PrEP kit

A Resource Guide about Pre-Exposure Prophylaxis
National and Local Resources

Individuals pictured are models and are used for illustrative purposes only.
How to use this toolkit

This PrEP toolkit was created to provide staff in community-based organizations with an all-in-one resource for information on PrEP. The toolkit is divided into seven sections. If viewed electronically, the chapter titles link directly to the corresponding section of the toolkit.

The toolkit is organized into 7 parts:

1. What is PrEP?
2. Who Is PrEP for?
3. PrEP Research: How we know it works
4. Kinds of PrEP
5. Preparing your clients for PrEP
6. PrEP cost and payment resources
7. General PrEP resources

The resource section at the end of this kit provides links to other resources on PrEP that are available across the Web. They are:

- Factsheets and Web-based resources
- Community-based organizations and specific programs
- Government resources and documents, such as a list of “Hotlines” around the country
- Videos

Some sections have resources you can download, such as “Questions about PrEP and the Doctor,” the “PrEP Index,” and the one-page reference of PrEP studies. These resources can be used to help you answer questions about PrEP with your clients. In addition, clients may use these tools on their own.
PrEP stands for “pre-exposure prophylaxis.” It is an HIV medication that someone without HIV takes to prevent infection. If taken as prescribed, PrEP can be over 90% effective in preventing HIV infection.¹

Right now only one medication is approved as PrEP for individuals who are HIV negative. That medication is Truvada which is also a common antiretroviral treatment taken for HIV infection.

Currently, there are several other HIV treatments that are being studied for their effectiveness as PrEP. It is very likely that in the next few years our options for PrEP will increase greatly.

This toolkit has been put together for staff in community-based organizations who work with people who are at risk for HIV infection.
Who Could Benefit from PrEP?

PrEP is an HIV prevention option for anyone who thinks they might come into contact with HIV through sexual activity or intravenous drug use. For example:

- A gay man, a transgender person, or anyone who wants an extra level of security when having sex.
- Sex workers of any gender identity or orientation who are not always able to negotiate safer sex practices and condom use with their clients.
- People who inject drugs who cannot always access needle exchange services or other tools to reduce the risk of exposure to HIV.
- Any person, who is in a relationship or engaging in sexual activity with a person living with HIV.
- Any HIV-negative individual who feels that their relationships put them at risk for HIV infection, for any reason.

Individuals pictured are models and are used for illustrative purposes only.
U.S. Public Health Service
Recommendations

PrEP may be a useful prevention tool for any person who is HIV-negative but who might be exposed to HIV through either sexual activity or drug use. U.S Public Health Service recommendations state that PrEP is strongly recommended for:

- Sexually active adults (gay, bisexual, or other men who have sex with men) at substantial risk of HIV acquisition.
- Adult heterosexually active men and women who are at substantial risk of HIV acquisition.
- HIV-negative individuals in relationships with HIV-positive persons. This is called a “sero-different” or “sero-discordant” relationship: one partner is HIV-positive, the other is HIV-negative.
- People who inject drugs (PWID) at substantial risk of HIV acquisition.

In addition, the Public Health Service recommends that providers discuss PrEP with sero-discordant heterosexual couples as an option to protect the uninfected partner while they are trying to conceive and become pregnant.

The recommendation is “moderate” because some of the risks and benefits of PrEP for pregnant women or fetuses are currently unknown, while the other evidence shows that PrEP will probably prevent HIV infection if taken as prescribed.
Combination Prevention

If taken as prescribed, PrEP is highly effective at preventing HIV infection—over 90% for those who take Truvada every day. However, PrEP does not completely eliminate the risk of infection. The Centers for Disease Control and Prevention (CDC) recommends that individuals using PrEP continue to use condoms to ensure the highest level of protection against infection. Additionally, PrEP does not protect against other sexually transmitted infections (STI) that condoms can help to prevent.

It is also important for people who inject drugs to use PrEP because one can never be completely sure that the needles being used for injection are sanitary.
2 WHO IS PrEP FOR?

Saying Yes to PrEP

A short list of questions can help a person determine if PrEP might be helpful for them*. You can ask a client these questions, or you can print the questions for a client to think about on their own.

1. Does your client ever have sex with people they don’t know?
2. Does your client ever have sex with anyone who they know to be living with HIV?
3. Does your client ever have sex without condoms?
4. Does your client ever inject with a needle or “works” that are not theirs exclusively?
5. Does your client ever inject with a needle or “works” that they know others have used?
6. Does your client have sex in exchange for other things, such as drugs, money, or a place to sleep? Is it likely that they might do so?
7. Is your client trying to conceive a child with a partner who is living with HIV?

On the next page, you can click to download some documents that might be helpful for clients thinking about a doctor’s visit to discuss PrEP. The first is a list of questions about using PrEP and speaking with a doctor about a prescription. The second is the CDC’s “MSM PrEP Index,” which can help gay, bisexual, and other men who have sex with men (MSM) think about their risk for HIV infection.

*In this toolkit, we use the gender pronouns “their,” “them,” or “they” to cover both the singular and plural third person. We have chosen to do this as a gender-neutral option that is also inclusive of those whose gender identity is non-binary.
Deciding to use PrEP is an important decision that requires thinking about one's own needs and how best to work with a medical provider. We have compiled some questions that can help your clients think through these issues. The linked document gives clients three sets of questions: (A) Questions to help decide if PrEP is right for you; (B) Questions about special issues to talk about with your provider; and (C) Questions to help to decide which provider is right for you. This sheet can be printed. You can review it with your clients, who can also take the sheet into a visit as a reminder of things they might want to talk to their provider about when obtaining a prescription for PrEP.

The MSM Risk Index is a tool that can be used by providers to determine the risk of HIV negative MSM for HIV Infection. The provider simply asks the questions and tallies the amount equated with their responses in the spaces provided. The total score can help providers determine the extent to which HIV negative MSM are at risk and respond accordingly with appropriate services. A higher score indicates that the individual has a higher risk for HIV infection. A lower score indicates a lower risk. Note: A low score does not suggest that an individual should not receive any preventative services.
Determining when PrEP may not be right for your client

Before taking PrEP, clients must speak to a medical professional. The information on this page is to help you understand when PrEP could potentially not be a good recommendation. However, the ultimate choice must be made by a medical professional.

1. Is your client living with HIV?
PrEP is only for people who are HIV-negative.

2. Does your client have flu-like symptoms that might indicate an acute HIV infection?
If your client has been exposed to HIV, through sex or needle use, flu-like symptoms could indicate the onset of HIV, when it is most contagious. Truvada should not be taken during acute HIV infection. If your client is experiencing flu-like symptoms, encourage them to seek professional medical advice about PrEP.

3. Does your client have kidney disease or impaired kidney health?
If your client has an existing kidney condition, PrEP may not be appropriate for them. Encourage your client to speak to their medical provider.

4. Does your client think they might have difficulty taking a pill every day?
Skipping doses of PrEP can reduce its effectiveness. Encourage your client to discuss their ability to take medication as directed with their medical provider.

5. Does your client have hepatitis B (also called “Hep B”)?
If your client has Hep B, advise them to bring it up with their medical provider before getting a prescription for Truvada.
If your client wants to try PrEP, what do they do next?

If a client would like to talk to a medical provider about PrEP, here are some points for them to keep in mind:

If the client’s primary care provider (PCP) isn’t familiar with PrEP or HIV, they may have to explain PrEP and why they are interested in it.

If the client’s PCP knows about PrEP, they may provide the prescription and help them understand the steps they need to take to ensure PrEP’s effectiveness.

In some cases, depending on the insurance plan or the PCP’s judgment, the client may be referred to another doctor or specialist who is more familiar with Truvada and other HIV treatments.

Some agencies that conduct HIV testing also provide counseling on PrEP and/or refer the client to a medical provider who can answer their questions, help them understand enough about PrEP to make a decision to use it or not, and also provide the initial prescription.

The Resource Guide at the end of this toolkit identifies some HIV/AIDS service organizations and community health agencies that provide PrEP. Individuals may also be able to find a PrEP provider via a national HIV and AIDS information HOTLINE.

Individuals pictured are models and are used for illustrative purposes only.
Getting Ready for the Doctor

Any doctor, nurse practitioner, and/or physician assistant can prescribe PrEP. But not all providers are equally familiar with PrEP or HIV.

Talking about PrEP with a medical provider means discussing HIV risks that include sex and/or drug use. Not all medical providers are at ease with these topics.

If your client’s medical provider cannot comfortably discuss sexual behavior and/or drug use without judgment, then your client should seek another provider who can.

Project Inform provides a video resource on the subject of PrEP and the doctor, “Making the Decision with Your Doctor to Use PrEP” and a downloadable booklet, “PrEP and Working Through a Difficult Doctor Visit,” which addresses many of these issues.
**Doctor To-Do List**

This list can be printed and given to clients help them think about discussing PrEP with their medical provider.

1. **Get tested, or be ready to get tested at your doctor’s office.**
   Remember that a person must be HIV-negative to use PrEP. Current federal guidelines require that patients receive HIV testing to confirm negative status before starting PrEP.

2. **Speak openly and frankly about yourself.**
   Be ready to speak openly about your personal life, including sexual behavior and/or drug use, so that you and your provider can consider together the risk you face for HIV infection.

3. **Bring information about PrEP.**
   Be prepared for your medical provider to need your help understanding PrEP. Unless your provider is an infectious disease specialist or has patients living with HIV, they may not know much about PrEP. Bring printed information on PrEP that is helpful in describing PrEP. Click [here](#) for a handout to take to your provider.

4. **Have a back-up plan.**
   If your provider is judgmental or uncomfortable speaking about PrEP and your reasons for seeking it, have a list of other providers you can see. You should seek the best protection from HIV that suits your needs, and you should find a doctor who respects that.
PrEP RESEARCH: HOW WE KNOW IT WORKS

PrEP: A Method of HIV Prevention

In July 2012, Truvada became the first HIV-antiretroviral drug approved by the Food and Drug Administration (FDA) for use as PrEP. Before that, Truvada had been FDA-approved as a treatment for HIV, and it has been widely used and is well tolerated.

Over the next few years, it is possible that other drugs may become approved as PrEP. In this section of the toolkit we look at the processes for FDA-approval, the other drugs, and the different “delivery systems” (oral pills, injections, vaginal ring, etc.) that are being tested.
Clinical Trials and FDA Approval

Like all FDA-approved drugs, Truvada had to go through a series of clinical trials. This is a highly regulated process to ensure that:

- new drugs are not harmful to people;
- their side effects are minimized; and
- they are effective for their intended use.

As defined by the National Institutes of Health, there are four phases of clinical trials:

Phase I: Researchers test a new drug or treatment in a small group of people for the first time to evaluate its safety, determine a safe dosage range, and identify side effects.

Phase II: The drug is tested with a larger group of people in a highly controlled setting to examine its efficacy and further evaluate its safety.

Phase III: The drug or treatment is given to large groups of people, to confirm its effectiveness in a setting that is closer to real world conditions, monitor side effects, compare it to commonly used treatments, and collect information that will allow the drug or treatment to be used safely.

Phase IV: Studies are done after the drug or treatment has been marketed to gather information on the drug’s effect in various populations and any side effects associated with long-term use.

Individuals pictured are models and are used for illustrative purposes only.
Truvada as PrEP in Clinical Trials

Clinical trials completed in different countries around the world come to one general conclusion: Truvada shows a high rate of effectiveness in preventing HIV infection when taken as prescribed.

In the original studies, “taken as prescribed” meant a daily dose of Truvada, and some studies showed that prevention efficacy was greatly reduced if subjects did not take a daily dose. More recent studies, such as the French IPERGAY study, suggest that Truvada can be effective in intermittent doses that are targeted to sexual activity that could expose one to HIV.

The next few pages review the studies that contributed to the FDA’s approval of Truvada as PrEP and indicate potential new prescription regimes. Click the button at the bottom of this page to download a one-page reference of the studies.
**Bangkok Tenofovir Study (2005–2010)**
This study enrolled 2,413 subjects at 17 drug-treatment clinics in Bangkok, Thailand.4

The overall finding was a 48.9% improvement in HIV prevention for injection drug users (IDUs) who took tenofovir, including those who took as prescribed and those who did not.

For subjects who took the medication as prescribed, HIV prevention was 74%.

The Bangkok study resulted in the extension of FDA approval for Truvada as PrEP to IDUs.

**TDF2 Study (2007–2009)**
This was a study of Truvada as PrEP in Botswana.5

The study enrolled 1,219 HIV-uninfected, sexually active, healthy male and female subjects 18–39 years of age.

The result was a 62% overall improvement in preventing HIV among subjects.

**iPrEx (2007–2010)**
“iPrEx” is short for the study’s name in Spanish: Iniciativa Profilaxis Pre-Exposición— the Pre-Exposure Prophylaxis Initiative. It was a Phase III clinical trial to test the efficacy of Truvada as PrEP among gay and bisexual men and transgender women who have sex with men.6

The study enrolled 2,499 subjects in six countries: Peru (55% of subjects), Brazil (15%), Ecuador (12%), USA (9%), Thailand (5%) and South Africa (4%).

The study compared HIV prevention for participants who used Truvada vs. those who did not. Study participants in both groups received the same HIV prevention counseling and support for condom use.

Overall, Truvada was 44% more effective in preventing HIV infection for participants in the study, whether or not they took the medication every day, following the prescription.

For those who took the medication every day, as prescribed, Truvada was 92% percent more effective in preventing HIV infection.

“Partners PrEP” compared the efficacy of tenofovir (TDF) and Truvada.7

Truvada is the combination antiretroviral of emtricitabine and tenofovir.

The study took place in Kenya and Uganda with 4,747 heterosexual, sero-discordant couples.

The findings showed an overall efficacy of 75% improvement in preventing HIV among subjects.

For those who took the medication as prescribed (every day), the improvement in prevention of HIV infection was 90%.

FEM-PrEP was conducted in Kenya, South Africa, and Tanzania.8

The study enrolled 2,120 HIV-negative women. They were randomly assigned to either a treatment group, which received a prescription for Truvada as PrEP, and a placebo group, who did not receive the treatment.

During the study, researchers recorded equivalent infection rates among women in the treatment group and the placebo group.

Because the study could not show a significant difference between the groups, it was discontinued on April 18, 2011.
Blood tests with study participants suggested that they were not taking their medications as prescribed, which explained the lack of efficacy in this study.

**VOICE (Vaginal and Oral Interventions to Control the Epidemic) (2009–2011)**
A multinational study with women in South Africa, Zimbabwe, and Uganda.\(^9\)

The study enrolled 5,029 HIV-negative women.

Preliminary results showed equivalent infection rates among women across the various experimental groups.

Because of this, the study was discontinued in 2011 due to lack of efficacy.

Follow-up findings showed very poor adherence to PrEP prescriptions (<30%) by study participants.

**iPrEx Open Label Extension (OLE, 2011–2012)**
A second iPrEx study—the “OLE” study—recorded even higher levels of efficacy for subjects who took the medication every day.\(^10\)

iPrEx OLE recruited subjects who had already participated in other PrEP studies and allowed them to start and/or stop PrEP at any time within the first 48 weeks.

Those who took Truvada as prescribed achieved 99% efficacy in preventing HIV infection.

**IPERGAY (2012–2014)**
This study was conducted at 6 sites in France and one in Canada, from 2012–2014.\(^{11–12}\)

400 subjects enrolled.

Testing intermittent use of PrEP “on demand”—2 pills of Truvada, before each sexual intercourse, then another pill 24 hours later and a fourth pill 48 hours after the first drug intake. Interviews with participants suggest that about half took the PrEP regimen as prescribed.

PrEP reduced HIV risk among the MSM who were prescribed this regimen by an average of 86 percent. IPERGAY was discontinued in 2014 because the trial had demonstrated such a high rate of efficacy. Preliminary results have been presented at major conferences, and further results from the study await release and publication.

**PROUD (2012–present)**
An open-label trial of Truvada with gay, bisexual, and other men who have sex with men and transgender women at 13 sexual health clinics in England.\(^13\)

545 subjects enrolled between November 2012 and April 2014.

The open label design was created to replicate “real world” conditions and to test if using Truvada as PrEP would result in taking greater sexual risks and/or an increase in other sexually transmitted infections (STIs).

Truvada as PrEP provided 86% efficacy against HIV prevention versus subjects who did not take Truvada as PrEP.

There was no evidence of an increase in other STIs in this population.
Truvada is the only FDA-approved drug for use as PrEP right now. However, there are at least 16 other antiretroviral drugs currently in different phases of clinical studies.

The drugs are being tried in different combinations and with multiple delivery systems. Some of the delivery systems include:

- **Oral tablet.** Truvada as currently approved.
- **Vaginal ring.** A flexible ring that is inserted into the vagina and may remain in place for weeks at a time. The ring is infused with the drug and slowly releases it into the body.
- **Vaginal film.** A thin film that, once inserted into the vagina, will dissolve into a gel and deliver the drug to the body by absorption.
- **Vaginal tablet.** A tablet inserted into the vagina that dissolves and delivers the drug by absorption.
- **Vaginal gel.** A gel that is inserted into the vagina and delivers the drug to the body by absorption.
- **Long-acting injection.** An intramuscular injection that is administered every three months. The trials for injectable PrEP are testing efficacy for up to three months at a time.
- **Rectal gel.** A microbicidal gel that is self-administered in the rectal cavity prior to anal sex.
AVAC, an organization that promotes the development and dissemination of HIV/AIDS treatments and an eventual vaccine, provides a downloadable summary of worldwide ongoing and planned clinical trials and demonstration projects.

AVAC hosts a Website called “PrEP Watch” and provides information on issues surrounding drugs and testing. They keep an eye on the clinical trials that are currently going on—this is called the ARV-based Prevention Pipeline.

AVAC provides a pipeline graphic that helps explain what kinds of PrEP are being tested now. Clicking on the graphic provided here will take you to the AVAC Website where you can download the graphic.
There are a lot of resources available to help people understand what it is like to use PrEP. We collected some experiences of people who have used PrEP. Please note that these are how different individuals feel about using PrEP. It is not an endorsement of the product or a scientifically gathered sample of experiences. However, they echo the stories that are being told about PrEP in the press, on blogs, and elsewhere on the web.

Each of our speakers had different lifestyles and reasons for wanting to use PrEP, but they all attest to PrEP’s ability to reduce the anxiety they feel about sex. Whether it is with a longterm partner who is positive or used as an additional layer of protection for sex with other partners, the effect is the same. PrEP has helped people feel better about sex and their sexual partners, which is also documented in a story by Tim Murphy in New York Magazine.14
WILLIAM
William, a 25-year-old Black gay man, shares his experience about the added level of protection that PrEP gives him in the event of a “slip-up.”

“I love being a bottom. I love the feeling of a man in my body. There have been times when I’ve had a slip-up, and not used protection. But PrEP gives me that protection in case there are slip-ups.”

CRYSTAL
Crystal, a transgender woman, talks about her relationship with her partner, who is HIV-positive. PrEP helps reduce the anxiety she has around receptive anal sex and increases the bond she feels with her partner.

“My partner’s positive and we’re versatile in the bedroom. Even though he’s undetectable, I haven’t felt very comfortable in the past being the receptive partner. Now that I’m on PrEP I don’t feel so scared. I know that I have another protection in my body. I never miss a dose, and my bond with my partner is even stronger now.”

RAÚL
Raúl is a young gay Latino man who echoes William’s experience of “added protection.” His doctor helped him come to a decision on PrEP, and he is satisfied with it.

“I’ve been on PrEP for about six months. I have to say I’m happy to be on it. I feel like I have an added protection when I have sex. You can never be too careful about HIV infection. I’m glad I spoke to my doctor and he prescribed it for me.”

JANICE
Janice is a straight Black woman whose gay friends helped her think about PrEP as a way to alleviate her worries about being in situations that put her at risk for infection.

“As a woman of color, I have to protect myself. I have put myself at risk many times sexually, and have always worried about HIV. I have tons of gay friends, and they told me about PrEP. I spoke with my doctor and we decided that it’s a good way for me to go. I’m on PrEP and I have no side effects, thank goodness.”

Individuals pictured are models and are used for illustrative purposes only.
“My PrEP Experience” is a blog that is managed by the AIDS Foundation of Chicago. The Website shares real stories by readers of their own experiences, in text, audio, and video files.

These stories are much more in-depth than the brief testimonials we provided earlier. In addition to these stories, the Website also provides links to a lot of important information on PrEP.

Project RSP! (Ready, Set, PrEP!)

Project RSP! is another initiative from the AIDS Foundation of Chicago. Project RSP! hosts a Facebook page that brings together personal experiences and abundant information about PrEP with the opportunity for readers to interact and talk about their experiences and concerns. (Please note: You must be logged into Facebook to access this page.)

Project Inform


Like the stories we collected at GMHC, themes of worrying about “slip-ups” and reducing anxiety are very important. In the sero-discordant relationship, PrEP helps the couple deepen their relationship through a different and more intimate sexual experience.

Another Project Inform video for gay and bisexual men is called “Figuring out How PrEP Fits into Your Life.” This video addresses both the feelings and issues that come up when you’re trying to think about taking PrEP as well as the anxieties about sex, PrEP, and relationships that are important to think about.

Individuals pictured are models and are used for illustrative purposes only.
So far, private insurers and Medicare and Medicaid have covered PrEP under their policies, though some require prior authorization and/or proof that one is HIV-negative.¹⁵

For those who might have difficulty paying for PrEP, they can obtain assistance from the “Paying for Truvada” Webpage. Also, many HIV/AIDS service organizations and other community-based organizations can provide help in both obtaining a prescription for PrEP and also for paying for it.

Depending on where you live and the kinds of services available in your community, obtaining PrEP may take some work—phone calls, research online, applying for financial aid, or finding a doctor.

The General PrEP Resources section of this toolkit provides contacts for organizations and health departments that may be able to help you find the information you need. The federal government provides a Webpage with state hotlines that can be accessed here.

In many cases, your local HIV/AIDS service organization will have information and contacts. If you live in a rural area, or if your area HIV/AIDS organizations cannot provide the help you need to find information on PrEP (including how to pay for it), we have also listed national resources, which includes some local organizations that have national impact.
There are hundreds of organizations around the country that are fighting HIV/AIDS and providing services to people who are infected or are at risk of infection. In this section, we provide a list of selected resources that can be found on the Web. Many of these resources are national in focus; some are regional or local organizations whose work on PrEP is important; and some are local PrEP clinics that provide support for individuals seeking to learn more about PrEP, meet with doctors, and eventually obtain a prescription and begin using PrEP.

**Government Resources**

**CDC—Centers for Disease Control and Prevention PrEP Resources** — The [CDC’s PrEP 101 Webpage](#) (also in Spanish) goes through the most common questions that people have about PrEP, whether to use it, how to obtain a prescription, and other information. For greater detail, the [CDC’s main PrEP Page](#) contains access to more information, other fact sheets, and the federal clinical PrEP guidelines.

**The Florida Department of Health provides a PrEP Page** provides access to various national resources.

**HRSA (Health Resources and Services Administration)** is the federal agency that administers the Ryan White Program. HRSA provides a listing of [HIV/AIDS hotlines](#) in each state, the District of Columbia, and Puerto Rico.

**New York City Department of Health and Mental Hygiene (NYC DOHMH)** — The NYC DOHMH’s [PrEP and PEP Action Kit](#) includes both patient and provider resources and is structured around core HIV prevention practices: taking a thorough sexual history, screening patients for STIs, talking about PrEP and PEP, prescribing PrEP and PEP according to clinical guidelines.
Pharmaceutical – Truvada

Gilead Science’s Truvada as PrEP page provides information for 3 specific audiences: Health care providers, HIV-negative persons who might use PrEP, and educators who work with community members.

The Patient Access Network Foundation provides support for individuals who are living with chronic conditions to help them pay the out of pocket expenses associated with medications. [https://www.panfoundation.org/hiv-treatment-and-preventionation](https://www.panfoundation.org/hiv-treatment-and-preventionation).

Information on HIV, AIDS, and PrEP

AVAC was founded in 1995 as the “AIDS Vaccine Advocacy Coalition” and believes that providing truly effective HIV prevention is crucial to the struggle to end the AIDS epidemic. AVAC supports continued scientific research to develop long-term solutions, such as HIV vaccines and a functional cure, as well as new prevention technologies such as PrEP. AVAC’s provides a specific PrEP page and many resources on the science behind PrEP and the on-going clinical trials that will bring new drugs for PrEP on to the market.

The Body is a Web-based resource dedicated to lowering barriers between patients and clinicians, clarifying HIV/AIDS treatments, improving the quality of life for all people living with HIV/AIDS, and building community. The Body is a very comprehends resource, with many links to treatment information, including PrEP. The Body has also compiled a National Index of AIDS Service Organizations for the 50 states, The District of Columbia and Puerto Rico.


The GA Voice, a print and Web-based magazine for the LGBT community in Georgia, published an informative, long-form piece on PrEP, “It’s time for Truvada — Atlanta HIV/AIDS activists in praise of PrEP.”

JoinPrEP.org is a program of Bridge HIV at the San Francisco Department of Public Health. In addition to locally-relevant services and information for people living in the San Francisco area, the Website also provides general resources that include an informative blog and videos about PrEP.
NACCHO (The National Association of County and City Health Officials) provides a series of downloadable training modules for health officials that cover PrEP science and the U.S. clinical guidelines (module 1), understanding who might benefit from PrEP (module 2), and models from local health departments on how to include PrEP in local HIV prevention programs (module 3).

POZ began in 1994 as a magazine and has evolved into a comprehensive, multimedia resource on HIV and AIDS. Here you will find a wealth of information on HIV, AIDS, living with the infection, prevention, and PrEP.

PrEPFacts.org is a project of the San Francisco AIDS Foundation. It provides a variety of resources in both English and Spanish for potential PrEP users who are male, female, and transgender. Their phone contact is 415-487-3000. Their “asset library” includes a variety of downloadable materials including posters, postcards, and brochures.

PrEP Watch is a Website maintained by AVAC (see above) that is a clearinghouse for information on PrEP for HIV prevention. PrEP Watch includes information on data, additional research, cost, access and advocacy efforts in the United States and across the globe. PrEP Watch’s timeline of PrEP clinical trials provides an at-a-glance snapshot of the HIV antiretroviral drugs current undergoing clinical trials for use as PrEP.

Project Inform is a California-based organization that encourages the development of treatments and cures for HIV and hepatitis C. Nationally, Project Inform provides resources and information through its Website and engages in advocacy for policy change. In California, Project Inform helps people with limited resources get access to free HIV medications and engages in other advocacy efforts related to local health care reform. Project Inform’s PrEP pages provide access to downloadable educational booklets (in English and Spanish), educational videos, and links to other Websites with PrEP and HIV/AIDS resources.

The San Francisco AIDS Foundation, Youreka Science, and betablog.org collaborated to create a comprehensive yet simple video on PrEP called “Demystifying HIV Pre-exposure Prophylaxis.”

National Minority AIDS Council’s (NMAC) PrEPare for Life Website features several videos on PrEP that can help with the issues surrounding it. NMAC also provides a “PrEP Manual and Implementation Guide” that is used to train service providers, case managers, and peer educators who work with people at risk for HIV infection.
Testimonials

My PrEP Experience is a blog that is managed by the AIDS Foundation of Chicago. The Website shares real stories by readers of their own experiences, in text, audio, and video files.

Project Inform in addition to the other resources already described in this toolkit, also provides a series of educational testimonial videos about personal experiences with PrEP.

National Minority AIDS Council (NMAC) NMAC’s PrEPare for Life Website features several videos on PrEP that can help with the issues surrounding it.

Project RSP! is another initiative from the AIDS Foundation of Chicago. Project RSP! hosts a Facebook page that allows members to post testimonials about their personal experiences, as well as providing abundant information about PrEP with the opportunity for readers to interact and talk about their experiences and concerns. (Please note: You must be logged in to Facebook to access this page.)

What is PrEP? is an informational Website maintained by the PrEP REP project, a collaboration between the University of Connecticut and Stroger Hospital of Cook County Chicago. It provides an informational video and links to many other resources around the country.

Organizations with PrEP Providers

AIDS Project Los Angeles (APLA) – The Pendleton/Goldman PrEP Program at the Gleicher/Chen Health Center (323.329.9900). APLA Health & Wellness offers a full-service PrEP program for eligible HIV-negative patients. This includes assistance with health plan enrollment, counseling regarding payment options for the uninsured, medical screening, blood work, HIV testing, prescriptions and refills as needed, case management, counseling, and follow-up visits. APLA also includes a full set of resources on biomedical prevention for HIV, including PEP, PrEP, and other methods.
University of Alabama-Birmingham’s 1917 PrEP Clinic provides PrEP and clinical support (including follow-up visits and HIV testing) for eligible patients. The clinic is part of the larger 1917 Clinic that is operated by its UAB’s medical school and provides comprehensive health care for persons living with HIV.

NO/AIDS Task Force PrEP Clinic — New Orleans, Louisiana — provides access to PrEP and the primary care services needed to obtain a PrEP prescriptions. PrEP Clinic patients will work with a comprehensive risk counselor to create sex positive behavioral changes. Patients must also complete blood work on a regular basis to monitor their general health. prepclinic@noaidstf.org or 504-945-4000, ext. 211

Washington State Department of Health – Pre-Exposure Prophylaxis Drug Assistance Program (PrEP DAP). PrEP DAP is a drug assistance program for HIV-negative people who have risk factors that expose them to HIV. PrEP DAP will pay for Truvada for people who want to be on PrEP.
REFERENCES


This resource was supported by Cooperative Agreement Number 14-1403 from the Centers for Disease Control and Prevention. Its contents are solely the responsibility of AIDS United and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

© 2015 AIDS United / Email: Cba@aidsunited.org