

HIV Pre-Exposure Prophylaxis for Adolescents

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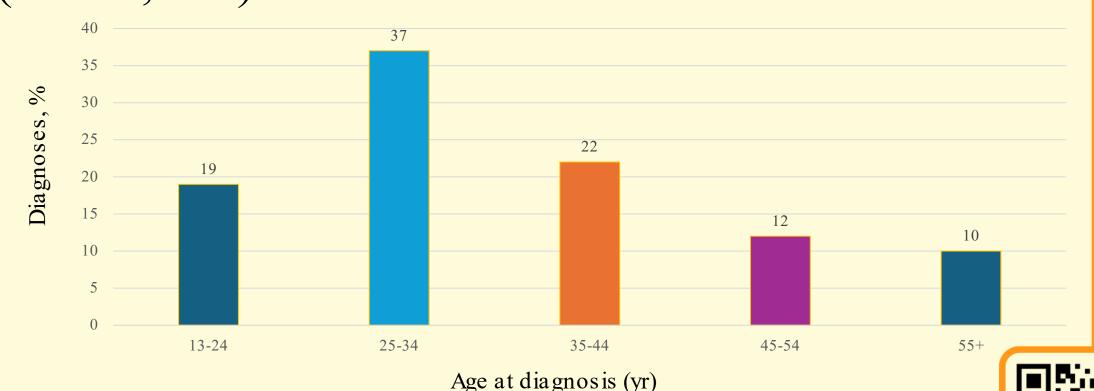
I have not used artificial intelligence in the development of this presentation.

Objectives

- At the conclusion of this activity, learners will be able to:
 - Describe the current epidemic of HIV in Louisiana
 - Apply HIV screening guidelines
 - Discuss eligibility for HIV Pre-exposure Prophylaxis (PrEP)
 - Discuss PrEP initiation and monitoring



HIV Diagnoses among Adults and Adolescents by Age at Diagnosis, 2022—United States (N=37,981)



HIV Diagnoses among Persons 13-24 years, 2022—United States (N=7,099)

Gender

Men 84%

Women 12%

Transgender Women 4%

Transgender Men <1%

Additional Gender Identity <1%



HIV Diagnoses among Persons 13-24 years, 2022—United States (N=7,099)

Race/Ethnicity

AI/AN <1% Hispanic	/Latino	31%
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Asian	2%	NH/PI	<1%
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Multiracial 3%



HIV in Louis iana



- In 2022, there were 857 new HIV diagnoses in Louisiana.
- 21% of these diagnoses occurred among people 13-24 years old.



National HIV/AIDS Strategy Goal: Prevent New HIV Diagnoses

- Increase awareness of HIV
 - Integrate HIV messaging into primary care
- Increase knowledge of HIV status
 - Provide HIV testing according to USPSTF recommendations and CDC guidelines
- Expand and improve implementation of safe, effective prevention interventions
 - PrEP

Case Presentation

Jody is an 18-year-old presenting for a health supervision visit. Jody

- Has no chronic medical problems and has no complaints
- Lives at home with parents and will be attending the local college in the fall
- Does not use tobacco/nicotine products, alcohol nor any illicit substances



Case Presentation

Jody identifies as a cisgender male.

- Has engaged in insertive vaginal and insertive anal sex with two female partners and receptive anal sex with three male partners
- Uses condoms inconsistently and is unaware of the HIV status of his partners
- Was treated for gonorrhea 4 months ago
- Was last sexually active about 6 weeks ago



HIV Screening Recommendations

USPSTF Recommendations

- Screening for HIV in adolescents and adults aged 15 to 65 years, younger adolescents and older adults at increased risk, and all pregnant persons
- Repeat screening is reasonable:
 - Sexually active men who have sex with men
 - Persons with a sex partner who is living with HIV
 - Persons who engage in behaviors that may convey an increased risk for HIV
 - Injection drug use
 - Transactional sex or commercial sex work
 - Having 1 or more new sex partners whose HIV status is unknown

CDC Guidelines

- Screening for HIV should be performed routinely for all patients aged 13 to 64 years
- Annual screening for all persons likely to be at high risk for HIV
 - Sexually active men who have sex with men
 - Persons with a sex partner who is living with HIV
 - Persons who engage in behaviors that may convey an increased risk for HIV
 - Injection drug use
 - Transactional sex
 - Having 1 or more new sex partners
 - Being diagnosed with an STI, hepatitis or TB

HIVPre-Exposure Prophylaxis



iPrEXStudy

N=2499 HIV-negative adult MSM

F/TDF

N=1251

Placebo

N=1248

Primary Endpoint: HIV seroconversion

44% reduction in HIV incidence

92% relative risk reduction among subjects with a detectable study drug level



Adolescent Trials Network (ATN) PrEP Studies

ATN 110 & ATN 113

• 18-22 yo; 15-17 yo HIV-negative YMSM

• Open-label use of F/TDF examining safety, acceptability and PrEP adherence



PrEP Recommendations

PrEP is for adults and adolescents without HIV who are at risk of getting HIV from sex or injection drug use.



CDC's PrEP guideline includes telling all sexually active adults and adolescents that PrEP can protect them from getting HIV.

Giving patients information about PrEP:

- Increases the number of people who know about PrEP and equips them to share the information with their social networks and family members
- Helps patients overcome embarrassment and stigma so they can respond accurately to risk assessment questions

PrEP can be prescribed to any adult or adolescent patient who asks for it, even if they do not report HIV risk factors, as part of their comprehensive prevention plan

PrEP Options

- Oral PrEP
 - Emtricitabine (F) 200 mg in combination with tenofovir disoproxil fumarate (TDF) 300 mg (F/TDF)
 - Emtricitabine (F) 200 mg in combination with tenofovir alafenamide (TAF) 25 mg (F/TAF)
- Injectable PrEP
 - Cabote gravir (CAB) 600 mg injection

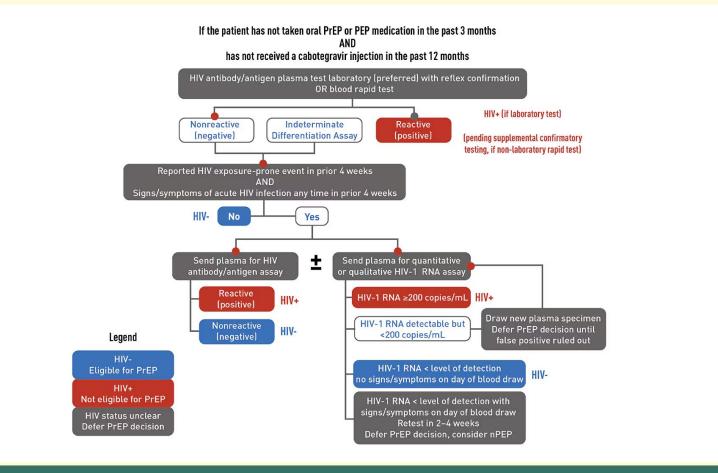


PrEP Side Effects and Safety

Side Effects	F/TDF (oral PrEP)	F/TAF (oral PrEP)	CAB (injectable PrEP)
Start-up Syndrome	 <10% of patients Headache, nausea, abdominal discomfort lasting <1 month¹ 	 <10% of patients Headache, nausea, abdominal discomfort lasting <1 month¹ 	- No reported start-up syndrome ¹
Kidney Safety	 Small decrease in creatinine clearance Resolves after stopping drug² 	- Less risk of kidney-related side effects ³	 No reported risk of kidney-related side effects¹
Bone Safety	 Small decreases in bone mineral density Not associated with fractures⁴ 	- No reported bone safety issues¹	- No reported bone safety issues ¹
Injection Site Reactions	- N/A	- N/A	 Pain, tenderness, local skin swelling Typically, mild/moderate, brief⁵
Weight and Lipids	- No reported effects on weight or lipid levels ¹	- Weight gain - Increased triglycerides ³	- No reported effects on weight or lipid levels ¹



Initiation of PrEP – HIV Testing





Baseline Assessments

• Screen for chlamydia, gonorrhea, and syphilis

• Check kidney function before starting oral PrEP

Screen for HBV

Check lipid profile for patients taking F/TAF



Ongoing Assessments

Oral PrEP

- HIVantigen/antibody and HIV-1 RNAtests (Q3m)
- STIs (Q3m/Q6m)
- Kidney function (Q6m/Q12m)
- Lipids (Q12m)

Injectable PrEP

- HIVantigen/antibody and HIV-1 RNAtests (@1m/Q2)
- STIs (Q4m/Q6m)



2-1-1 Oral PrEP Dosing for Men Who Have Sex With Men

- <u>F/TD</u>F can be prescribed off-label* using 2-1-1 dosing for adult men who have sex with men who:
 - Request non-daily dosing
 - Have sex infrequently
 - Can anticipate sex at least 2 hours in advance
- In 2-1-1 dosing, the patient takes F/TDF doses based on when they plan to have sex:
 - Two pills 2-24 hours before sex
 - One pill 24 hours after the first two-pill dose
 - One pill 48 hours after the first two-pill dose



Special Considerations for Adolescents









Louisiana Confidentiality Laws

Confidentiality/Minor Consent Laws

For Educational Purposes Only

PARENT/GUARDIAN CONSENT EXCEPTIONS

A parent or legal guardian must provide consent on behalf of a minor (under age 18) before health care services are provided, with several important exceptions. These exceptions are based on a minor's status, the type of service requested, or the clinic's funding source.

Minor Consent Based on Status: A minor can consent to health care services without a parent or guardian if they are:

- Emancipated
- Married
- Divorced

Minor Consent Based on Service: Patients under 18 are able to do the following WITHOUT parental consent:

- Receive surgical care or health services for any illness or disease
- · Receive pregnancy related care, including care related to labor and childbirth
- Receive services for diagnosis and treatment of STIs
- · Receive PrEP for HIV prevention
- Receive services for diagnosis and treatment of drug and alcohol problems, including preventive counseling or treatment.

Minor Consent Based on Funding: A minor can consent to health care services without a parent or guardian if they are:

- Receiving contraceptive services at a Title X facility
- · Receiving services funded by Medicaid
- · Receiving services from Title X funded sites**

MINORS NEED A PARENT/GUARDIAN'S PERMISSION FOR

- · Abortion with the exception of judicial bypass and medical emergency
- Sterilization
- · Adoption placement

HEALTH CARE PROVIDERS MAY OVERRIDE THE MINOR'S CONFIDENTIALITY FOR:

- STD Testin
- Testing positive for STD and receiving treatment
- Any reason

* There is no law that explicitly allows minors to consent for contraceptive services

**Title X-law-overrides Louisiana-State-La

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Confidentiality

- Billing documentation
- Mandatory reporting of abuse

Adherence Challenges

- Initial monthly visits for oral PrEP
- Ongoing assessment for barriers



MOC Questions in Slido (3 slides)

• Chapter staff will add these slides to your presentation once



Review

- Approximately 20% of new HIV diagnoses in Louisiana among adolescents and young adults
- Routine screening for HIV for all patients aged 13 to 64 years
- Annual screening for all persons likely to be at high risk for HIV
 - Sexually active men who have sex with men
 - Persons with a sex partner who is living with HIV
 - Persons who engage in behaviors that may convey an increased risk for HIV
 - Injection drug use
 - Transactional sex
 - Having 1 or more new sex partners
 - Being diagnosed with an STI, hepatitis or TB



Review

- All sexually active adolescents should be counseled about PrEP. There are 2 forms of PrEP:
 - Oral (F/TDF and F/TAF)
 - Injectable (CAB)
- Baseline assessments for PrEP include HIV and STI, HBV serology, kidney function, and lipid profile.
- Oral HIV rapid tests should not be used for PrEP candidates.



Action Items

- Integrate HIV messaging into primary care
 - HIVscreening
 - PrEP counseling
- Preplocator.org



References and additional reading

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