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Developing an Effective HIV PrEP program at STD Clinic

Jodie L. Suh¹, Yesenia Alvarez² and Paul Persuad²¹Ridgewood High School, USA²Paterson Department of Health, USA

Background: Daily pre-exposure prophylaxis (PrEP) is highly effective in reducing risk of HIV infection from sex and drug injection, yet utilization remains low due to lack of knowledge among patients and providers, as well as access. HIV PrEP program was initiated at a sexually transmitted diseases (STD) clinic in Paterson, New Jersey's third most populous city where high-risk behavior is common. Paterson's HIV incidence ranks 3rd highest in the state; heroin addiction and crime rates continue to surge, more than a quarter of the population fall below the poverty line ranking 5th poorest city in New Jersey.

Description: 67 patients were enrolled in HIV PrEP at a Dept of Health STD clinic over an 18-month period: 50 males, 17 females; age range 20-59 (median 32); 45%-Hispanic, 36%-African American, 18%-Caucasian, 1%-Asian. Reported risk factors included: sex-50%, injection drugs-15%, both-35%. Men who have sex men (MSM) accounted for 45% of total sex-related risk factors. Number of sex partners ranged from 1 to 30 (median-3) over a 12-month period prior to enrollment; 9 patients (13%) reported actively engaging in sex with HIV positive partners. Patients underwent laboratory test monitoring, risk-reduction counseling and free condoms. Majority of

patients (78%) were on public assistance or uninsured. Medication (emtricitabine/tenofovir disoproxil fumarate) were provided by a grant through the drug manufacturer for those lacking prescription coverage. Two individuals HIV seroconverted (3%). Dropout rate was 5% (n=4). 55 (82%) patients remained on PrEP for >12 months.

Lessons learned: Although our initial focus was recruitment of high-risk clients from the STD clinic, many referrals for HIV PrEP came from local community groups, substance abuse programs, primary care providers and word of mouth. Majority of patients (65%) were local residents, but surprisingly many were from outer counties and a few (2) from out of state reflecting a need for greater PrEP availability. Many patients admitted their reluctance to address PrEP with their primary providers due to fear of judgment and stigma, and several reported providers' lack of awareness.

Conclusions: HIV PrEP was well accepted in a high-risk STD clinic population when provided in an accessible and nonjudgmental manner. There is a need for greater public awareness to effectively implement PrEP along with other prevention strategies to reduce HIV infection in a real population setting.

Biography

She is working as a Researcher at the Ridgewood High School, Ridgewood NJ. Her experience includes various programs, contributions and participation in different countries for diverse fields of study. Her research interests reflect in her wide range of publications in various national and international journals.

jinsuh05@gmail.com

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