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# **The TGH HIV Prevention Clinic**

**Comprehensive Interdisciplinary HIV  
Preventative care**

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Isaac I. Bogoch, MD, MS, FRCPC  
Divisions of Internal Medicine and Infectious Diseases  
University Health Network, Toronto, Canada

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# TGH HIV Prevention Clinic

- Background and goals of the clinic
- What we offer and how we offer it
- Data
- Concluding remarks



# Background

- HIV is a major issue in Toronto and Ontario
- **MSM community** disproportionately affected
- **HIV prevention** is a large unmet need
- Multiple resources in the city
  - Probably could use some better coordination



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# Background

- TGH strong leader in HIV care and research
- Not traditionally known for HIV prevention
- We all live in the same few city blocks and HIV prevention is a major unmet need



# Goal

- Build a comprehensive HIV Prevention Clinic
- Interdisciplinary care
- Work with local programs and clinics in the GTA
- Provide world-class, patient-centered clinical care, research, education, community support
- Meet the needs our community



# Background

- Late 2012 spoke with stakeholders in community
  - HIV providers
  - Primary care MDs
  - HIV outreach workers and groups
  - Hassel Free Clinic, Maple Leaf Clinic
- *(Finally)* received permission to house the clinic at TGH  
HIV Clinic



# Background

- Designed PEP protocols for clinic and for ED
- Designed PrEP protocols for clinic
- Set up data collection tools for clinic
- *Perception by some that this would not be successful*



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***“If you build it, they will come”***





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# What We Offer



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# What we offer

## **1. HIV Post Exposure Prophylaxis**

- Follow patients up to 6 months after an exposure
- Follow high-risk patients longer
- Transition eligible PEP patients to PrEP

## **2. HIV Pre Exposure Prophylaxis**

- Follow patients indefinitely q 3 months



# What we offer

- Care for
  - “*in betweeners*” aka “*the undecided*”
  - Not on PEP, although many have completed PEP recently
  - Not yet ready or not willing to use PrEP
- Very high risk MSM



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# What we offer

- Mental Health and Counseling services
- Liaise with community resources
- Direct transition to HIV care (if need be)



# What we offer

- 3 nurses
  - 1 SW
  - 1 Psychiatrist
  - 1 MD
  - 1 Pharmacist
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- Utilizing pre-existing resources in an HIV clinic



# Who we see

- Toronto downtown core and GTA
- 3 EDs linked directly with our clinic
  - TGH, TWH, MSH
- Referrals from Primary Care MDs locally
- Referrals from Primary Care MDs in GTA



# Determining PrEP eligibility

US Public Health Service

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

A CLINICAL PRACTICE GUIDELINE



**Table 1: Summary of Guidance for PrEP Use**

	<b>Men Who Have Sex with Men</b>	<b>Heterosexual Women and Men</b>	<b>Injection Drug Users</b>
Detecting substantial risk of acquiring HIV infection	HIV-positive sexual partner Recent bacterial STI High number of sex partners History of inconsistent or no condom use Commercial sex work	HIV-positive sexual partner Recent bacterial STI High number of sex partners History of inconsistent or no condom use Commercial sex work  In high-prevalence area or network	HIV-positive injecting partner Sharing injection equipment Recent drug treatment (but currently injecting)
Clinically eligible	Documented negative HIV test result before prescribing PrEP No signs/symptoms of acute HIV infection Normal renal function; no contraindicated medications Documented hepatitis B virus infection and vaccination status		
Prescription	Daily, continuing, oral doses of TDF/FTC (Truvada), ≤90-day supply		
Other services	Follow-up visits at least every 3 months to provide the following: HIV test, medication adherence counseling, behavioral risk reduction support, side effect assessment, STI symptom assessment At 3 months and every 6 months thereafter, assess renal function Every 6 months, test for bacterial STIs		
	Do oral/rectal STI testing	Assess pregnancy intent Pregnancy test every 3 months	Access to clean needles/syringes and drug treatment services

STI: sexually transmitted infection





# PrEP Practice

- Enroll eligible individuals
  - History, PE, motivation, baseline screening tests and vaccinations
- Obtain truvada\*
- Follow-up every 3 months
  - Adherence, side effects, STI screening, HIV screening, safe sexual counseling
  - Do they still need the PrEP?



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# Data



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# In 2 years (up to February 2, 2015)

- 175 new referrals seen in clinic to date
  - 143 referred primarily for PEP
  - 32 referred primarily for PrEP
- Many PEP patients now are on PrEP or being considered for PrEP



# Transition from PEP to PrEP

- As of Sept 2014, 99 PEP patients evaluated for PrEP
- Demographics
  - 32yrs (avg)
  - 84% male
  - 68% white
  - 55% of males are MSM

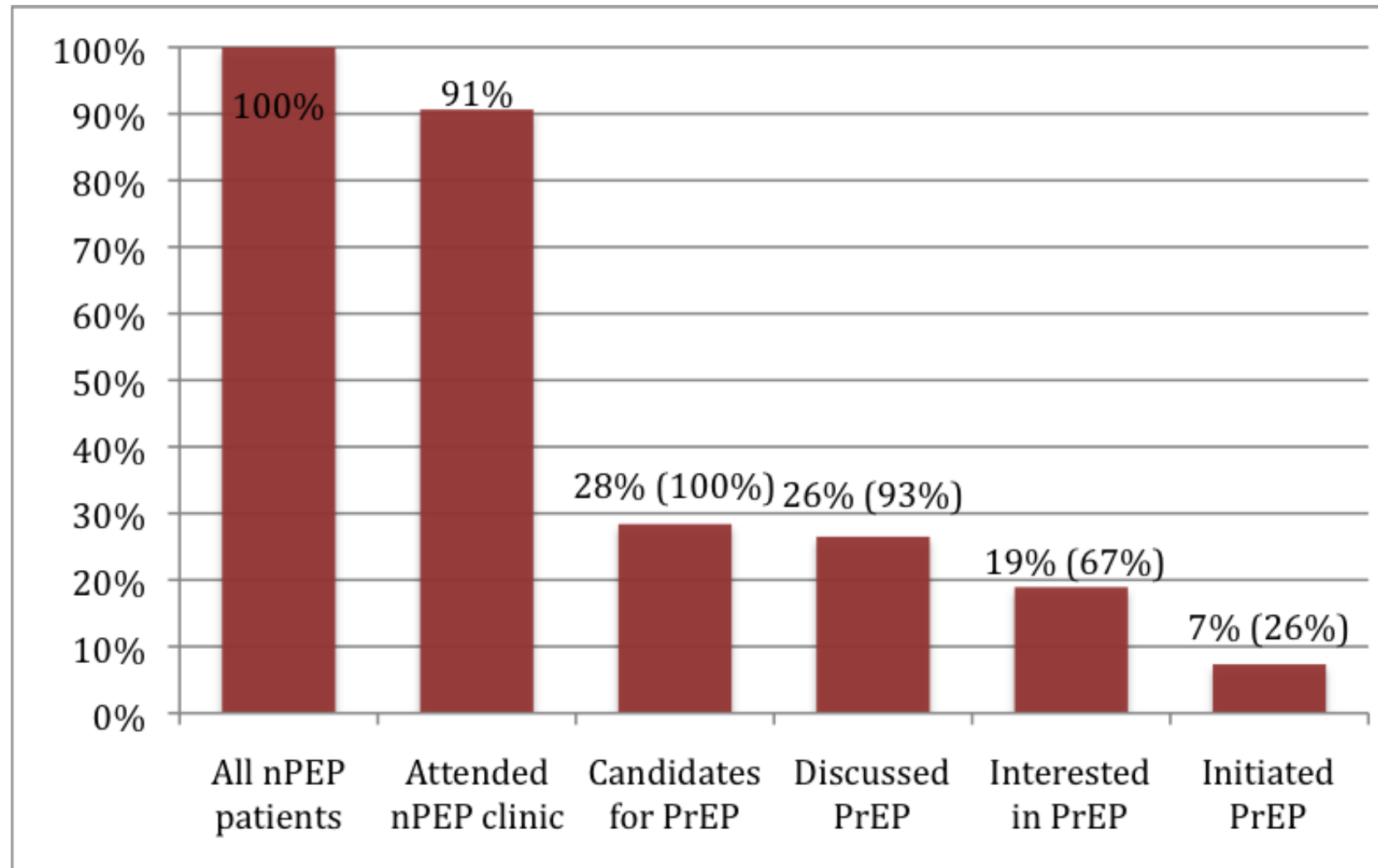


# Transition from PEP to PrEP

- At the time this analysis was performed...
- 31% of PEP patients were candidates for PrEP as per CDC guidelines
- 19% were interested in starting PrEP
- 7% started PrEP



# Cascade of Care: nPEP to PrEP



# Transition from PEP to PrEP

- Factors associated with PrEP candidacy
  - Sexual exposure to HIV
  - Prior nPEP use
  - **Lack of drug insurance**

( $P < 0.05$  for all comparisons)



# Seroconversions

- 0% of patients on PEP have seroconverted
- 0% of patients on PrEP have seroconverted
- 2 patients with acute HIV infection diagnosed during PrEP evaluation but had not started PrEP





# Final Remarks

- PrEP is a large ***unmet need*** in Toronto
- Need to ***build greater capacity*** to offer this service at primary care facilities
- Scale-up should ensure that PrEP can be ***judiciously*** and ***safely*** delivered in an ***interdisciplinary environment***
- Need to ***advocate*** for drug coverage



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# Thank you

isaac.bogoch@uhn.ca

