

Alaska Infectious Disease ECHO



ALASKA NATIVE
TRIBAL HEALTH
CONSORTIUM



NPAIHB

Indian Leadership for Indian Health

HCV-HIV-PrEP-STIs

The ANTHC Liver Disease and Hepatitis Program, HIV Clinical Services, Behavioral Health Department and Southcentral Foundation's Pharmacists have partnered to host this ECHO, and it's funded by a grant from the Northwest Portland Area Indian Health Board.

AK ID ECHO: HCV, HIV, PREP, STIS

Approved Provider Statements:

Alaska Native Tribal Health Consortium (ANTHC) is accredited by the Washington State Medical Association to provide continuing medical education for physicians.

ANTHC is approved as a provider of nursing continuing professional development by the Montana Nurses Association, an accredited approver with distinction by the American Nurses Credentialing Center's Commission on Accreditation.

 The Alaska Pharmacists Association (AKPhA) in cooperation with ANTHC is accredited by the Accreditation Council for Pharmacy Education as a provider of continuing pharmacy education.

Contact Hours:

ANTHC designates this live activity for a maximum 12 *AMA PRA Category 1 Credit(s)*™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

ANTHC designates this activity as meeting the criteria for one nursing contact hour credit for each hour of participation up to a maximum 12 hour(s).

To receive CPE credit, participants must complete an Evaluation/Attendance Form for each session attended. You will be required to enter your NABP e-profile ID number, & birthdate (mm/dd). CPE credit will be posted to the online CPE Monitor system within 60 days after completion of each activity. No credit will be reported to CPE Monitor for CEs that do not have a completed evaluation. There is no charge to process CPE credit for ANTHC employees and AKPhA members, but a fee may apply to participants not affiliated with either organization.

Conflict of Interest Disclosures:

Lisa Townshend-Bulson, faculty for this educational event, is the primary investigator in a study funded in part by Gilead Sciences. All of the relevant financial relationships listed for these individuals have been mitigated.

Requirements for Successful Completion:

To receive CE credit please make sure you have actively engaged in the entire activity, your attendance is recorded by the facilitator, and complete the course evaluation form found here: <https://forms.gle/18t4EgvN2WdnM4P77>



For more information contact
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We acknowledge the Dena'ina people, on whose traditional lands we gather.
We also acknowledge the Creator and all Indigenous people of Alaska. Thank
you for your past and present stewardship of the waters, plants, animals and
spiritual practices of this place.





HIV POST-EXPOSURE PROPHYLAXIS (PEP)

KATIE PRESSER, PHARM.D., BCPS, BCIDP

AK ID ECHO JULY 13, 2021



WHAT IS POST-EXPOSURE PROPHYLAXIS (PEP)?

Hepatitis A &
B

Rabies

Sexual
Encounters
(Plan B)

HIV

Tetanus

Anthrax




Lyme disease

**The sooner you start, the better!
Every hour counts.**

WHO IS ELIGIBLE FOR HIV PEP?

- Must be started within 72 hour of possible exposure.
 - Start as soon as possible, do not delay.
- Exposure through:
 - Sex (condomless, condom broke, etc)
 - Sharing needles, syringes or other equipment to inject drugs
 - Sexual assault
 - Occupational exposure to bodily fluids
 - Contact employee health if happens at hospital setting
 - Clinicians can call the PEPline (1-888-448-4911)
 - 5am-5pm AKST, 7 days/week

The risk of occupational HIV transmission varies by the type of exposure.

Splashes with body fluids		Near zero, even if the fluids have blood in them.
Fluid splashes to intact skin or mucous membranes		Extremely low risk, even if blood is involved.
Percutaneous (needle-stick) injury		Less than 1%.

Proper personal protective equipment can help prevent occupational exposures.

QUESTIONS THAT MIGHT BE ASKED TO EVALUATE FOR PEP

Did a condom break when you were having sex with someone who is HIV positive or whose HIV status you don't know?

Were you forced into sex against your will?

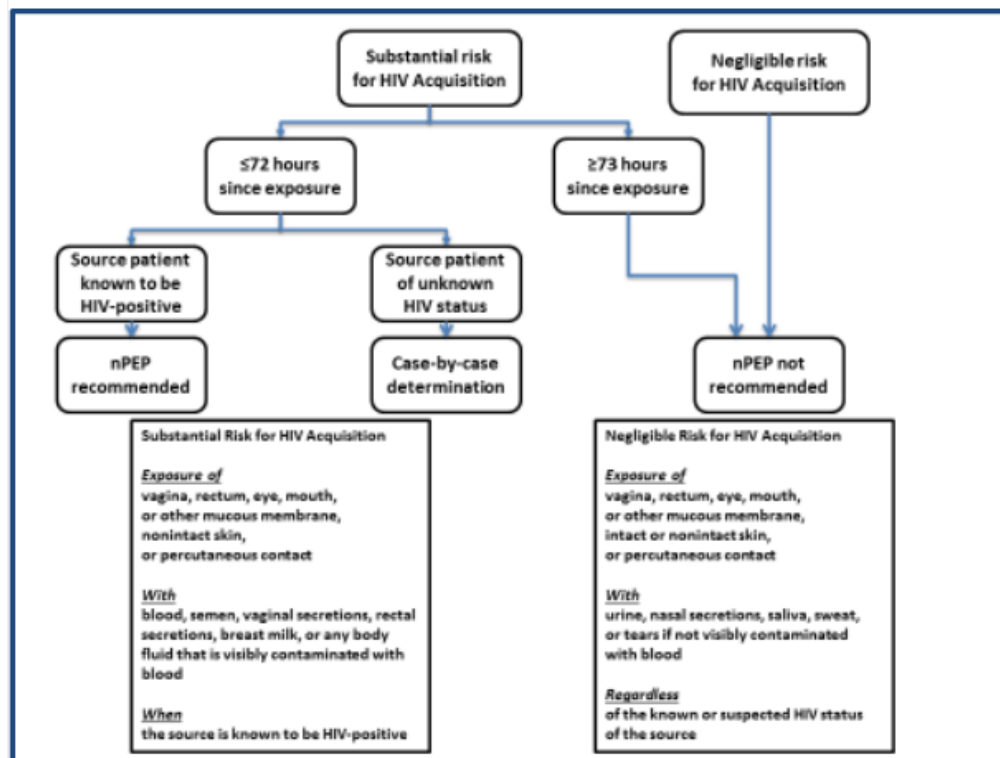
Did you share injection drug equipment, like a syringe or needle?

Did you have condomless sex as the receptive person (anal or vaginal)?

WHEN DO I USE PEP?

- Emergency situations
 - Similar to Plan B and birth control, PEP should not be utilized in place of PrEP
 - If repeat visits for PEP or high risk behavior, consider PrEP after completion of PEP
- Start as soon as possible, within 72 hours.
 - Many times this will be in emergency rooms or urgent care centers

Figure 1. Algorithm for evaluation and treatment of possible nonoccupational HIV exposures



RISK OF ACQUIRING HIV FROM AN INFECTED SOURCE BY EXPOSURE ACT

Exposure Type	Rate for HIV acquisition per 10,000 exposures
Parenteral	
Blood transfusion	9,250
Needle sharing during injection drug use	63
Percutaneous (needlestick)	23
Sexual	
Receptive anal intercourse	138
Receptive penile-vaginal intercourse	8
Insertive anal intercourse	11
Insertive penile-vaginal intercourse	4
Receptive oral intercourse	Low
Insertive oral intercourse	Low
Other	
Biting	Negligible
Spitting	Negligible
Throwing body fluids (including semen or saliva)	Negligible
Sharing sex toys	Negligible

UPDATED GUIDELINES FOR ANTIRETROVIRAL POSTEXPOSURE PROPHYLAXIS AFTER SEXUAL, INJECTION DRUG USE, OR OTHER NONOCCUPATIONAL EXPOSURE TO HIV--UNITED STATES, 2016.

ANMC Non-occupational Post-exposure Prophylaxis (nPEP) – Adults and Adolescents

Recommended Populations		Testing before and following nPEP																																																		
<ul style="list-style-type: none"> • Within 72 hours of an isolated incident of high risk HIV exposure, treatment should be initiated as soon as possible • Potential exposures to consider and recommend nPEP: <ul style="list-style-type: none"> ○ Sexual assault ○ Unprotected sex with new partner of unknown HIV status ○ Use or injury with needle or syringe used previously by another person • Not generally recommended for: <ul style="list-style-type: none"> ○ History of sustained active injection drug use (discuss PrEP) ○ Frequent recent high risk sexual exposures (discuss PrEP) 	<table border="1" style="width: 100%; border-collapse: collapse; margin: 0 auto;"> <thead> <tr style="background-color: #92D050;"> <th style="width: 60%;"></th> <th style="width: 15%;">Baseline</th> <th style="width: 15%;">4-6 weeks</th> <th style="width: 10%;">3 months</th> </tr> </thead> <tbody> <tr> <td>HIV Ag/Ab</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> </tr> <tr> <td>Hep B surface Ag</td> <td style="text-align: center;">X</td> <td></td> <td></td> </tr> <tr> <td>Hep B surface Ab</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hep B core Ab</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Hep C Ab^a</td> <td style="text-align: center;">X</td> <td></td> <td></td> </tr> <tr> <td>Syphilis^b</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>Gonorrhea^b</td> <td style="text-align: center;">X</td> <td></td> <td></td> </tr> <tr> <td>Chlamydia^b</td> <td style="text-align: center;">X</td> <td></td> <td></td> </tr> <tr> <td>Pregnancy^b</td> <td style="text-align: center;">X</td> <td style="text-align: center;">X</td> <td></td> </tr> <tr> <td>Renal Function (Serum Creatinine)</td> <td style="text-align: center;">X</td> <td></td> <td></td> </tr> <tr> <td>Liver Function (AST/ALT)</td> <td style="text-align: center;">X</td> <td></td> <td></td> </tr> </tbody> </table>					Baseline	4-6 weeks	3 months	HIV Ag/Ab	X	X	X	Hep B surface Ag	X			Hep B surface Ab				Hep B core Ab				Hep C Ab ^a	X			Syphilis ^b	X	X		Gonorrhea ^b	X			Chlamydia ^b	X			Pregnancy ^b	X	X		Renal Function (Serum Creatinine)	X			Liver Function (AST/ALT)	X		
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a – If blood exposure repeat Hepatitis C Ab at 6 months b – If sexual exposure																																																				
Treatment Recommendations																																																				
Preferred Regimen		Education																																																		
Adults and adolescents ≥13 yo with normal renal function including pregnant females	<ul style="list-style-type: none"> • Tenofovir disoproxil fumarate/Emtricitabine 300mg/200mg PO daily x 28 days PLUS • Dolutegravir 50 mg PO daily x 28 days 	<ul style="list-style-type: none"> • Treatment should not be delayed if waiting on non-rapid HIV Ag/Ab testing results • Follow up with ID or Primary Care within 3-5 days for continuation of prescription and arrangement of appropriate follow up plan • Preventive treatment is discontinued after 28 days 																																																		
Adults and adolescents ≥13 yo with renal dysfunction (CrCl <60 mL/min)	<ul style="list-style-type: none"> • Zidovudine and Lamivudine dose adjust to renal function x 28 days PLUS • Dolutegravir 50 mg PO daily x 28 days 																																																			

ANMC Associated Powerplans: Orders for Sexual Assault Response, AMB HIV and STI Post-exposure Prophylaxis Antimicrobial Stewardship Program Approved April 2021
References: Updated Guidelines for Antiretroviral Postexposure Prophylaxis After Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV—United States, 2016. CDC/HHS. Accessed March 4, 2021.

KEY CONCEPTS FOR PROVIDERS

- Evaluate persons rapidly for PEP when care is sought, do not refer to another provider at a later time
- Do an HIV test before initiating PEP
 - Initiation of therapy is ok if awaiting results of test. Do not delay starting PEP for test results.
 - If positive result, refer to HIV provider.
- 28 days of therapy should be offered and first dose should be given on site ASAP
- Side effects may include nausea or diarrhea and are usually self-limiting
- Follow-up is important

COST ASSISTANCE FOR PATIENTS

- Visit the CDC website for most up to date resources
- Truvada just went generic so manufacturer discounts may be changing
- If occupational exposure- workplace insurance or workers' compensation will typically pay



QUESTIONS?



AK ID ECHO: DIDACTIC PRESENTATION SCHEDULE

- August 10: How to take an accurate sexual history
- September 14: STI prevention programs, initiatives, harm reduction resources
- October 12: Trauma-Informed Care
- November 9: Stigma with patient perspective
- December 14: HCV Epidemiology, Alaska Elimination Plan

ADDITIONAL LEARNING OPPORTUNITIES

ANTHC Liver Disease ECHO

- Third Thursday of every month from 12:00-1:00 PM AKDT
- anthc.org/project-echo/alaska-liver-disease-echo

ANTHC LiverConnect

- Second Tuesday of every month 8:00-9:00AM AKDT
- anthc.org/what-we-do/clinical-and-research-services/hep/liverconnect

Addiction Medicine ECHO

- Second and fourth Thursday of every month from 12-1:00 PM
- anthc.org/project-echo/addiction-medicine-echo

Indian Country ECHO Programs

- Harm Reduction ECHO
- Trans and Gender Affirming Care ECHO
- www.indiancountryecho.org/teleecho-programs



ADDITIONAL RESOURCES

AASLD HCV Guidance: Recommendations for Testing, Managing and Treating Hepatitis C

- hcvguidelines.org

Hepatitis C Online (curriculum), University of Washington

- hepatitisc.uw.edu

National HIV Curriculum, an ATEC Program led by the University of Washington

- hiv.uw.edu

CDC's 2015 Sexually Transmitted Diseases Treatment Guidelines

- cdc.gov/std/tg2015

CDC's Pre-Exposure Prophylaxis (PrEP) overview and guidelines

- cdc.gov/hiv/clinicians/prevention/prep

UCSF Transgender Care

- transcare.ucsf.edu/guidelines



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Thank you!

AK ID ECHO is supported by a grant from the Northwest Portland Area Indian Health Board and funding is provided from the HHS Secretary's Minority HIV/AIDS Fund.