HIV Prevention for Women: Advocating for Sexual Reproductive Health

2017 Illinois Women’s Health Conference
Disclosures

Pamela Tassin and Sara Semelka have nothing to disclose.
Workshop Objectives

1. Participants will identify factors that increase women’s vulnerability to HIV.
2. Participants will learn available HIV prevention options including PrEP.
3. Participants will learn ways to effectively advocate for women’s sexual reproductive health.
Our Time Together

- Grounding our discussion
- Current HIV context
  - Prevention paradigm
  - Women and HIV
- Prevention options for women
  - Treatment
  - PEP
  - PrEP
  - Female condoms
- Resources
Reproductive Health
Reproductive Rights
Reproductive Justice
HIV Prevention Justice
HIV Snapshot
HIV Prevention Paradigm Shift

• Scientific advancements in HIV prevention
  • Treatment as prevention
  • PrEP
• New formulations and delivery mechanisms in development
  • Rings, shots, films (ASPIRE Dapiverine ring)
• Renewed interest in PEP
• 2014 CDC announcement that “condomless” ≠ “unprotected”
• Recognition social determinants’ role in HIV
U.S. Women and HIV

- Majority of women living with HIV are of reproductive age
- Comprise 20% of PLHIV in US
- Black cis & transwomen are disproportionately impacted
  - 1 in 48 Black cis women
  - 1 in 5 transwomen
- Latinas are 4x more likely to have HIV diagnosis compared to white women
- Estimated that 40% of HIV infections among U.S. women with multiple risk factors linked to unprotected anal sex (Elmes J et al. 2016)
- Half of WLHIV learn serostatus during pregnancy
Illinois HIV Disease Prevalence, 2015*

- 79% Male
- 47% Black
- 28% White
- 18% Hispanic
- 12% 20-29 y/o
- 18% 30-39 y/o
- 43% 50+

Males
- 76% MSM
- 16% IDU/MSM+IDU
- 6% HET

Females
- 70% HET
- 25% IDU

*Prevalence based on current residence.
HIV Diagnoses in Illinois Among Females by Race and Transmission Category

Excludes cases with missing risk.
HIV Diagnoses by Sex

IL-Excluding Chicago
- Males: 7%
- Females: 42%

Chicago
- Males: 27%
- Females: 51%

What Factors Make Women Vulnerable to HIV?

Women and Anal Sex

- Women have anal sex
- It is typically condomless
- Highly efficient mode of HIV transmission—up to 18xs more than vaginal sex
- Estimated that 40% of HIV infections among U.S. women with multiple risk factors linked to unprotected anal sex (Elmes J et al. 2016)
  - More than 9,000 women surveyed
  - 27% had anal sex at last sex
  - Women who engaged in transactional sex 2xs as likely to have had anal sex in last year
  - 60% less likely to have used condom at last anal sex act
Pregnancy and HIV Risk

• Women’s HIV susceptibility higher during pregnancy

• Perinatal transmission risk is higher when HIV is acquired during pregnancy or lactation
  • Up to 15-fold increase compared to pregnant women with treated chronic HIV
    (Birkhead et al. 2010)
  • 4-fold increase in lactational transmission compared with women with untreated chronic HIV
    (Humphrey et al. 2010)
ARV-Based Prevention
Viral Suppression as HIV Prevention

- Clinical guidelines recommend treatment offer to all PLHIV
- ARV treatment reduces HIV viral load in blood and genital fluids
- Undetectable=Uninfectious
- 2 trials found high efficacy
  - PARTNER: 0 transmissions if VL under 200
  - HPTN052: “risk is exceedingly low”
Where Are We Falling Short?

HIV Care Continuum Shows Where Improvements are Needed

In the US, 1.2 million people are living with HIV. Of those:

- **DIAGNOSED**: 86%
- **ENGAGED IN CARE**: 40%
- **PRESCRIBED ART***: 37%
- **VIRALLY SUPPRESSED**: 30%

*Antiretroviral therapy

Post Exposure Prophylaxis

• Occupational (needle stick)
• Non-occupational (sex, injection drug use)
• Take within 72 hours of exposure and for 28 days
• Recommended regimen
  • Tenofovir disoproxil fumarate 300mg w/ emtricitabine 200 mg daily plus
  • Raltegravir (RAL) 400 mg twice daily or dolutegravir (DTG) 50 mg
• Option if potential HIV exposure occurs during pregnancy
• Can serve as bridge to PrEP
PrEP

A PILL TO PREVENT HIV
Pre-Exposure Prophylaxis (PrEP) Basics

• HIV-negative person takes ARVs to prevent infection BEFORE HIV exposure
• Truvada is currently only FDA-approved drug (2012) for PrEP
  • 300 mg tenofovir disoproxil fumarate (aka tenofovir or TDF) and 200 mg emtricitabine
  • Doesn’t function as treatment
  • Other ARVs being researched for prevention
• Take one pill daily
• Any prescribing provider can prescribe and manage PrEP
• Up to 99% effective when taken consistently and correctly
What PrEP Requires

• Daily adherence for maximum protection
• Continuing for 28 days from most recent exposure
• Quarterly provider visits
• HIV testing for prescription renewal
• Hepatitis B testing
• Kidney function testing every 6 months
• STI screening every 6 months
• Pregnancy testing every 3 months
• Ongoing honest, open discussions about sex, sexual health
Vaginas vs. Rectums

• Important differences in protection
  • **20 days** of daily Truvada for vaginal protection
    • FCs can help fill protection gap
  • **7 days** offers rectal protection, perfect adherence not required
  • Daily adherence is essential for vaginal protection
    • Limited vaginal forgiveness
A Quick Note about Female (Internal) Condoms

- Latex-free, synthetic rubber, nitrile
- Pre-lubricated w/ silicone-based lubricant
- Safe and effective
- Offers flexibility in who wears a condom
- Covered by ACA with prescription
- Positive promotion by provider increases uptake

- Effective tool to fill PrEP coverage gap
PrEP works if you take it


Slide adapted from Dawn Smith
PrEP Potential Side Effects

• “Start-up syndrome” is possible; occurs in fewer than 10%
  • Nausea, diarrhea, abdominal pain, or headaches--quickly resolves

• 1 in 100 will experience bone density loss, plateaus and doesn’t progress.
  • Not usually clinically significant

• 1 in 200 will experience kidney problems, which resolve after stopping
Potential PrEP candidates are HIV-negative and...

- Interested in taking PrEP
- Sexual activity within high prevalence area or social network
- Have condomless anal sex
- Have HIV-positive partner/s with unsuppressed viral load
- Is unaware of partners’ HIV status
- Does not use male/female condoms consistently
- Exchanges sex for money, food, shelter, drugs, etc.
- Desire a baby with a PLHIV
- Repeatedly uses PEP
What about people who...

- Desire intimacy without anxiety?
- Want increased sexual pleasure?
- Feel condoms are barriers to more than HIV?
U.S. Women, HIV, and PrEP

- One in five new HIV diagnoses in the U.S. are among women.
- 64% of women living with HIV in the U.S. are Black, though Black women are 13% of the female population.
- The CDC estimates 468,000 U.S. women are eligible for PrEP.
- Women’s health care providers are uniquely positioned to screen, counsel about, and offer PrEP.

Graphic credit: HIVE
The Power of PrEP

• Receptive partner controlled option
• Enables better control of sexual health and pleasure
• Not reliant on partner’s knowledge or compliance
• CDC estimates PrEP eligible people:
  • 468,000 women
  • 492,000 MSM
  • 115,000 IDUs
PrEP, Conception, Pregnancy, & Breastfeeding

- Enables family building by sero-different couples
- HIV-negative partner takes PrEP for duration of conception attempts
- Effective option to ensure woman remains negative
  - Critical for perinatal prevention (Seidman et al. 2016)
- No fetal/infant adverse effects when pregnant or breastfeeding
  WLHIV use Truvada as part of treatment regimen
- PrEP exposure through breastmilk is minimal & less than in utero
  - Tenofovir not detected in 94% of infant plasma samples
    (Mugwanya et al. 2016)
Expert Recommendations

• PrEP should be offered during pregnancy & lactation (DHHS, WHO)
• Benefits/risks should be discussed (CDC, WHO)
• PrEP has “reassuring” safety profile (ACOG)
• Providers should be “vigilant” to prevent transmission during breastfeeding (ACOG)
Opportunities and Obstacles
Stigma/Biases

Structural Barriers

Inadequate Provider-Patient Communication

Barriers to HIV Prevention for Women
# PrEP Barriers for Women

## Community
- Misconceptions about who PrEP is for
  - “Isn’t it just for gay men?”
- Limited PrEP awareness among populations with most to benefit
- HIV stigma

## Financial
- Medication cost
- Service costs
- Lab fees

## Providers
- HIV providers most familiar, but least likely to see HIV-negative people
- Anti-PrEP bias
- Provider knows best
- Misconceptions about who PrEP is for
  - “Isn’t it just for gay men?”
- Unwillingness to prescribe and manage
Challenges

- PrEP awareness among women is very low
- Provider bias
- Discomfort discussing sex is common among providers
  - 25% OB/Gyns disapproved of patients’ sexual practices (Sobecki et al 2012.)
- Lack of comprehensive and affirming provider initiated conversations about sexual health and reproductive desires
- Only 7% PCPs reported ever prescribing PrEP (Smith et al 2016.)
- 64-75% family planning providers uncomfortable educating about and prescribing PrEP (Seidman et al 2016.)
- 4% family planning providers had ever prescribed PrEP (Seidman et al 2016.)
Unique Individuals Starting FTC/TDF for PrEP in US by Gender (1Q2013-1Q2016)

Between 1Q2013 and 1Q2016 quarter-over-quarter utilization grew 870%; 172% for women and 1,450% for men.

Bush S. et al. HIV Drug Therapy 2016. Glasgow, Scotland
But a lot of people need to know about this, you know. Especially people who try not to get it and try to live right and do the right thing and don’t know this thing is out here to help them [shows paper with PrEP information shared with the group], you know. Some people just don’t know about this [knocks on table]. [...] And everybody has a right to know what decision they can make to prevent this, to help save the next generation. --Sakina (HIV-)

(Goparju et al, 2015.)
How We Can Make PrEP Work for Women

• Integrate PrEP offering into routine health care
  • Primary care
  • Family planning

• Help women identify periods of greater HIV risk

• Facilitate social and clinic based adherence support
  (Thompson et al, 2016.)
How We Can Make PrEP Work for Women

• Help women identify periods of greater HIV risk
  • Partnerships with people of unknown HIV status
  • Pre or newly ART initiated partners
  • Conception attempts
  • Pregnancy

(Thompson et al, 2016.)
How We Can Make PrEP Work for Women

• Facilitate social and clinic based adherence support
  • Identify dosing time that integrates med into daily routine
  • Create open, non-judgmental discussion space about challenges
  • Discuss disclosure issues
    • Does the patient have someone who can/does support their adherence?
    • Are there barriers (privacy or safety concerns) to adherence?
  • Offer to facilitate partner disclosure
Resources

Having a NEGATIVE family can be the most POSITIVE thing in your life.

HIV +
HIV -
HIV -
HIV -
## Paying for PrEP
*ICD-10 Z20.6*

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<th>Private Insurance</th>
<th>Medicaid</th>
<th>Gilead Medication Assistance Program</th>
<th>Patient Advocate Foundation (PAF)</th>
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| • FDA approval enables coverage.  
• Prior authorizations sometimes required. | • Truvada® on Medicaid formulary. | • Truvada® for PrEP provided at no cost for qualifying individuals.  
• Person must be HIV negative U.S. resident, 500% of FPL, uninsured/no drug coverage.  
• Co-pay card program.  
• Maximum $3,600/yr.  
• Reside in the U.S. | • Patient Access Network (PAN) Foundation’s HIV Treatment & Prevention fund is currently fully allocated. As of 9/6/16, Patient Advocate Foundation (PAF) HIV, AIDS and Prevention Fund (“Co-Pay Relief”) is accepting applications, max. $7,500/yr. |
Clinical Guidance and Consultation

PREEXPOSURE PROPHYLAXIS FOR THE PREVENTION OF HIV INFECTION IN THE UNITED STATES - 2014

A CLINICAL PRACTICE GUIDELINE


PrEP Line
855-448-7737

PEP Line
888-448-4911
Resources

- [www.MHPPPI.org](http://www.MHPPPI.org)
  - In-person trainings
  - State specific webinars
  - Brochures
  - Postcards
  - Videos
  - Newsletter
  - MHPPPI team

- [www.HIVE.org](http://www.HIVE.org)
Getting Started

Talk to a Local PrEP Expert

The Chicago Center for HIV Elimination operates a PrEP line to answer your questions about PrEP, insurance coverage, medication assistance programs and providers in the Chicago area.

Call the Chicago PrEP line at **872-215-1905**

Contact Your Health Care Provider

PrEP can only be prescribed by a health care provider, so talk to yours to find out if PrEP is the right HIV prevention option for you. If you do not have a trusted health care provider, we can help you find one.

PrEP Providers in Illinois →
Resources

- PrEP4Illinois

- HIVE
  www.hiveonline.org

- Clinic Consultation Center
  http://nccc.ucsf.edu/clinical-resources/pep-resources/pep-quick-guide/

- NASTAD patient assistance factsheet

- CDC factsheet on PrEP and pregnancy

- 2014 Guide for HIV/AIDS Clinical Care
  http://aidsetc.org/guide/nonoccupational-postexposure-prophylaxis
Illinois Resources

• PrEP
  PrEP4Love – prep4love.com
  Illinois PrEP clinics and providers – AFC webpage “I Need...”
  PrEP Chicago Facebook group

• Perinatal Prevention
  Illinois Perinatal HIV Hotline – 800-439-4079
  PACPI: Perinatal AIDS Chicago Prevention Initiative

We need your help to complete this list! Please send information about your most dependable resources for PrEP, PEP, perinatal prevention, pregnancy planning for sero-different couples in this state.
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