nPEP When You Need It: A 24/7 Post-Exposure Prophylaxis Hotline in the District of Columbia

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BACKGROUND

Nonoccupational post-exposure prophylaxis (nPEP) is a powerful biomedical intervention used to lower the risk of HIV transmission following potential exposure. It is underutilized due to barriers patients face accessing the medication within 72 hours after exposure and without prohibitive cost.

METHODS

In April 2021, the District of Columbia Department of Health (DC Health), in partnership with MedStar Georgetown University Hospital, launched a hotline where callers possibly exposed to HIV can speak with a clinician 24 hours a day. If nPEP is indicated, the caller can receive a 5-day supply of nPEP from a partnering pharmacy and then be seen at a clinic operated by DC Health within the next 5 days to receive lab testing, the remainder of the medications, and follow-up care after completing nPEP, including transition to pre-exposure prophylaxis (PrEP) if desired. All services are free of charge.



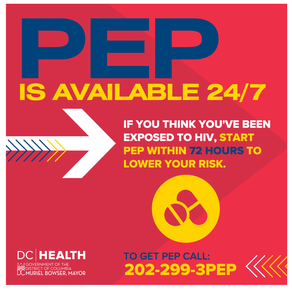


Figure 1. Promotional images for DC PEP Hotline

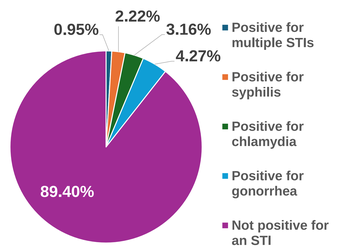


Figure 2. Proportion of PEP Hotline Users with a Positive Chlamydia, Gonorrhea or Syphilis Test at PEP Visit, April 2021-September 2023

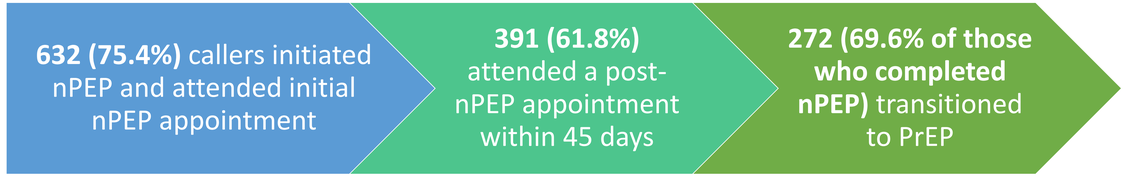
A 24/7 PEP Hotline in DC expanded access to nPEP, including 632 nPEP initiations in the first 30 months.

69% of participants who completed nPEP then transitioned to PrEP.

10% of participants were diagnosed with a bacterial STI while using nPEP.

RESULTS

- **In the first 30 months, the DC PEP Hotline received 838 calls and 632 (75.4%) callers initiated nPEP and attended an initial nPEP appointment at the clinic.**
- **391 (61.8%) callers who attended their initial nPEP appointment came for a post-nPEP appointment within 45 days.**
- **272 (43.0%) of those who initiated nPEP (69.6% of those who completed nPEP) transitioned to PrEP.**
- 8.9% of callers used PEP Hotline services more than once.
- Participants' self-identified race was 35.3% Black, 39.7% White, 8.7% Asian, 12.7% other, 0.3% unknown; ethnically, 17.1% identified as Latino.
- 78.6% of the nPEP users identified as cisgender men, 18.7% as cisgender women, 1.4% as transgender women, 0.3% as transgender men and 1.0% as genderqueer.
- 10.6% of the participants were diagnosed with a bacterial STI (gonorrhea, chlamydia, or syphilis) at their intake or follow-up visit.
- No HIV seroconversions were identified apart from one participant who acquired HIV four months after completion of nPEP.



CONCLUSIONS

Expanding access to nPEP beyond emergency departments and traditional medical settings can improve timely and equitable HIV prevention. A 24-hour PEP hotline can also serve as an effective tool for transitioning people at risk of HIV to PrEP and identifying STIs.

Future goals for the hotline include efforts to reach priority populations as well as increase transitions to PrEP. 29% of DC PEP Hotline users did not represent any of the groups affected most by new HIV diagnoses (Figure 3). Similarly, cisgender men and transgender patients transitioned to PrEP at higher rates (76.2% and 100%) compared to cisgender women (34.3%) ($p<0.01$). Heterosexual patients were less likely to transition to PrEP (38.7%) compared to those who identified as lesbian, gay or homosexual (84.1%) or bisexual (78.8%) ($p<0.01$).

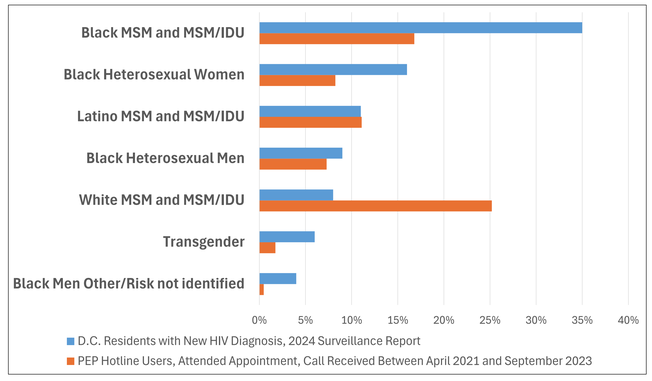


Figure 3. Comparison of New HIV Cases in DC and PEP Hotline Users by Risk Behavior and Race/Ethnicity. Note: PEP Hotline users are not all DC residents, and 29% of all PEP Hotline users are not captured by the groups represented above.

ADDITIONAL KEY INFORMATION

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