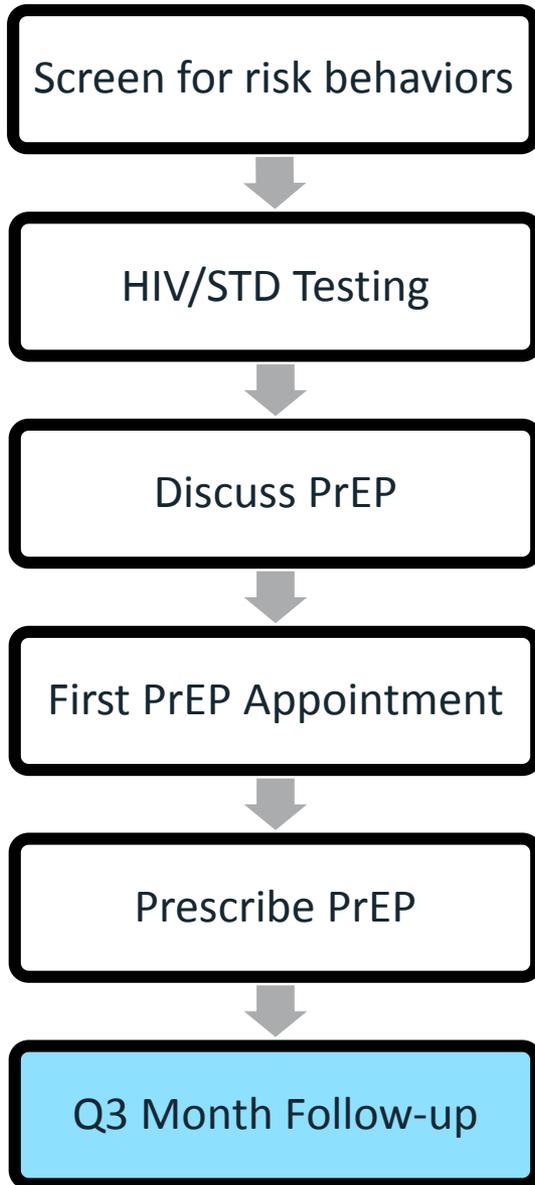
Clinic Based PrEP Education Program for MSM (N=130)	
	%
African-American	78
Perceived HIV risk moderate/high	26
-High Risk by MSM RST*	76
Likely to take PrEP	86
Did not want PrEP clinic appt	18
Attended a first PrEP clinical appt	43

\* Smith D. et al CID 2012



Prescribe PrEP

- Follow up with patient to:
  - Confirm that they filled the prescription
  - Address questions/concerns
  - Assess need for assistance with adherence
  - Call patients 2 weeks after starting on Truvada
  - Call patient to remind on follow up appointment 2 days prior to the visit



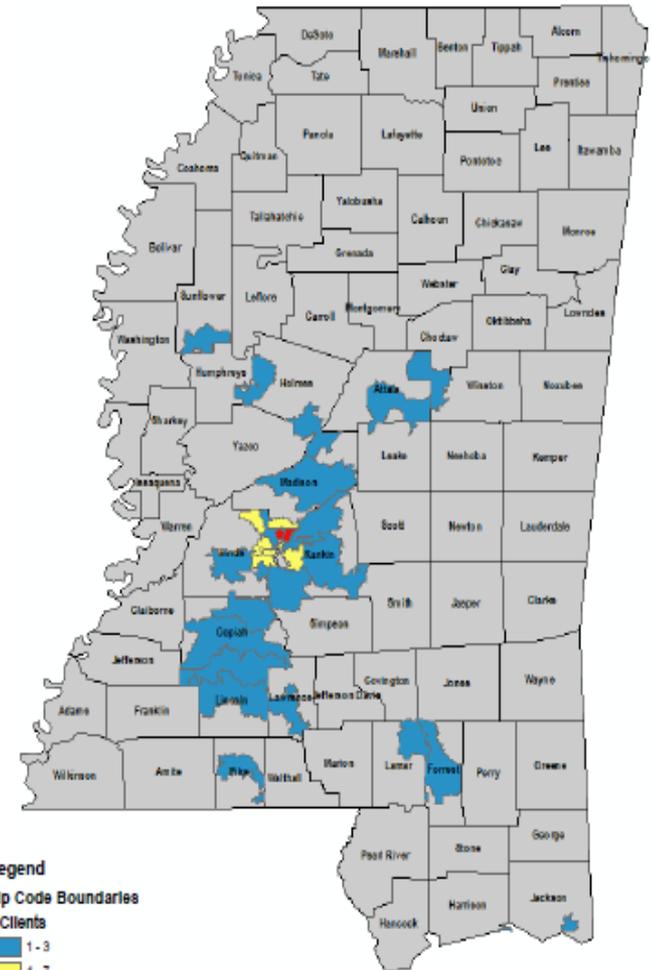
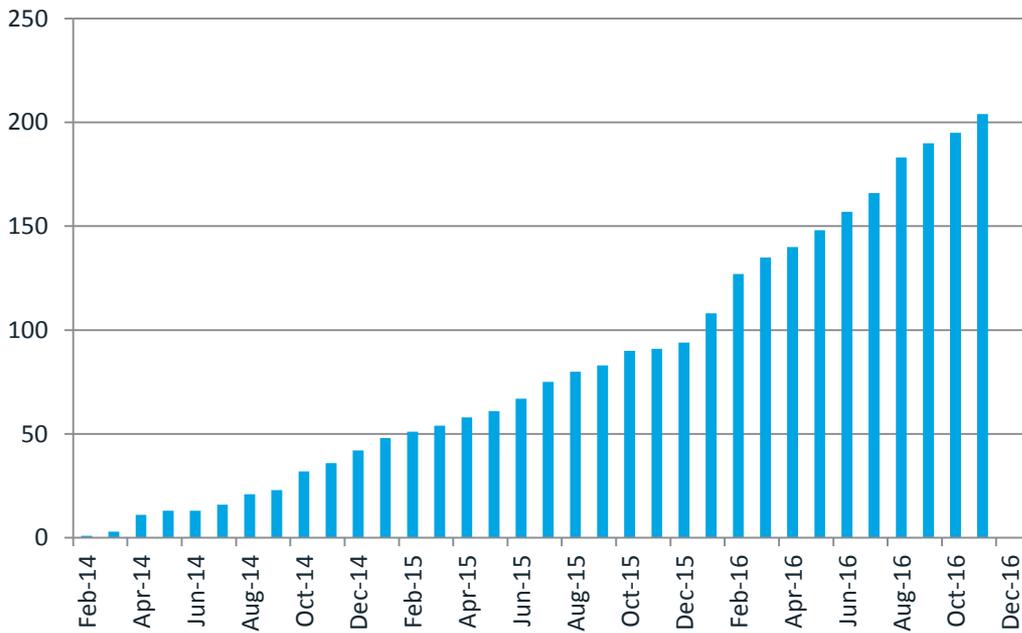
Q3 Month Follow-up

- Retention
  - Proportion retained at 6, 9, 12 months
  - Reasons for dropping out of PrEP
- Clinical assessment
  - AHI
  - Side effects
  - PrEP adherence (self-report, pill counts, DBS, etc.)
  - Risk behaviors
- Laboratory assessments
  - HIV test
  - STD screening (Q3-6 months)
  - Pregnancy test (women)
  - Creatinine (annually)
  - HIV resistance testing (if HIV positive at follow-up)





### Total Intiated on PrEP



# Retention in care outcomes for HIV pre-exposure prophylaxis implementation programmes among men who have sex with men in three US cities

Philip A Chan<sup>§,1</sup>, Leandro Mena<sup>2</sup>, Rupa Patel<sup>3</sup>, Catherine E Oldenburg<sup>4</sup>, Laura Beauchamps<sup>2</sup>, Amaya G Perez-Brumer<sup>5</sup>, Sharon Parker<sup>6</sup>, Kenneth H Mayer<sup>7,8,9</sup>, Matthew J Mimiaga<sup>7,10,11</sup> and Amy Nunn<sup>11</sup>

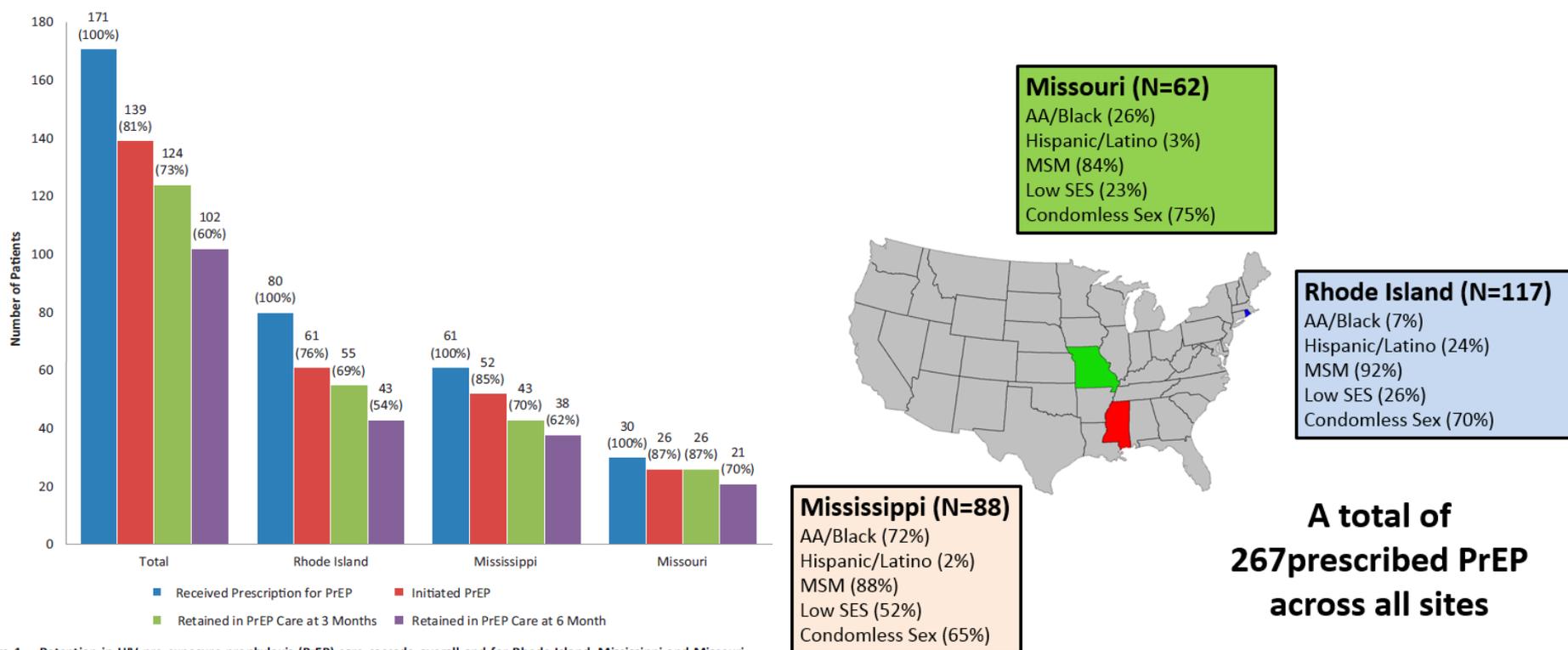


Figure 1. Retention in HIV pre-exposure prophylaxis (PrEP) care cascade overall and for Rhode Island, Mississippi and Missouri.

**A total of  
267prescribed PrEP  
across all sites**

**\*Only 60% of patients were retained in care at six months**

# PrEP Uptake, Adherence and Retention for African American MSM in Mississippi

(R34MH109371) MPIs: Amy Nunn, Philip A. Chan, Leandro Mena



**Approach:** Develop an intervention to enhance retention in PrEP care among young AA MSM. Intervention will address the following components:

- Background: Jackson, Mississippi has among the highest rates of HIV infection in the country
- Setting: Established PrEP program at LGBTQ clinic. Retention in PrEP care is 62% at 6 months and only 40% for young AA MSM Goals: 1) Promote uptake among young AA MSM (under age 30); 2) Improve retention in PrEP care PrEP adherence

**Social:** Address stigma associated with homophobia

**Structural:** Enhance insurance coverage and reduce copayments; Improve retention with case management

**Behavioral factors:** Use text reminders, reduce risk behaviors

**Clinic level:** Health system factors, including intake

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