IMPLEMENTATION OF A POST-EXPOSURE PROPHYLAXIS HOTLINE IN WASHINGTON, DC

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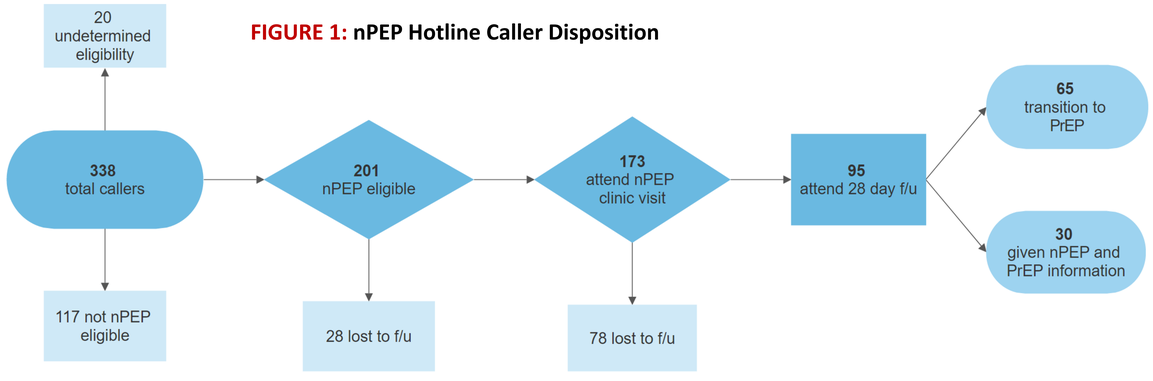
BACKGROUND

- Non-occupational post exposure prophylaxis (nPEP) is an effective HIV prevention strategy, yet implementation has been limited
- To address this gap, the DC Department of Health launched a 24/7 clinician staffed nPEP telephone hotline in collaboration with an academic physician group (MedStar Georgetown University Hospital ID)
- Eligibility: met nPEP CDC criteria, located in the D.C. area, and were able to pick up a starter prescription or initiate nPEP at the government sexual health clinic within 72 hours
- Eligible callers received 5–7-day nPEP starter packs (insert regimen here) regimens through four strategically located local contract pharmacies and follow up visits at a government run sexual health clinic

METHODS

- Staff and community trainings were conducted prior to project launch
- City-wide nPEP social media and advertising campaign concurrently launched with the hotline
- Caller demographic data was collected and clinical data was abstracted from the electronic medical record.
- Chi-square analysis was used to compare demographic differences between individuals between nPEP hotline callers and individuals diagnosed with HIV infection in 2019. Logistic regression was used to determine factors associated with nPEP use by sexual identity and other factors

FIGURE 1: nPEP Hotline Caller Disposition



201 eligible PEP callers in first 6 months

84% (173) linked to PEP within 72 hours of exposure

38% who started nPEP transitioned to PrEP after 28 days (65/173)

RESULTS

- Between 4/1/2021 and 9/16/2021 there were 338 callers**; 59%** (n=201/338) were eligible for nPEP; **70%** (n=141/201) of eligible callers received a starter prescription
- **84%** (n=173/201) attended an initial nPEP clinic consultation; **55%** (n=95/201) attended a 28-day follow-up appointment
- **68%** of those that followed-up at 28 days (n=65/95) transitioned to pre-exposure prophylaxis (PrEP)
- **45%** (n=91/201) of referred individuals were in ZIP codes representing DC's top ten HIV incidence rates. Compared to individuals diagnosed with HIV in 2019, the nPEP cohort was more likely to be White than Latino/a/x (OR: 0.38 95% CI 0.19-0.75) or Black (OR: 0.12, 95% CI 0.064-0.21). There was a larger proportion of White MSM in the nPEP cohort (25.2%) than 2019 new diagnosis (7.3%), **p<.001**

FIGURE 2: nPEP hotline callers' location across DC in comparison to new HIV diagnoses in 2019

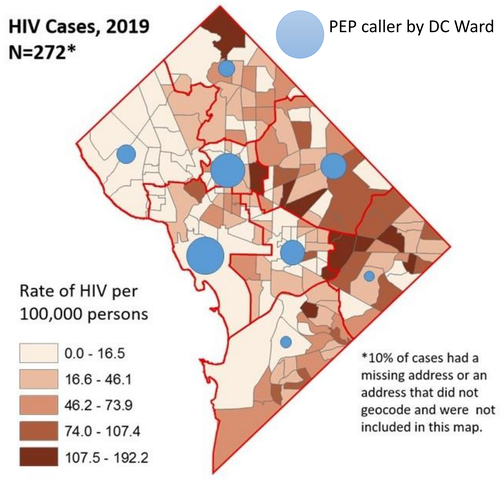


TABLE 1: Comparison of nPEP hotline callers to 2019 New HIV Diagnosis Data for D.C

	New HIV Dx 2019	nPEP hotline callers
Total	273	202
Gender		
Male	210 (76.9%)	162 (80.2%)
Female	60 (22.0%)	39 (19.3%)
Transgender	3 (1.1%)	1 (0.5%)
Race/ethnicity		
Black (Non-Hispanic)	202 (74.0%)	67 (33.2%)
Latino	36 (13.2%)	37 (18.3%)
White (Non-Hispanic)	23 (8.4%)	58 (28.7%)
Other (Non-Hispanic)	9 (3.3%)	33 (16.3%)
Unknown	3 (1.1%)	7 (3.5%)
MSM		
Yes	165 (60.4%)	132 (65.4%)
No	108 (39.6%)	70 (34.6%)
Subgroups		
Black MSM	107 (39.2%)	29 (14.4%)
White MSM	20 (7.3%)	51 (25.2%)
Latino MSM	26 (9.5%)	27 (13.4%)
Black Heterosexual men	31 (11.4%)	17 (8.4%)
Black Heterosexual women	46 (16.8%)	20 (9.9%)

DISCUSSION

Limitations/Challenges:

- Rollout was limited to individuals located within D.C. area; callers from outside the area referred to their local resources
- Unexpected pharmacy hour changes and longer wait times due to staffing impacts from COVID-19 and high uptake/utilization of vaccine program at local pharmacies

Conclusions:

- The nPEP provider hotline was successfully launched and 6-month metrics indicate uptake among some priority populations in DC
- However, uptake among the populations most impacted by HIV was not fully recognized
- Current and future efforts will focus on increased awareness and uptake in priority populations, retention in care, and transitions to PrEP where indicated

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