Webcast 3.1

Increasing PrEP Awareness and Knowledge in Your Jurisdiction

PRESENTED BY:

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Overview

- Identifying populations and communities who might benefit from PrEP
- Educating high-risk populations and communities about PrEP
- Educating healthcare providers about PrEP
- Identifying healthcare providers willing to prescribe PrEP
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

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Liu A, et al. IAPAC 2012; Miami. #80040
U.S. Centers for Disease Control and Prevention SHIPP Study 2013 - 2016
The Challenge

• **Community/Patient:** Only 26% of gay men had heard of PrEP in a nationally-representative, internet-based study of 431 men (Kaiser Family Foundation, 2014)

• **Provider:** Though 43% of HIV clinicians had received a request for PrEP, only 19% had prescribed (Maznavi, IDSA 2011)
The Challenge

- **Health department:** Only 8 of 55 reported a PrEP program; 43/55 report inadequate funding to support PrEP program (NASTAD, 2014)

- Even within health departments, support for PrEP may not be universal
  - Concerns remain regarding adherence, behavioral disinhibition, cost, and PrEP’s place within the HIV prevention matrix

- Given the role of health departments as conveners or bridges between the community and providers, don’t forget the need for ongoing internal education and discussions to build awareness, knowledge, and support within your health department
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Population and Individual Risk

Your jurisdiction’s population
Population and Individual Risk

Your jurisdiction’s population

Population at high-risk for HIV
Population and Individual Risk

Your jurisdiction’s population

Population at high-risk for HIV

Individuals at high-risk for HIV
Putting it All Together

No need for PrEP

May benefit from PrEP

Offer PrEP
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
• Direct marketing (e.g., PrEP awareness-raising campaigns, banner ads – including on mobile applications like Grindr and Scruff)
• Social media and other online communities (e.g. Facebook, Instagram, Twitter, blogs)
• Earned media, especially in LGBT-focused outlets
• Editorials or letters to the editor
• HIV prevention planning groups/Ryan White councils
• Medicaid advisory boards
• Community forums
• Pride and other community events
Pre-exposure Prophylaxis (PrEP) for HIV Prevention

May 2014

Fast Facts

- Pre-exposure prophylaxis, or PrEP, is a way to help prevent HIV by taking a pill every day.
- People who are at substantial risk for HIV should talk to their doctor about PrEP.
- PrEP must be taken every day to be most effective.

Pre-exposure prophylaxis, or PrEP, is a way for people who do not have HIV to help prevent HIV infection by taking a pill every day. The pill contains two medicines that are also used, in combination with other medicines, to treat HIV. When someone is exposed to HIV through sex or injection drug use, PrEP can help stop the virus from establishing a permanent infection.

When used consistently, PrEP has been shown to greatly reduce the risk of HIV infection in people who are at substantial risk. PrEP is much less effective when it is not taken consistently.

PrEP is a powerful HIV prevention tool, and can be combined with condoms and other prevention methods to provide even greater protection than when used alone. People who use PrEP must commit to taking the drug daily and seeing their health care provider every 3 months for HIV testing and other follow-up.

PrEP Medicines

Most PrEP clinical trials have tested a combination of two antiretroviral drugs, tenofovir disoproxil fumarate (also called TDF, or tenofovir) and emtricitabine (also called FTC), taken in a single pill daily for HIV prevention. This combination pill (brand name Truvada) was approved by the US Food and Drug Administration (FDA) for use as an HIV treatment in 2004, and was approved as PrEP in July 2012. Some clinical studies have also evaluated the use of tenofovir on its own as a preventive drug, but this drug alone is not FDA-approved for PrEP.

Research Supporting PrEP Use

On May 14, 2014, the US Public Health Service released the first comprehensive clinical practice guidelines for PrEP (www.cdc.gov/hiv/pdf/guidelines/PrEPguidelines2014.pdf). This follows the earlier publication of brief interim guidelines that were based on findings from several large national and international clinical trials. These trials evaluated PrEP among gay and bisexual men, heterosexual men and women, and injection drug users. All participants in these trials received pills containing either PrEP or placebo, along with intensive counseling on safe sex behavior, regular testing for sexually transmitted diseases (STDs), and a regular supply of condoms.

In all of these studies, the risk of getting HIV infection was lower — up to 92% lower — for participants who took the medicines consistently than for those who did not take the medicines. (See our PrEP web page at www.cdc.gov/hiv/prevention/research/pr.ep for a brief description of the clinical trials, with links to the published studies.)

Guidelines for PrEP Use

The new federal guidelines for health care providers recommend that PrEP be considered for people who are HIV negative and at substantial risk for HIV infection.

For sexual transmission, this includes anyone who is in an ongoing relationship with an HIV-positive partner. It also includes anyone who (1) is not in a mutually monogamous relationship with a partner who recently tested HIV-negative, and (2) is a gay or bisexual man who has had sex without a condom or been diagnosed with an STD. In the past 6 months, or heterosexual man or woman who does not regularly use condoms during sex with partners of unknown HIV status who are at substantial risk of HIV infection (e.g., people who inject drugs or have bisexual male partners).

For people who inject drugs, this includes those who have injected illicit drugs in past 6 months and who have shared injection equipment or been in drug treatment for injection drug use in the past 6 months.

Health care providers should also discuss PrEP with heterosexual couples in which one partner is HIV-positive and the other is HIV-negative as one of several options to protect the partner who is HIV-negative during conception and pregnancy.

For a summary of clinical indications and treatment recommendations for PrEP, see the Table on the next page.
What if there were a pill that could help prevent HIV?

There is.

Ask your doctor if PrEP is right for you.

Pre-exposure prophylaxis: A daily pill to reduce risk of HIV infection

www.cdc.gov/hiv/basics/prep.html
What is PrEP?

PrEP means Pre-Exposure Prophylaxis, and it’s the use of anti-HIV medication that keeps HIV-negative people from becoming infected. PrEP is approved by the FDA and has been shown to be safe and effective. A single pill taken once daily is highly effective against HIV when taken every day. The medication interferes with HIV’s ability to copy itself in your body after you’ve been exposed. This prevents it from establishing an infection and making you sick.

Even though PrEP has been around in the U.S. for over a year, not a lot of people know about it. And, even fewer people feel like they know enough about it to be able to make an informed decision about whether or not to use it. For those who do use it, the information they have might be more focused on practical issues, like where to get it, rather than on what PrEP does in the body to prevent HIV infection.

By using animation to show PrEP in the body and why “once a day” is recommended, people can see what PrEP does and people who currently use PrEP can create an image of what happens when they take a PrEP pill every day.

View the video below to get information about PrEP and see an illustration of how it can work inside the body to prevent HIV infection.

Learn More About PrEP
Where do you fit in?

Are you a guy who has sex with guys?
Are you a woman who has sex with guys?
¿Habla usted español?

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San Francisco, CA 94103
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Download materials in our Virtual Library
PrEPare for Life is the National Minority AIDS Council’s PrEP Education and Awareness program. PrEP, or Pre-Exposure Prophylaxis, is the strategy of taking a pill every day to prevent HIV. The exciting new program intends to inform and increase awareness on PrEP, provide education about the benefits and risks of PrEP, and how to access it, and improve understanding of PrEP as part of a comprehensive HIV prevention strategy.

There are two distinct elements of the program: PrEP Community trainings and the creation of peer-based educational videos. The program’s target audience is young gay men, in particular Black and Latino gay men aged 18-25 years old. The PrEP Community trainings allow for community-based organizations to enhance their capacity to engage and educate their constituents. Critical issues that the trainings explore include: PrEP facts, comprehensive prevention, access, stigma, and community engagement.

These dynamic peer-based educational videos are meant to increase awareness and reduce stigma. They provide an opportunity for young gay men of color to speak for themselves, openly and honestly, about issues such as access, knowledge, stigma, community, and sexuality. These videos can also be used as educational resources to enhance activities of community-based organizations as they engage the community about the vital issues surrounding PrEP. All the activities of the program will help educate the community about PrEP and what it means for improving gay men’s health and quality of life.
Information for Individuals Considering PrEP

New York State Department of Health, AIDS Institute

Pre-Exposure Prophylaxis (PrEP)

Information for Individuals Considering PrEP

- New York State Department of Health
  - PrEP Frequently Asked Questions & Answers
  - PrEP Yourself Against HIV - Poster (PDF)
  - PrEP/PEP Provider Directory
- New York City Department of Health and Mental Hygiene
  - Daily PrEP to Prevent HIV
  - PrEP Pamphlet (to order copies, call 311)
    - PrEP y PEP Nuevas Maneras de Prevenir el VIH
- Centers for Disease Control and Prevention (CDC)
  - PrEP 101 (November 2013)
  - Talking To Your Doctor About PrEP
- AIDS.gov
  - PrEP Questions and Answers (September 2013)
- Project Inform
  - Videos and Resource Links for Anyone Considering PrEP
- AIDS Foundation of Chicago
  - My PrEP Experience blog
  - Project Ready, Set PrEP Facebook page
- iPrEZ OLE (Open Label Extention)
  - Videos of Real Individuals Who Have Taken PrEP
- Medication Information
  - Truvada® (tenofovir + emtricitabine)
PrEP – Protect yourself from HIV every day

New York City Department of Health and Mental Hygiene
Pre-Exposure Prophylaxis (PrEP) for HIV

Pre-exposure prophylaxis (PrEP) is one way to help prevent HIV infection. Prophylaxis means disease prevention. In this approach, people who do not have HIV infection take one pill once a day to reduce the risk of becoming infected. The pill includes two of the same medications used to treat HIV infection.

How does PrEP work to prevent HIV?

PrEP medications limit HIV’s ability to enter into and grow in the body.

- These medications are typically used to treat people living with HIV. They are very effective in keeping the virus under control by preventing it from dividing and spreading in the body.
- By stopping the virus from dividing and spreading, these medications also prevent new infection.
- Truvada® is the only current FDA-approved medication to be used for PrEP.

Who should use PrEP for HIV?

PrEP is recommended for people who do not have HIV infection and who are at increased risk for HIV. This includes, but is not limited to:

- Gay, bisexual, and other men who have sex with men who engage in unprotected sex.
- HIV-negative individuals (men and women) who have an HIV-positive sexual partner.
- Injection drug users.

How well does PrEP work?

Several studies have shown PrEP to be more than 90% effective in preventing HIV when used daily. The level of protection will decrease if doses are missed.

- PrEP is most effective when combined with other prevention efforts, including using condoms and engaging in counseling.

Does PrEP prevent other sexually transmitted diseases (STDs)?

No, PrEP does not prevent other STDs. However, using safer sex practices, such as condoms, will prevent STDs and pregnancy while also adding more protection from HIV.

What should an individual expect if they use PrEP?

Taking PrEP for HIV requires a commitment to:

- Intake interview and counseling.
- Testing for HIV and STDs, hepatitis B, and kidney function before starting PrEP.
- Taking a pill every day.
- Regular medical visits every three months after starting PrEP for follow-up HIV tests and evaluation.

Are there side effects to taking PrEP?

- People living with HIV have used Truvada® and other similar medications for several years. They are generally easy and safe to take.
- Some people experience nausea, headaches, and loss of appetite. These can be treated and are not life-threatening.
- Rates of long-term side effects include loss of bone density and kidney problems.

Is PrEP covered by insurance?

Yes, most insurance and Colorado Medicaid cover the cost minus a co-pay or deductible.

Who can individuals contact to talk about using PrEP?

Individuals who think they are at increased risk for HIV should talk with the Linkages to Care team at Denver Public Health by calling (303) 602-3652 for information, questions about insurance coverage, and referrals.

SOURCE: AIDS Institute, Centers for Disease Control and Prevention, Denver Public Health
Physician with Poz Partner Chooses PrEP

via Greg
Chicago, IL.

And speaking of protection, even though I'm now on PrEP and my partner has an undetectable viral load, we still use condoms as recommended.

I started taking Truvada for PrEP four weeks ago.

My reason for wanting to take PrEP is pretty simple; my partner of five months is HIV-positive. It's uncharted territory for me; I've never been in a relationship with an HIV-positive man in the past. Out of respect for his privacy, I'm keeping this post anonymous.

Although I work in the health care field as a physician, I'm not an infectious diseases specialist, and surprisingly, I was totally unaware of PrEP until I started looking at HIV websites earlier this year, in an effort to better understand the side effects of the medication that my partner is taking (Atripla).

After I mentioned PrEP to him, he admitted that he knew about it, but that he didn't mention it to me because he had heard about all of the risks of untoward side effects.
Welcome to the PrEP Facts! PLEASE READ BEFORE POSTING:

My intention on this board is to support discussions, debates, questions, and concerns that promote fact-based information, understanding, respect, and compassion. That DOES NOT mean we are all going to get along. That DOES mean I’m expecting a caliber of mutual respect when we disagree.
PrEP Delivery Cascade

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• 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
Identifying Potential PrEP Providers

• Providers already familiar with HIV and/or HIV risk behaviors
• Sexual health service providers
• Primary care providers to communities that could benefit from PrEP
  o Practices with a high percentage of LGBT patients
  o Practices in underserved areas
• Referrals from the community
  o Ask local planning groups
  o Ask local LGBT organizations
Metropolitan Areas Comprise the Majority of HIV Diagnoses
Metropolitan Areas Comprise the Majority of HIV Diagnoses.
Metropolitan Areas Comprise the Majority of HIV Diagnoses

Diagnoses of HIV Infection among Adults and Adolescents, by Region and Population of Area of Residence, 2011—United States

Note: Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. All displayed data have been statistically adjusted to account for reporting delays, but not for incomplete reporting. Data exclude persons whose county of residence is unknown.
<table>
<thead>
<tr>
<th>Location</th>
<th>HIV Tests*</th>
<th>HIV Positive Tests**</th>
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<tbody>
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<td>Private doctor/HMO</td>
<td>44%</td>
<td>17%</td>
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<td>Hospital/ED/Outpatient</td>
<td>22%</td>
<td>27%</td>
</tr>
<tr>
<td>Community clinic (Public)</td>
<td>9%</td>
<td>21%</td>
</tr>
<tr>
<td>HIV counseling/testing</td>
<td>5%</td>
<td>9%</td>
</tr>
<tr>
<td>Correctional facility</td>
<td>0.6%</td>
<td>5%</td>
</tr>
<tr>
<td>STD clinic</td>
<td>0.1%</td>
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<td>Drug treatment clinic</td>
<td>0.7%</td>
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*National Health Interview Survey, 2002
**Supp to HIV/AIDS Surveillance, 2000-03
Consideration of Providers Already Conducting HIV Testing

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Jenkins, STD, 2006

Review of HIV diagnosis at Denver Health
- 348 cases of new HIV diagnosis reviewed
- 120 seen previously in the Denver Health system
- 90% seen in urgent care and the emergency room

Jenkins, STD, 2006
Prescribing Providers May Never Have Cared for Persons with HIV

- PrEP prescribing data from 55% of pharmacies in the United States, Jan 2012 – March 2014 (Note: CDC PrEP guidelines released in May 2014)
  - Mean age of patient: 38 (women 36.4, men 39.3)
  - 68% of scripts written by 5 provider types:
    - Internal medicine (19%)
    - Family practice (18%)
    - Infectious diseases (11%)
    - Nurse practitioners (10%)
    - Physician assistants (10%)
Key Messages to Providers and Prevention Practitioners

- PrEP science – namely efficacy and side effects (Module 1.2)
- Who might benefit from PrEP – populations and individuals at high-risk for HIV (Modules 2.1 and 2.2)
- How to prescribe PrEP (Module 1.3)
- Resources available for clinical consultation and education
- Insurance coverage, patient assistance programs, and billing
Educating Providers and Engaging Potential Champions
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- Public health detailing
Resources for Providers

- U.S. Public Health Service Clinical Practice Guidelines for PrEP and Clinical Provider’s Supplement
- CDC-funded HIV Prevention Capacity Building Assistance Providers and STD/HIV Prevention Training Centers
- HRSA-funded AIDS Education and Training Centers
- CDC Online PrEP Resources
- PrEPLine @ UCSF Clinical Consultation Center
- NACCHO’s PrEP for Local Health Departments Educational Series
Introducing the CCC PrEPline!

Posted on September 20, 2014

PrEP Line, 855-448-7737
The CCC Pre-Exposure Prophylaxis Service
11 a.m. – 6 p.m. EST

PrEP Line to Provide Clinicians with Advice on New HIV Prevention Tool

We’re excited to announce our brand new service, the CCC Pre-Exposure Prophylaxis consultation telephone service, or PrEP Line. This service will provide free, expert advice to clinicians across the country on PrEP, an important new HIV prevention tool. PrEP involves providing antiretroviral drug treatment to HIV-uninfected persons to prevent HIV infection.

The PrEP Line is staffed with an expert team of HIV clinicians who advise healthcare professionals on the indications for and proper implementation of pre-exposure prophylaxis (PrEP). The PrEP Line rounds out the spectrum of HIV treatment and prevention consultation services for clinicians at the CCC, joining the Warmline for consultation advice on HIV/AIDS management, the PrEP Line for bloodborne pathogen exposure advice, and the Perinatal HIV Hotline for advice on HIV in pregnancy and infancy. The CCC has continually evolved to address the clinical needs arising from the HIV epidemic, whose next phase includes the quest for an HIV-free generation. The addition of the PrEP Line serves the National HIV/AIDS strategy’s first goal of reducing new HIV infections by making state-of-the-art information and consultation on prevention available to providers across the country.

Articles

Case of the Month: Initiating PrEP and Providing Appropriate Follow-Up
Introducing the CCC PrEP Line!
Case of the Month: Pending HIV Test Results and Labor
Case of the Month: HIV Treatment in Serodiscordant Couples
Case of the Month: Using PEP to Manage Sexual Exposure

View our recent updates

Case of the Month
General
Uncategorized

Give Us Your Feedback

Did you find everything you needed on our website? Take our brief survey and let us know how we’re doing.
Conclusions

- Education of populations and communities at high-risk for HIV will likely increase demand for PrEP
- At least a few providers in the community must be prepared to prescribe PrEP and address questions about PrEP
- Local health departments are ideally suited to:
  - Educate the community and providers about PrEP; and
  - Link those at-risk for HIV to providers who have been educated about PrEP and are willing to prescribe PrEP
NACCHOs Educational Series on PrEP and Local Health Departments

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
- Who Might Benefit from PrEP: Individual-level Assessments

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.
PrEP Poses Many Questions

After watching the webcasts in this series, join us for a live webinar discussion on

**Tuesday, December 16, 2014**
**from 1:00-2:00 PM EST.**


The webinar will be archived and made available via naccho.org.