PrEP and Local Health Departments

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Speakers

Mark Thrun, MD
Associate Professor, University of Colorado, Division of Infectious Diseases
Director, HIV/STD Prevention and Control, Denver Public Health
Director, Denver Prevention Training Center

Tarek Mikati, MD, MPH
Medical Director, HIV/STI Services Division, Chicago Department of Public Health

Bryan Bautista-Gutierrez
PrEP Coordinator, Howard Brown Health Center

Julie Myers, MD, MPH
Director, HIV Prevention, New York City Department of Health and Mental Hygiene
Instructor of Medicine, Division of Infectious Diseases, Department of Medicine, Columbia University Medical Center
PrEP for HIV Prevention and Local Health Departments

PRESENTED BY:

MARK THRUN, MD
ASSOCIATE PROFESSOR, UNIVERSITY OF COLORADO, DIVISION OF INFECTIOUS DISEASES
DIRECTOR, HIV/STD PREVENTION AND CONTROL, DENVER PUBLIC HEALTH
DIRECTOR, DENVER PREVENTION TRAINING CENTER
Module 1 Overview

Webcast 1: PrEP for HIV Prevention: An Introduction

Webcast 2: Beyond the Basics: The Science of PrEP

Webcast 3: US Public Health Service Clinical Practice Guidelines for PrEP
PrEP: What are we talking about?

- A new HIV prevention option that utilizes antiretroviral HIV medications to prevent HIV infection *before* exposure to HIV
- Involves taking daily oral tenofovir disoproxil fumarate plus emtricitabine (TDF/FTC)
  - Combination pill (brand name Truvada)
  - Approved by the U.S. Food and Drug Administration for use as HIV treatment in 2004
  - Approved for use as PrEP in July 2012
Treatment Action Group: A Double-Helix HIV Prevention and Care Continuum

HIV-POSITIVE

Linkage to HIV-inclusive primary care
- Outreach and reengagement
- HIV literacy and education
- Peer support/navigation
- Mental health and drug-use counseling

Screen for risk factors and barriers
- Case management and linkage to housing and other ancillary services

Retention in care and services
- Prescribe HIV treatment

Undetectable viral load

HIV-NEGATIVE

Linkage to primary care
- HIV risk screenings, linkage case management for high-risk individuals, ACA navigation

Screen for risk factors and barriers
- Screen for STIs, mental health issues, drug use, domestic violence, trauma

Retention in care and services
- Case management and linkage to housing and other ancillary services

Continued risk reduction, PrEP, PEP
- + Regular HIV testing and reevaluation of risk factors; adherence support

Remain HIV-negative

Assess attitudes, beliefs, behaviors, education, and problem-solving skills

Mental health and drug-use counseling

Peer support/navigation

Health literacy and education

Outreach and reengagement

Increased Adherence Associated with Increased Efficacy

Efficacy
84% 100%

Grant, Lancet, 2014
Prevention Science Overview: Biomedical Intervention Efficacy

Modified from Abdool Karim, Lancet, 2011
Key Messages of the Guidelines
### Summary of Guidance for PrEP Use

<table>
<thead>
<tr>
<th>Men Who Have Sex With Men</th>
<th>Heterosexual Women and Men</th>
<th>Injection Drug Users</th>
</tr>
</thead>
<tbody>
<tr>
<td>Detecting substantial risk of acquiring HIV infection:</td>
<td></td>
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<tr>
<td>• Sexual partner with HIV</td>
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</tr>
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<td>• Recent bacterial STD</td>
<td>• Recent bacterial STD</td>
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<td></td>
<td>• Lives in high-prevalence area or network</td>
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<tr>
<td>Clinically eligible:</td>
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<td></td>
</tr>
<tr>
<td>• Documented negative HIV test before prescribing PrEP</td>
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<td></td>
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<tr>
<td>• No signs/symptoms of acute HIV infection</td>
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<td></td>
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<tr>
<td>• Normal renal function, no contraindicated medications</td>
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<tr>
<td>• Documented hepatitis B virus infection and vaccination status</td>
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</table>

**Prescription**

Daily, continuing, oral doses of TDF/FTC (Truvada), ≤90 day supply

**Other services:**

- Follow-up visits at least every 3 months to provide:
  - HIV test, medication adherence counseling, behavioral risk reduction support, side effect assessment, STD symptom assessment
  - At 3 months and every 6 months after, assess renal function
  - Every 6 months test for bacterial STDs
- Do oral/rectal STD testing
- Assess pregnancy intent
- Pregnancy test every 3 months
- Access to clean needles/syringes and drug treatment services


US PUBLIC HEALTH SERVICE

PREEXPOSURE PROPHYLAXIS FOR THE PREVENTION OF HIV INFECTION IN THE UNITED STATES – 2014
CLINICAL PROVIDERS’ SUPPLEMENT

Module 2 Overview

**Webcast 1:** Who Might Benefit from PrEP: Population-level Assessments

**Webcast 2:** Who Might Benefit from PrEP: Individual-level Assessments
Population versus Individual Risk

Your jurisdiction’s population
Population versus Individual Risk

- Your jurisdiction’s population
- Population at high-risk for HIV
Population versus Individual Risk

Your jurisdiction’s population

Population at high-risk for HIV

Individuals at high-risk for HIV
Population versus Individual Risk

- No need for PrEP
- May benefit from PrEP
- Offer PrEP
Population-level Assessments
Placing the Data into Context

• “Triangulate” HIV data from multiple sources
  o National, state, and local

• Cross-reference with other data sources
  o STD surveillance data
  o Pregnancy and birth rates
  o Other experts: healthcare providers, HIV planning bodies, etc.

• Overlap with non-sexual health data sources
  o Poverty rates, educational attainment, etc.
Dissemination Mechanisms

Communicate risk profiles and HIV prevention messages to healthcare providers, HIV prevention partners, and communities at risk.

- Policy briefs
- Print media
- Earned media: press release, news reports, editorials
- Social media: Facebook, Twitter, Instagram, etc.
- Newsletters
- Conference presentations
- Local medical society connections
- HMO/healthcare organization medical director/quality control officer
- Insurance plan medical directors
- Medicaid program staff
- Prevention and care advisory groups
- Local community healthcare provider associations
Individual-level Assessments
Specific Topics to Cover

From the U.S. Public Health Service Clinical Practice Guidelines for PrEP

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Who should facilitate sexual health discussions and/or educate about PrEP?

- Primary care provider or other medical provider
- Sexual health/STD clinician
- Family planning practitioner
- Health department clinical/educational outreach staff
- Disease intervention specialist
- Anyone else who interacts with persons at risk for HIV in the community
Module 3 Overview

**Webcast 1:** Increasing PrEP Awareness and Knowledge in Your Jurisdiction

**Webcast 2:** Incorporating PrEP into Comprehensive HIV Prevention Programs
PrEP Delivery Cascade

Community/Patient

1. At risk for HIV infection
2. Identified as PrEP candidate
3. Interested in PrEP

Provider

1. Providing health care to high risk populations
2. Educated about PrEP
3. Willing to provide PrEP

4. Linked to PrEP program
5. Initiated PrEP
6. Retained in PrEP program
7. Achieve and maintain medication adherence

Liu A, et al. IAPAC 2012; Miami. #80040
U.S. Centers for Disease Control and Prevention SHIPP Study 2013 - 2016
Community Education
Key Messages to Community

• What PrEP is – a pill a day to help prevent HIV

• Efficacy and potential side effects – what does this really mean for someone on PrEP

• Who might benefit from PrEP – indicators that may resonate with the target population(s)

• Where to find PrEP – who to talk to about PrEP and where to get it

• Paying for PrEP – how much does it cost and what if you can’t afford it or don’t have insurance
Provider Education
Educating and Identifying Providers

- Systems for PrEP delivery must be created; provider education is an essential component of system development.
- Providers who have never prescribed Truvada may need time to become comfortable doing so, as well as providing the accompanying supportive services.
- Changing prescribing patterns and HIV prevention messaging is a behavioral intervention at the provider level.
- Identify local champions; not all providers will end up prescribing PrEP; start with the interested few.
Key Messages to Providers and Prevention Practitioners

• PrEP science – namely efficacy and side effects
• Who might benefit from PrEP – populations and individuals at high-risk for HIV
• How to prescribe PrEP
• Resources available for clinical consultation and education
• Insurance coverage, patient assistance programs, and billing
Educating Providers and Engaging Potential Champions

- Provide educational opportunities; helpful to offer CMEs
- Feature PrEP-experienced/knowledgeable providers at educational events
- Develop locally-focused educational webcasts/webinars
- Hold PrEP sessions during local or regional meetings and conferences
- Meet with healthcare leaders (e.g., HMO medical directors, Medicaid directors, FQHC/CHC directors)
- Meet with provider organizations (e.g., medical associations, subspecialty groups, regional community health center organization)
- Meet with potential provider groups (e.g., HIV care groups, LGBT clinic practices, sexual health providers)
- Public health detailing
PrEP Delivery/Implementation Models

- **Internal referral**: clinic housed within or operated by the health department
- **External referral**: private/community providers prescribing PrEP
- **Blended implementation model**: health department (or CBO) staff provide some or all of the HIV and STI screening and counseling services; private/community providers prescribe PrEP
Supporting PrEP Implementation in Your Jurisdiction

- Conduct assessments of local need
- Identify at-risk populations
- Provide community and provider education
- Create and disseminate resource inventories
- Serve as a resource/local experts for providers, community members, and partners
- Identify individuals who might benefit from PrEP and make referrals to PrEP providers
- Monitor and evaluate the implementation and impact of PrEP in your jurisdiction
- Providing funding to community organizations and agencies to support PrEP implementation
## Resource Inventory

**Example:** New York City

<table>
<thead>
<tr>
<th>Clinic</th>
<th>Phone Number(s)</th>
<th>Evening and Saturday Hours</th>
<th>PrEP</th>
<th>PEP</th>
<th>PEP (free for the uninsured)</th>
<th>Free PEP starter packs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive Health Care Center-Montefiore Medical Center 305 E 161st St., 2nd Fl. 10451</td>
<td>718-644-2937</td>
<td>Mon. to Thurs. until 9 p.m.; Sat. 8:30 a.m. - 5 p.m.</td>
<td>x</td>
<td>x</td>
<td></td>
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</tr>
<tr>
<td>HELP/PSI CityWide Primary Care 244 E 144th St., 2nd Fl. 10451</td>
<td>655-681-8700</td>
<td></td>
<td></td>
<td>x*</td>
<td></td>
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</tr>
<tr>
<td>West Farms Family Practice-Montefiore Medical Group 1055 E Tremont Ave., 10460</td>
<td>718-644-2937</td>
<td>Mon. to Thurs. until 7 p.m.; Sat. 8 a.m. - 11:45 a.m.</td>
<td>x</td>
<td>x</td>
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</tr>
<tr>
<td>ACS Clinic-Jacobi Medical Center 1400 Pelham Parkway S Building #1, Rm 164 10461</td>
<td>718-918-4333, 718-918-3669</td>
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<td>x</td>
<td>x</td>
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<td></td>
</tr>
<tr>
<td>Castle Hill Family Practice 2175 Westchester Ave., 10462</td>
<td>718-644-2937</td>
<td>Mon. to Thurs. until 7 p.m.</td>
<td>x</td>
<td>x</td>
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</tr>
<tr>
<td>Marble Hill Family Practice-Montefiore Medical Group 5525 Broadway 10463</td>
<td>718-644-2937</td>
<td>Mon. and Thurs. until 7 p.m.; Sat. 9 a.m. - 1 p.m. (1st and 3rd Saturdays)</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>North Central Bronx Hospital 3424 Kosuth Ave., Fl 10A 10467</td>
<td>718-519-4804, 718-519-3331</td>
<td></td>
<td>x</td>
<td>x</td>
<td></td>
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</tr>
<tr>
<td>The Oval Center at Montefiore 3230 Bainbridge Ave., Ste D 10467</td>
<td>718-882-5462</td>
<td></td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Morrisania STD Clinic 1309 Fulton Ave., 10456</td>
<td>347-396-7959</td>
<td></td>
<td>x**</td>
<td>x**</td>
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</tr>
<tr>
<td>South Bronx Health Center 871 Prospect Ave., 10459</td>
<td>718-644-2937</td>
<td>Mon. to Thurs. until 7:30 p.m.; Fri. until 5:30 p.m.; Sat. by appointment only</td>
<td>x</td>
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</tbody>
</table>
Help Facilitate PrEP Referrals

• Identify key contacts in locations delivering PrEP
• Define referral processes in advance (e.g., Chicago Department of Health)
• Actively refer persons for PrEP
  o Assist with the scheduling of fiscal intake appointment
  o Help patient compile necessary documents
  o Assist with the scheduling of medical appointment
• Develop a plan to follow up with patient after appointment
Local public health (PH) serves an ideal role as a connector between many parts of a broader network.
STI Clinics and PrEP

• Are most STI clinic patients PrEP candidates?

• Which STI clinic sub-populations should be prioritized for PrEP?

• How can PrEP be implemented in STI clinics with limited resources?
Lakeview Specialty Clinic (LVSC)

- 5500 annual patient visits
- 1350 annual MSM visits
  - 60% of total MSM CDPH STI visits
- Service menu
  - STD diagnosis and treatment
  - HIV screening (including acute)
  - Referrals, prn
MSM Demographics at LVSC

- <20: 1%
- 20-24: 26%
- 25-29: 31%
- 30-39: 24%
- 40+: 19%
- White NH: 33%
- Black NH: 29%
- Hispanic: 31%
- Other: 7%
- US born: 78%
- Foreign Born: 22%
- Insured: 38%
- Uninsured: 62%
Gonorrhea Positivity by Anatomical Site LVSC April – July 2014

- MSM Rectal: 18%
- MSM Throat: 14%
- Male Genital: 7%
- Female Rectal: 7%
- Female Genital: 2%
- Female Throat: 0.60%
Chlamydia Positivity by Anatomical Site LVSC April – July 2014

- MSM Rectal: 19%
- Female rectal: 16%
- Male genital: 10%
- Female genital: 10%
- Female Throat: 5%
- MSM throat: 3%
Behavioral Risk Factors of LVSC
MSM Patients with Rectal STI’s
April – July 2014 (N=76)

• 22% HIV positive and 5% new HIV diagnosis
• 82% had multiple sexual partners in last 3 months (median 5 partners)
• 83% had receptive anal intercourse in last 3 months
• 83% reported never/sometimes for using condoms during anal receptive sex
• 70% had history of previous STI’s
• 45% admitted to drug use during sex (most commonly poppers, marijuana)
Howard Brown Health Center (HBHC)

- Founded in 1974, HBHC is one of the nation’s largest lesbian, gay, bisexual, and transgender (LGBT) organizations
  - Services include: mental health, primary care, outreach, and STD/HIV testing walk-in services
  - 31% of patients are HIV-positive
  - 44% of patients are of color
  - 17% fall below 100% of the Federal Poverty Line
HBHC PrEP Program

- **PrEP Coordinator**
  - Reduces barriers to PrEP access by helping patients assess PrEP coverage on their health insurance plans
  - Connects uninsured patients to Affordable Care Act (ACA) navigators
  - Ensures that patients are completing follow-up primary care visits

- **Successes**
  - Growing PrEP program (250+ patients)
  - Utilization of Medication Assistance Program is high
  - 25% PrEP initiators are uninsured
  - Uninsured PrEP patients connected to ACA navigator
  - Many Medicaid eligible patients now enrolled
STI Clinic PrEP
Implementation Modules

1. Education about PrEP to STI clinic patients (passive referral)

2. Linkage of high-risk patients to collaborating PrEP clinics (active referral)

3. Administration of PrEP on-site at STI clinic
Pros: Active Referral Module

- Can be implemented at a shorter time period than providing PrEP on site
- In theory, more likely to link patients to PrEP than passive referral
- More likely to be cost saving in resource limited settings
Defining the PrEP Candidates for Active Referral

- HIV negative MSM with rectal gonorrhea and/or chlamydia (183)
- HIV negative MSM with early syphilis (primary, secondary, or early latent) (30)
- HIV negative partners of patients newly diagnosed with HIV (63, 90% males)

*Based on 4 months data (April-July 2014)*
PrEP Delivery Cascade

1. At risk for HIV infection \( N=1350 \)
2. Identified as PrEP candidate \( N=276 \)
3. Interested in PrEP

1. Providing health care to high risk populations (HBHC/LVSC)
2. Educated about PrEP (HBHC/LVSC)
3. Willing to provide PrEP (HBHC)

4. Linked to PrEP program
5. Initiated PrEP
6. Retained in PrEP program

7. Achieve and maintain medication adherence

Liu A, et al. IAPAC 2012; Miami. #80040
U.S. Centers for Disease Control and Prevention (CDC) SHIPP Study 2013 - 2016
Active Referral Protocol

LVSC Clinician/DIS identify high risk patient

LVSC Clinician/DIS counsels patient about PrEP and suggests active PrEP referral

- Agrees
  - Active referral form and informed consent faxed to HBHC
    - PrEP Coordinator contacts patient within 3 business days and provides PrEP information
      - Linkage to PrEP care
  - Declines
    - PrEP brochure and HBHC information provided
LVSC-HBHC PrEP Cascade
Sep 17 - Dec 15, 2014

- Interested in PrEP referral: 20
- Responded to PrEP coordinator: 12
- Linked to PrEP program: 8
- Initiated PrEP: 7
Collaboration Successes

• Active referral pilot started after only three months of planning
• Providing an estimate of the number of PrEP candidates for active referral was helpful in identifying programmatic resources with participating clinic
• LVSC clinical providers had a quick “buy in“
• Majority of patients are enthusiastic about PrEP education and very receptive to PrEP referrals (active and passive)
• Many patients were not aware where to obtain PrEP access, but now are
• Undocumented immigrant at high-risk for HIV was started on PrEP within two weeks
Next Steps

- CDPH DIS staff will be further trained about PrEP and will offer active referral to all rectal STI patients who were treated empirically at first visit (65% of total rectal infections)
- Active referral process will expand to other CDPH STI clinics
- Other PrEP clinics in Chicago are interested in collaborating with CDPH STI clinics
Acknowledgements

LVSC clinic staff
Bryan Bautista Gutierrez- HBHC
Daniel Pohl- HBHC
Irina Tabidze, MD, MPH
A Public Health Approach to Biomedical HIV Prevention: The New York City Story

Julie Myers, MD, MPH
Director, HIV Prevention
New York City Department of Health and Mental Hygiene
Instructor in Medicine
Division of Infectious Diseases, Department of Medicine, Columbia University Medical Center
PrEP/PEP: The NYC Plan

• Increasing PrEP/PEP Awareness
• Increasing PrEP/PEP Access
• Support appropriate implementation
• Monitor appropriate implementation
Share the Night, Not HIV

PrEP is preventive medication that can help you stay negative, even if he might be positive.

Condoms provide additional protection.
For more information on PrEP, talk to your doctor, call 311 or visit nyc.gov and search "HIV PrEP and PEP."

PEP Kept Me HIV-

If you think you've been exposed to HIV, go immediately to a clinic or ER and ask for PEP.

For more information, call 311 or visit nyc.gov and search "HIV PrEP and PEP."
Promoted Tweets

HIV-negative individuals can use daily #PrEP meds to reduce their #HIV risk. Ask your doctor: bit.ly/PEPPrEP

Twitter click-through rate = 5.2% (above the 1-3% average)
Public Health Detailing: PrEP & PEP

• Detailing kit contents
  • For providers: clinical guidelines pocket cards, FAQ, information on practical aspects of prescribing (e.g., billing codes); invitation to subsequent workshops, trainings
  • For patients: educational materials, waiting room self-assessment
Increasing PrEP/PEP Awareness

Importance of Biomedical Interventions for High-Impact Prevention (aka HIV 201)

• Full-day, interactive training for front-line staff in CBOs and clinical organizations held monthly (since early 2014)
• Review basics of treatment as prevention, PrEP/PEP
• Address myths and attitudes
• Introduce social marketing materials, how to use/order
Increasing PrEP/PEP Access

Citywide Referral Network

• Checklist of site criteria developed
• Sites provide contact information and formally agree to be listed (website/311)
• PEP at 34 sites (and PrEP at 25); network still growing

www.nyc.gov/health - search PrEP and PEP
Increasing PrEP/PEP Access

PEP in STD Clinics

- PEP starter pack (3 days) with referral for follow-up
- Focus on highest risk exposures
- PEP provided to 164 patients at 8 clinics (April-Nov. 2014)

PEP through Sexual and Behavioral Health Programs

- Full course of PEP plus other services
- Focus on uninsured MSM and transgender women who have sex with men
- PEP provided to 374 patients at 8 sites (March 2013-Oct. 2014)
Support Implementation

• PrEP implementation workshop
  • Academic partner: Dr. Sarit Golub (Hunter College), PI of PrEP study at Callen-Lorde
  • Full-day work session for clinic administrators and medical directors
  • Work through all issues related to setting up a PrEP program, especially:
    • HOW will the PrEP program be implemented?
    • BY WHOM will each piece be delivered?
  • 1st workshop: 10/14/14; 2nd workshop: 1/13/15
Monitor Implementation: Examples

- Surveillance data
  - High Risk Behavioral Survey
  - Emergency Room Surveillance (PEP only)
- Medical record review
  - Primary Care Information Project – in progress
- Administrative data
  - Medicaid data – in progress
- Others
  - Provider surveys – planned
Awareness of PrEP: NYC MSM*

*Data not collected In-person in Fall 2014

**Aged 18-40 years, sexually active, with self-reported HIV status as negative or unknown

** Data not collected In-person in Fall 2014
Acknowledgements

- NYC DOHMH – BHIV
  - Demetre Daskalakis
  - Zoe Edelstein
  - Paul Kobrak
  - Adriana Andaluz
  - Nana Mensah
  - Shruti Ramachandran
  - Terrance Gardet
- NYC DOHMH – BSTD
  - Susan Blank
  - Christine Borges
  - Emily Westheimer

- NYC DOHMH – Communications
  - Elizabeth Thomas
- NYC DOHMH – BCD
  - Stephanie Ngai
  - Don Weiss
- CUNY – Hunter College
  - Sarit Golub
- Members of the HPG
- Members of NYC AIDS activist groups
- And many others
Thank you!

jmyers@health.nyc.gov
PrEPandPEP@health.nyc.gov
Question, Answer, and Discussion
Instructions for Asking a Question or Making a Comment

- Submit your question or comment via the chat box.
- If you are dialed-in via the conference line (866-740-1260; 9522046#) and would like to ask a question or make a comment verbally:
  - Raise your hand by clicking this button at the top of your screen.
  - We will call on you to speak and instruct you to enter *7 to un-mute your line.
  - After you are done speaking, mute your line by pressing the mute button on your phone or entering *6 and click on the raise hand button to lower your hand.
NACCHO’s Educational Series on PrEP and Local Health Departments

http://www.naccho.org/hivprep

Module 1

PrEP for HIV Prevention: An Introduction
Beyond the Basics: The Science of PrEP
US Public Health Service Clinical Practice Guidelines for PrEP

Module 2


Module 3

Increasing PrEP Awareness and Knowledge in Your Jurisdiction
Incorporating PrEP into Comprehensive HIV Prevention Programs

NACCHO’s educational series about PrEP was supported by funding from Gilead Sciences, Inc.
NACCHO’s PrEP Story Bank

Stories in Development
• New York City
• Chicago
• Hennepin County
• Denver
• Others?

We would love to hear your story. Please contact us if you would like to share your story of how you are delivering or supporting PrEP delivery in your jurisdiction.

To contact NACCHO, e-mail gweiss@naccho.org

Visit the Story Bank at www.naccho.org/hivprep