

PrEP Updates Newsletter

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Infectious Diseases Group Practice (IDGP) PrEP Clinic

Editors:

[Katherine Frasca, MD](#)

[Donna McGregor, NP](#)

[Christopher Schultz, MD](#)

[Alexa Van Epern, PharmD, MPH](#)

[Amanda Ahumada](#)

[Lisa Lawrence](#)

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- Update on HIV Incidence in Colorado
- STIs On the Rise:
 - Congenital Syphilis: on the Rise in Colorado
 - Expedited Partner Therapy: updated CDC STI Treatment Guidelines
- New Guidelines & FDA Approvals Coming Soon

Summary of Volume 1, Issue 1

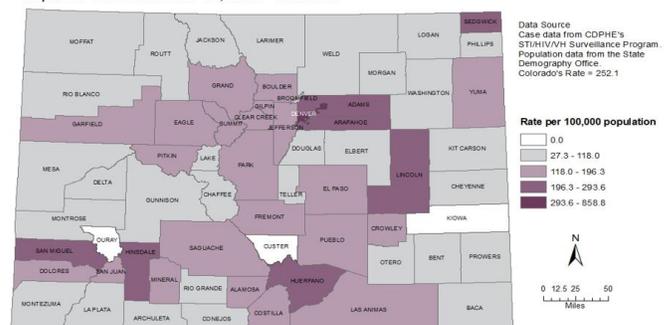
- PrEP stands for Pre-Exposure Prophylaxis, medication taken to prevent HIV
- There are two FDA approved medications for use as PrEP as daily fixed dose combination pills:
 - Emtricitabine 200mg/tenofovir disoproxil fumarate 300mg, TDF-FTC, Truvada®
 - Now available as a generic medication with no copay under most plans
 - Emtricitabine 200 mg/tenofovir alafenamide 25 mg, TAF-FTC, Descovy®
 - Descovy® is only approved for cisgender men & transgender women, not approved for cisgender women/persons engaging in receptive vaginal sex.
- [PrEP is a Grade A recommendation by the USPSTF](#) for at-risk populations for HIV prevention
- PrEP and associated medical costs can be minimal, even for uninsured patients, in Colorado
 - [Colorado PHIP Program](#) can cover medical visits, labs, STI testing/treatment
 - [Gilead Advancing Access Program and Copay Coupon Card](#)
- [IDGP TelePrEP Program](#): virtual clinic visits with free home testing kits for Colorado residents
 - For more information: contact PrEP coordinator Amanda Ahumada at 303-724-8245

Update on HIV Incidence and Prevalence in Colorado

New HIV Diagnosis Rate per 100,000 Population by County of Residence at the Time of Diagnosis - Colorado 2019



Rate of People Living with HIV per 100,000 Population by County of Residence Reported as of December 31, 2019 - Colorado



*Most recent HIV incidence and prevalence maps courtesy of Mary Boyd CDPHE

The US HIV epidemic has shifted from coastal, urban settings to the South and rural areas where women, minorities, and men who have sex with men are disproportionately affected. Effective prevention and treatment are not adequately reaching those who could most benefit from them which has led to population specific trends. **Ask ALL of your patients about their sexual and substance use histories** and consider prescribing or referring for PrEP if they are at risk.

See more Colorado HIV facts below.

New HIV Diagnoses 2020

	% of new diagnoses	% of CO's population
White	44%	86.9%
Hispanic/Latino/a/x	33%	21.8%
Black	19%	4.6%
Asian/Pacific Islander	2%	3.7%
Indigenous/Native American	2%	1.6%

Late-Stage HIV at Diagnosis

(% of new HIV diagnoses concurrent with AIDS diagnosis)

Overall, 23 %

Of men 50-59 years old, **45%**

Of Asian/Pacific Islander, **40%**

Of Hispanics, **28%**

Of MSM, **27%**

Of Rural, **23%**

Of Black, 20%

Of Women, 15%

86% male; 13% female; 1% transgender female

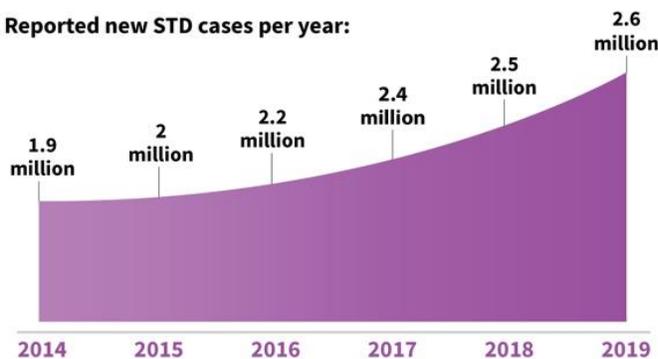
Compared with previous years, there may be some [inconsistencies in the HIV statistics](#) for the year 2020 due to confounding variables related to the COVID-19 pandemic.

[CDPHE HIV SURVEILLANCE QUARTERLY REPORT, 4th Quarter 2020](#)

STIs On the Rise

6th consecutive year of RECORD-BREAKING STD cases

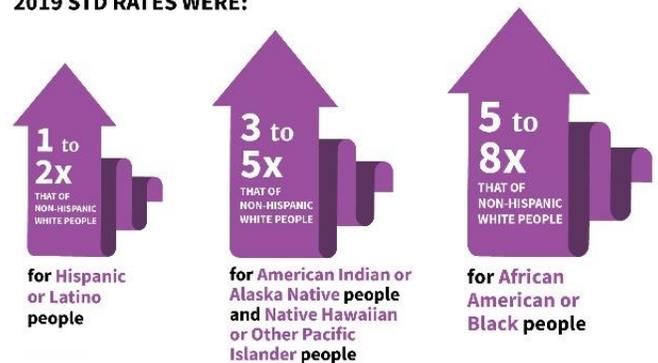
Reported new STD cases per year:



For more information visit www.cdc.gov/nchhstp/newsroom

Disparities in STDs persist among racial & ethnic minority groups

While STDs are increasing across many groups, 2019 STD RATES WERE:



For more information visit www.cdc.gov/nchhstp/newsroom

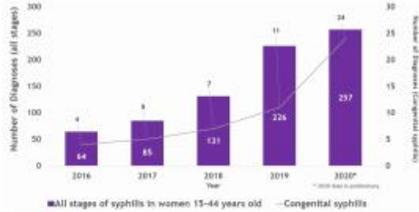
Congenital Syphilis in Colorado: Guidance from the Denver Metro STI Coalition

The number of reproductive aged women diagnosed with syphilis increased over 4x from 2016-2020.



Provider Management for the Prevention of Congenital Syphilis in Colorado

Colorado Syphilis Cases: Cis-Women of Reproductive Age & Congenital Syphilis



Courtesy of Kaitlyn Probst from Colorado Department of Public Health and Environment (CDPHE)

Syphilis is on the rise in Colorado

- The number of reproductive aged women diagnosed with syphilis increased over 4 times from 2016 - 2020.
- Congenital syphilis cases increased near 6 times over the same period.

What is congenital syphilis?

- Congenital syphilis occurs when syphilis passes to the fetus during pregnancy.
- Fetal infection can result in miscarriage, stillbirth, prematurity, low birth weight, or death shortly after birth.
- Up to 40% of babies born with untreated syphilis may be stillborn or die as a newborn.

Clinical Guidelines for Management of Syphilis

	Who	**Risk Based Screening	How
Screen	All persons who: <ul style="list-style-type: none"> Are of reproductive age with risk** Are at first prenatal visit Are at 28 weeks gestational age Are at high risk again at delivery** Deliver stillborn infants Are infants whose mother did not get screening in pregnancy Are infants whose mother was diagnosed in pregnancy 	<ul style="list-style-type: none"> Lives in high morbidity area Recent history of syphilis Living with HIV Other STI diagnosed within the past 12 months Illicit substance use Reports sex exchange Multiple sex partners, or partner with other partners Reports sex with MSM partner 	<ul style="list-style-type: none"> Presumptive diagnosis requires use of 2 serologic tests: <ul style="list-style-type: none"> A nontreponemal test: RPR or VDRL A treponemal test: FTA-ABS, TP-PA, EIA or CIA Persons with a reactive nontreponemal test should always receive a treponemal test to confirm the presumptive diagnosis of syphilis.
Stage	Primary +Chancere	Late-Latent or Unknown Duration NO symptoms, and infection does not meet criteria for early latent ²	Neurosyphilis³ +CNS sign or symptoms + CSF findings on lumbar puncture (LP)
	Secondary + Rash and/or other signs ¹		
	Early-Latent NO symptoms and infection occurred within one year ²		
Treat	Benzathine penicillin G 2.4 Million Units, Intramuscularly (IM) Once	Benzathine penicillin G 2.4 Million Units IM every 7 days, for 3 doses (7.2 mu total) - In pregnancy, if any doses are late or missed, must restart the entire 3-dose series	Aqueous penicillin G 3-4 Million Units Intravenously every 4 hours for 10-14 days
	If patient is pregnant, treatment must be started at least 30 days prior to delivery Sexual partners need screening/treatment per CDC management guidelines		
Monitor	Pregnant Persons Repeat follow-up titers at 28 weeks. Perform monthly titers until delivery if at high risk for reinfection. Post-treatment serologic response during pregnancy varies widely. Many women do not experience a fourfold decline by delivery. If fourfold increase occurs after treatment completion, evaluate for reinfection and neurosyphilis.	Non-pregnant Persons Clinical and serologic evaluation should be performed at 6 and 12 months after treatment of primary or secondary syphilis. Quantitative nontreponemal serologic tests should be repeated at 6, 12 and 24 months after treatment of latent syphilis.	People living with HIV Monitoring is recommended at more frequent intervals. See the CDC guidelines for further information.

- Signs of secondary syphilis also include condyloma lata, alopecia, and mucous patches.
- Persons can receive a diagnosis of early latent if, during the prior 12 months, they had a) seroconversion or sustained fourfold titer rise (RPR or VDRL); b) unequivocal symptoms of primary and/or secondary syphilis, or c) a sex partner with primary, secondary, or early latent syphilis.
- Neurosyphilis can occur at any stage. Patients should be assessed for evidence of central nervous system (CNS) involvement such as cognitive dysfunction, motor or sensory deficits, ophthalmic or auditory symptoms, cranial nerve palsies, and symptoms or signs of meningitis or stroke.
- Alternate treatment with Doxycycline is appropriate for non-pregnant patients only. For primary, secondary and early-latent, treat with oral Doxycycline 100mg twice daily x 14 days. For late-latent or unknown duration, treat with oral Doxycycline 100mg twice daily x 28 days. Benzathine penicillin G is the only acceptable treatment for pregnant patients. Pregnant patients with a confirmed penicillin allergy must undergo desensitization.



Adapted with permission from the CA Prevention Training Center and CA Department of Public Health STD Control Branch

Resources for Colorado Providers

For a clinician consultation, visit www.stdccn.org
 A clinical expert will answer your question in 1-3 business days.

- Providers must report all syphilis infections to CDPHE within 24 hours of diagnosis.
- How to report: fax a confidential morbidity report (CMR) to CDPHE at 303-782-5393. The CMR is available online at <https://www.colorado.gov/pacific/cdphe/report-a-disease>
- If you have additional questions or have questions about prior syphilis history, you may contact CDPHE Syphilis Coordinator at 303-692-2694.
- Need help with treatment adherence, access to syphilis testing/treatment or help with partner notification? Disease Intervention Specialist (DIS) can help! Call #303-692-6226.

Other resource: Centers for Disease Control and Prevention, 2015 STD Treatment Guidelines: Syphilis During Pregnancy (<https://www.cdc.gov/std/tg2015/syphilis-pregnancy.htm>)

What is Expedited Partner Therapy (EPT)?

- EPT allows providers to treat the sex partners of patients diagnosed with chlamydia or gonorrhea by providing prescriptions or medications to the patient to take to his/her partner without the health care provider first examining the partner.
 - EPT is legal in Colorado and it is discussed in the [Colorado Medical Board Policies](#).
 - EPT should be used when the partner would not seek treatment on their own.
- EPT is not routinely recommended for men who have sex with men (MSM) because of high risk for coexisting infections, such as undiagnosed HIV, in their partners. Shared decision making is recommended including HIV and STI screening for partners.
- **Chlamydia treatment:**
 - **Doxycycline** 100 mg twice daily for 7 days (**preferred**, [see updated CDC STI guidelines](#))
 - Non preferred alternative: Azithromycin 1000 mg once (preferred in pregnancy)
- **Gonorrhea treatment:**
 - **Ceftriaxone 500mg IM** (intramuscular injection) (or 1gm if ≥ 150 kg) per recently updated [CDC STI guidelines on gonorrhea treatment](#) (note dose increase, monotherapy)
 - All efforts should be made for the partner to get this preferred treatment.
 - If co-infection with chlamydia, add doxycycline 100mg twice daily for 7 days.
 - If IM is not possible, and chlamydia is excluded, provide Cefixime 800mg orally once.
 - If co-infection with chlamydia, add doxycycline 100mg twice daily for 7 days.
- [How to label the patient and partner's prescriptions:](#)
 1. Label the treated patient's prescription by the patient's own name.
 2. Label the untreated partner's prescription by the treated patient's name immediately followed by the word "Partner." For example, for the treated patient – "Joe Smith," then for the untreated patient – "Joe Smith's Partner."
 3. A separate and unique identifying number must be applied to each prescription. This just means that these should be two separate prescriptions (i.e. not one treatment course plus a refill and not two treatment courses written as one fill).
- If the partner has a drug allergy to the preferred medication or is on any interacting medications, he or she should consult with a healthcare provider prior to filling the prescription.
- The partner's medication cannot be billed to the patient's insurance. [Goodrx.com](#) is a good resource to find discounted drug prices.
- ****If you are a provider in the ED at UHealth and the partner's medication will be filled at a UHealth pharmacy, please consult a pharmacist for the standard EPT protocol.**
- **And remember! A positive STI result in the previous 6 months is an [indication for PrEP](#) 😊**

New Guidelines & FDA Approvals Coming Soon

- **Just released! CDC 2021 Sexually Transmitted Infection (STI) Treatment Guidelines**
 - <https://www.cdc.gov/std/treatment-guidelines/default.htm>
- **Coming soon:**
 - Preexposure Prophylaxis for the Prevention of HIV Infection in the United States-2021 Update: A Clinical Practice Guideline
 - FDA approval for Cabotegravir IM injectable for PrEP