

Philadelphia's PEP Center of Excellence

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Department of
Public Health
CITY OF PHILADELPHIA

PRESENTERS

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OUTLINE

- Ending the HIV Epidemic in Philadelphia
- Philadelphia's PEP Center of Excellence
 - A Year in Review
- Example Call
- Lessons Learned and Next Steps
- Questions

OBJECTIVES

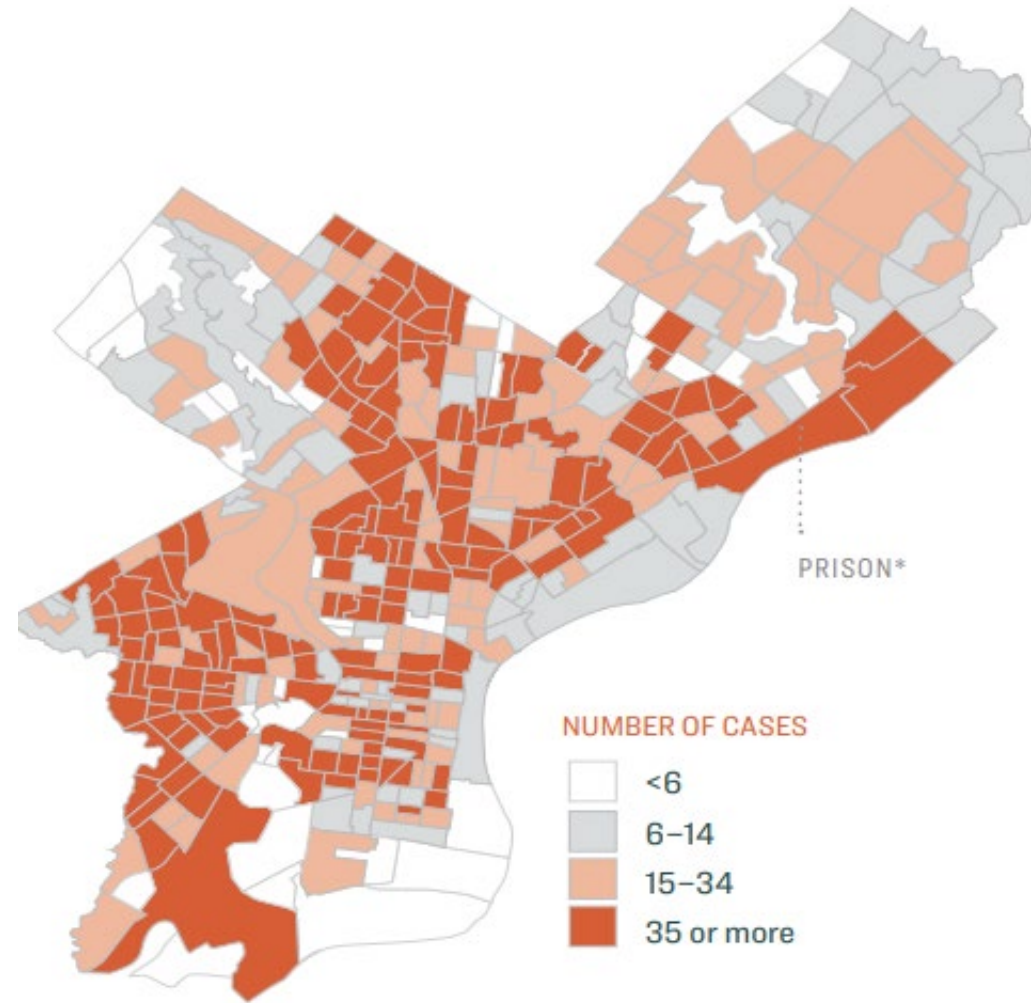
- Understand the need for access to PEP in Philadelphia
- Be familiar with what happens when you call the Philadelphia PEP hotline

ENDING THE HIV EPIDEMIC IN PHILADELPHIA

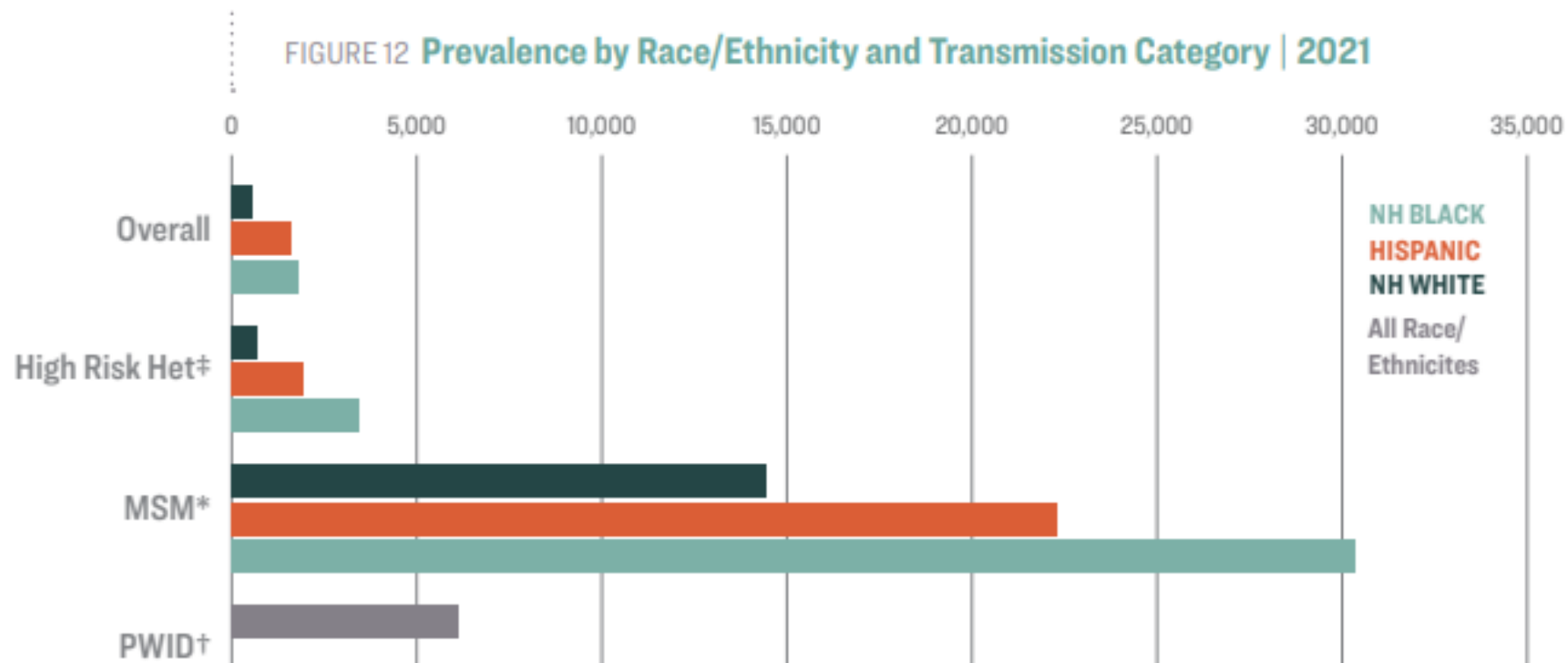
PLWH by Census Tract, 2021

Take home message:

- No area of Philadelphia is spared from the HIV epidemic
- There are no census tracts with no PLWH



PREVALENCE BY RACE/ETHNICITY & TRANSMISSION CATEGORY, 2021



IMPACTED POPULATIONS

- Populations most impacted by HIV in Philadelphia:
 - Men who have sex with men
 - Transgender persons who have sex with men
 - Persons who inject drugs and their sex and needle-sharing partners
 - Black and Hispanic persons
 - Youth 13 to 24 years of age
 - Young adults aged 25 and 34 years of age

HIV INCIDENCE

- In 2021, there were an estimated 365 incident HIV transmissions in the City of Philadelphia, of which most belonged to the following groups:
 - Assigned male sex at birth (79.2%)
 - Non-Hispanic Black (4 new HIV infections among every 10,000 NH-Black people)
 - Hispanic (4 new HIV infections among every 10,000 Hispanic people)
 - Ages 13-34 (10 new HIV infection among every 10,000 people ages 13-34)
 - MSM (153 new HIV infections among every 10,000 MSM)

PHILADELPHIA PrEP ESTIMATES

PrEP Estimates are the best indicators for who may need nPEP

	NEGATIVE AT RISK			PrEP INDICATION			% NEGATIVE POPULATION		
	MSM	PWID	Heterosexual	MSM	PWID	Heterosexual	MSM	PWID	Heterosexual
NH Black	4,777	6,012	125,911	3,390	300	1,290	71.0%	5.0%	1.0%
Hispanic	2,104	3,754	48,244	850	200	170	40.4%	5.3%	0.4%
NH White	5,475	12,849	64,378	710	1,040	100	13.0%	8.1%	0.2%
TOTAL**	12,897	23,428	261,015	5,080	1,540	1,570	39.4%	6.6%	0.6%

PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH COMMUNITY PLAN TO END THE HIV EPIDEMIC

- **Goal: reduce new infections by 75% over 5 years**
 - Diagnose all Philadelphians with HIV as early as possible
 - Treat people living with HIV quickly and effectively
 - **Prevent new transmissions by promoting PrEP, PEP, and syringe services**
 - Respond quickly to HIV outbreaks

Source: Philadelphia Department of Public Health AIDS Activities Coordinating Office, A Community Plan to End the HIV Epidemic in Philadelphia. Philadelphia, PA: City of Philadelphia; December 2020
<https://www.phila.gov/media/20201201165516/Ending-the-HIV-Epidemic-in-Philadelphia-A-Community-Plan.pdf>

PHILADELPHIA'S PEP CENTER OF EXCELLENCE

RATIONALE

- In New York City, among notified partners of people newly diagnosed with HIV, only 34% were aware of nPEP as an option for preventing HIV transmission
- In Philadelphia, among MSM newly diagnosed with HIV, 20% reported taking nPEP at some point in the prior year
- Those who need it most might not be aware that PEP is an available option

Sources: Misra K, Udeagu C. Disparities in Awareness of HIV Postexposure and Preexposure Prophylaxis Among Notified Partners of HIV-Positive Individuals, New York City 2015–2017. *JAIDS*. 2017 76(2): 132-140.
Philadelphia Department of Public Health AIDS Activities Coordinating Office, National HIV Behavioral Surveillance Data, 2017

PHILADELPHIA PEP-RELATED EHE GOALS

- Overall goal of the EHE project:
 - Decrease new HIV infections by 75% by 2025 and by 90% by 2030.
- **Goals** for PEP delivery in Philadelphia:
 - 100% of people in Philadelphia for whom non-occupational PEP is indicated prescribed treatment.
 - 75% of PEP COE patients transitioned to pre-exposure prophylaxis (PrEP).
 - 100% of nPEP patients complete 4-week follow-up w/PCP

Source: Philadelphia Department of Public Health AIDS Activities Coordinating Office, A Community Plan to End the HIV Epidemic in Philadelphia. Philadelphia, PA: City of Philadelphia; December 2020
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PEP CENTER OF EXCELLENCE PROGRAM MODEL

- Program Components:
 - A jurisdiction-wide PEP 24/7 call center
 - Brick-and-mortar clinical sites
- Program Goals:
 - Streamlined, patient-centered workflows
 - Medical and navigation staff with awareness of and capacity to prescribe PEP
 - Navigation and adherence support services

PHILADELPHIA PEP CENTER OF EXCELLENCE

- Serve as citywide 24/7 PEP Hotline
- Provide initial PEP triage/assessment and emergency prescription services without in-person contact
- Link clients to brick-and-mortar sites for in-person PEP medical care and lab services

PHILADELPHIA PEP CENTER OF EXCELLENCE GOALS

- Provide urgent care clinical model for PEP
- Prescribe PEP regardless of insurance status
- Receive referrals from community-based organizations for PEP
- Convert all appropriate and eligible participants to PrEP
- Provide linkage to HIV prevention services

TAKE HOME POINTS

- nPEP is a critical HIV prevention tool, but is underutilized
- nPEP is started within 72h of a high-risk exposure
- Treatment course = 28days
- nPEP is safe and well-tolerated, no risk of HIV resistance

TAKE HOME POINTS: CONTINUED

- Individuals who seek nPEP should be evaluated for transition to PrEP (PEP to PrEP)
- Philadelphia has rolled out a PEP Center of Excellence w/ the following goals:
 - 100% of people whom nPEP is indicated are prescribed treatment
 - 75% of PEP COE patients are transitioned to PrEP
 - 100% of nPEP patients complete 4-week follow-up w/PCP

PHILADELPHIA'S PEP CENTER OF EXCELLENCE: A YEAR IN REVIEW

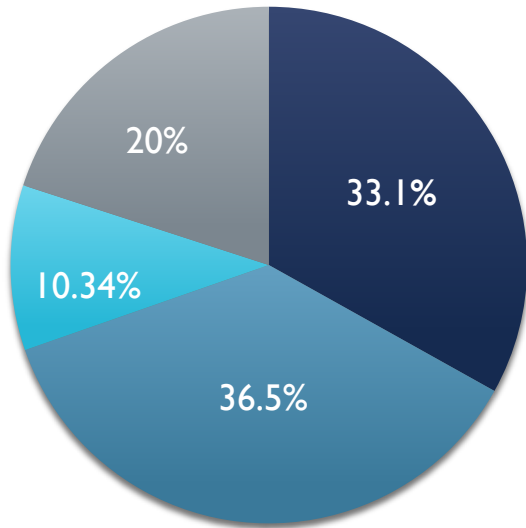
TOTAL CALLS AND OUTCOMES

FEBRUARY 2022 – JULY 2023

- **320**: Total Calls
- **145** Callers were PEP Eligible
- **140** Confirmed Rx Pick-Up & First Dose Taken (96.5%)
- **114** Attended initial clinician office visit (78.6%)
- **90** Attended 4–6 week follow-up clinician visit (62%)
- **40** Callers transitioned to PrEP (28%)

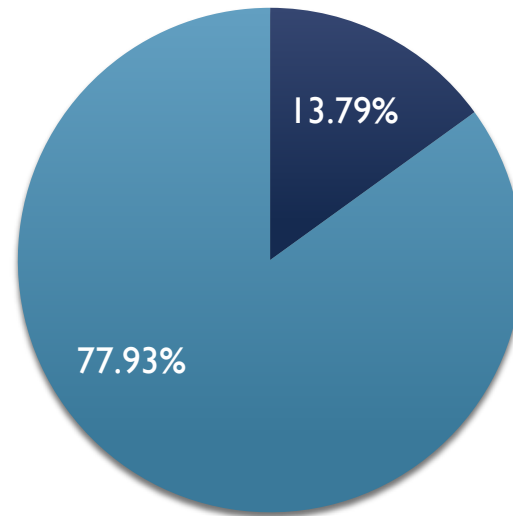
PEP COE Demographics

Race



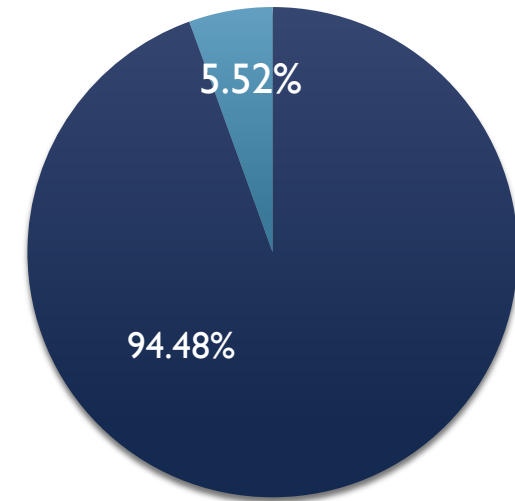
■ White ■ Black ■ Asian ■ Other

Ethnicity



■ Hispanic ■ Non-Hispanic

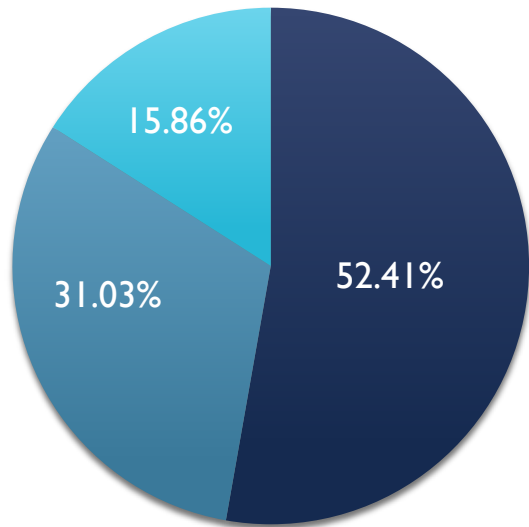
Type of Exposure



■ Sexual ■ Needle-Stick or Needle Sharing

PEP COE Demographics

Insurance

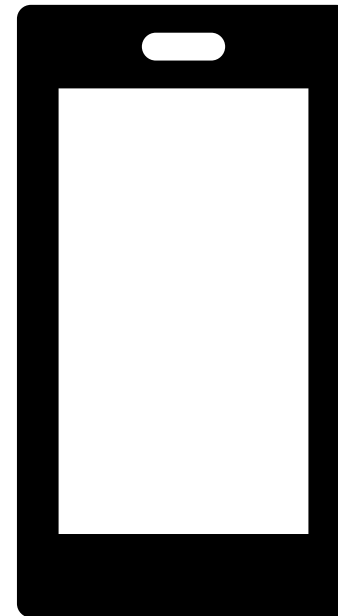


■ Private ■ Medicaid ■ Uninsured

Geographic Location

North Philadelphia	17.9%
Northeast (NE) and Greater NE Philadelphia	17.2%
West Philadelphia	15.9%
Live Outside of Philadelphia (exposure occurred in Philadelphia)	15.1%
South and Southwest Philadelphia	15.87%
Kensington	7.59%
Roxborough/Manayunk	5.52%
Center City	4.83%

PEP HOTLINE EXAMPLE CALLS & SCENARIOS



COMMON SCENARIOS

- CVS/Caremark Specialty Overrides
- Non-consensual sexual encounter
- General STI inquiries
- Sex without condoms/condom failure
- Callers out of the area
- Patients turned away for nPEP from the Emergency Department

STANDARD SCREENING DATA POINTS

- Required for assessment:
 - Location of caller and location of exposure
 - Time of potential exposure to determine PEP window
 - Type of exposure
 - Phone number/way for medical provider to contact caller
 - PrEP status
 - HIV status (if known)
 - Medical history and medication list

EXAMPLE CALL #1

- 24 y.o. transfeminine individual
- Consensual condomless oral and anal receptive sex with male partner of unknown HIV status
- Found hotline after a local Emergency Department did not prescribe nPEP
- Initial hotline contact with caller was at hour 2 following encounter (7pm on Monday)
- On-call provider assessed exposure with patient and prescribed nPEP

EXAMPLE CALL #1 (CONTINUED)

- Patient has CVS Caremark prescription coverage, and we found out that pt needed to use specialty pharmacy.
- Navigator and patient work together to call the specialty line to have an override completed (before they close at 8pm)
- CVS Caremark denied the retail override. PEP would not be delivered in time to start treatment.
- Patient referred to Health Center #1 to obtain care and medication in the morning (at hour 16)

EXAMPLE CALL #2

- 26 y.o. cisgender individual
- Consensual condomless anal insertive sex with male partner of unknown status
- Provided hotline number through a Google search
- Initial hotline contact with caller was at hour 36 (10am on Monday)
- Patient scheduled for a same day visit with provider at 1pm
- Patient attended visit, prescribed nPEP, and met with PEP Navigator to discuss barriers to care

EXAMPLE CALL #3

- 28 y.o. transmasculine individual
- Consensual condomless receptive sex with partner who initially reported being on PrEP and then tested HIV positive on the day of the call
- Initial hotline contact with caller was at hour 48 following encounter (3pm on Monday)
- Caller was prescribed nPEP and attended baseline visit the following day. Labs indicated gonorrhea exposure, pt was treated with antibiotic. Transitioned to PrEP at subsequent appointment

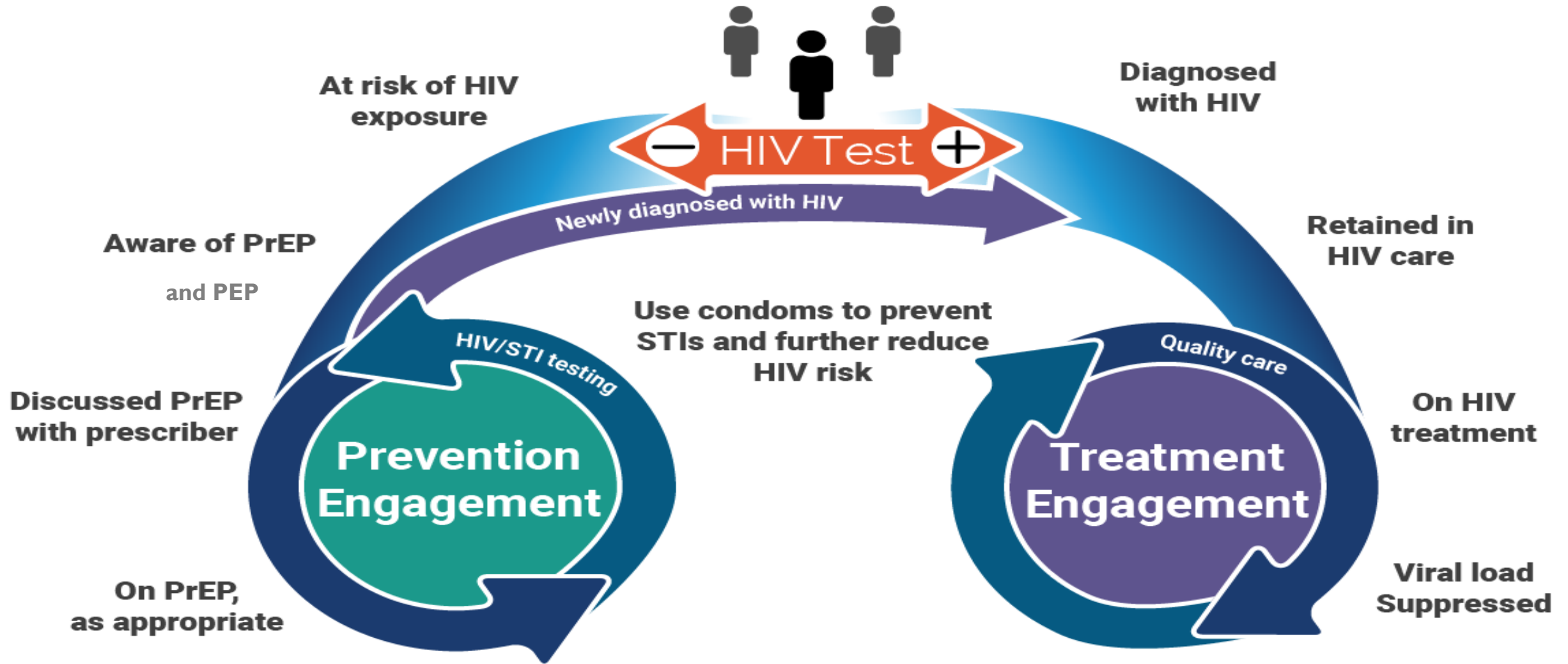
LESSONS LEARNED

- CVS/Caremark insurance plans often require a specialty override
- Patients who are denied a specialty override are often referred to Health Center #1
- Emergency Departments often do not prescribe nPEP OR only prescribe a 1- or 3-day supply of nPEP, and ask patients to follow with PCP

WHAT'S NEXT?

- Formal advertising plan
 - Distribution of print materials
 - Media placement/search optimization
 - Anticipation of increased call volume
- Enhanced PEP trainings for providers

HIV Status-Neutral Service Delivery Model



THANK YOU!

Philadelphia PEP Line:

1-833-933-2815

CONTACT

- Questions?
- Contact:
 - The Philadelphia Department of Public Health, Division of HIV Health
 - Emily McNamara: Emily.McNamara@phila.gov

REFERENCES:

- Misra K, Udeagu C. Disparities in Awareness of HIV Postexposure and Preexposure Prophylaxis Among Notified Partners of HIV-Positive Individuals, New York City 2015–2017. *JAIDS*. 2017 76(2): 132-140.
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