

PrEP Options Counseling



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No disclosures to report

Agenda

- Agenda
 - HIV Epidemiology
 - HIV PrEP Options Counseling Review
 - Oral Daily Regimens
 - On demand
 - Cabotegravir Injectable
 - Lenacapavir Injectable
 - NYP Sexual Health Clinic
 - Questions

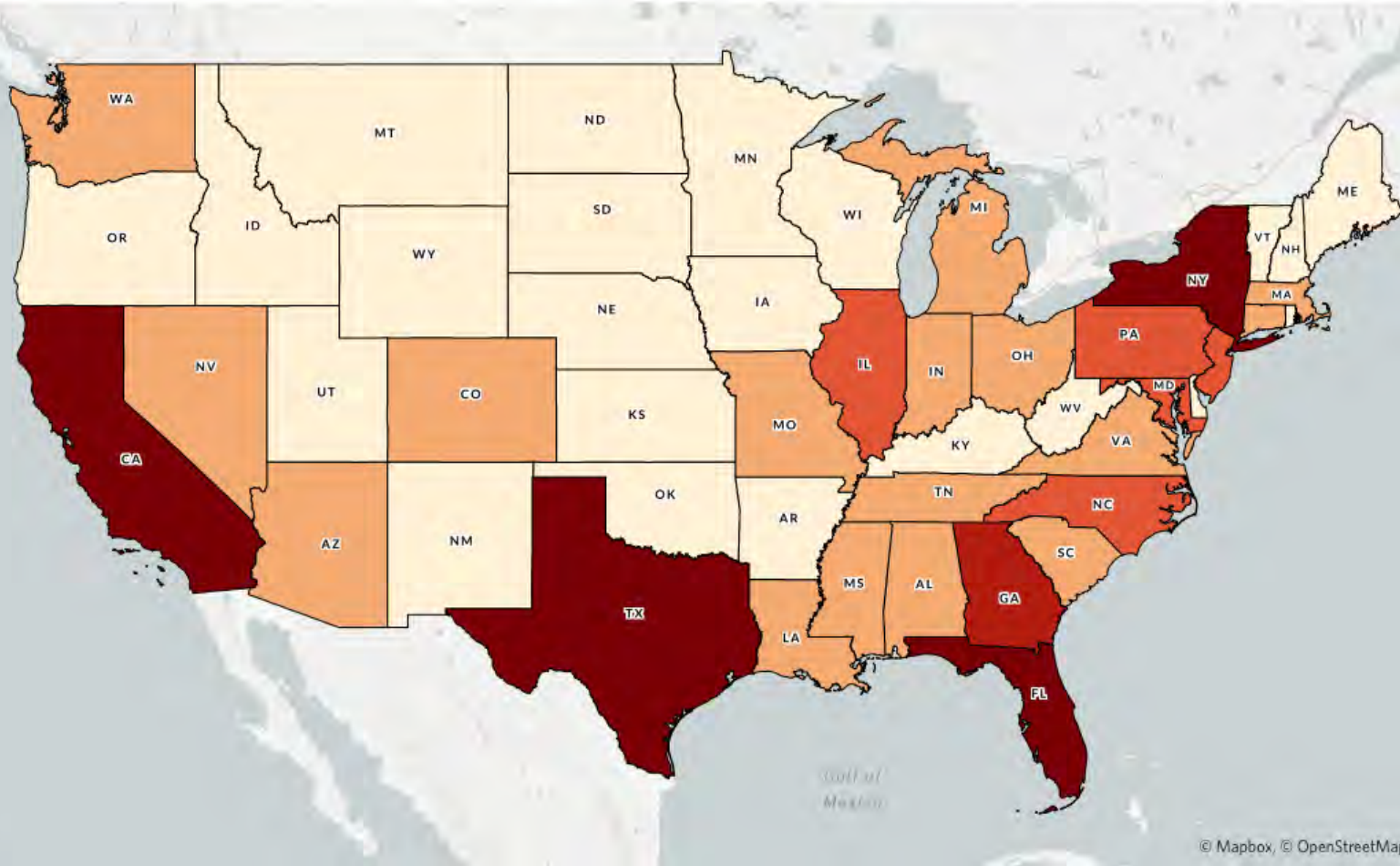
HIV Epidemiology



Number of Persons Living with HIV, 2023



- 0
- Data not shown
- Data not available



In the United States as of **2023** there were **1,132,031** people living with HIV

This is most certainly an underestimate as it is projected that **15%** of folks living with HIV in the US are unaware of the HIV status (1 in 8 individuals unaware)

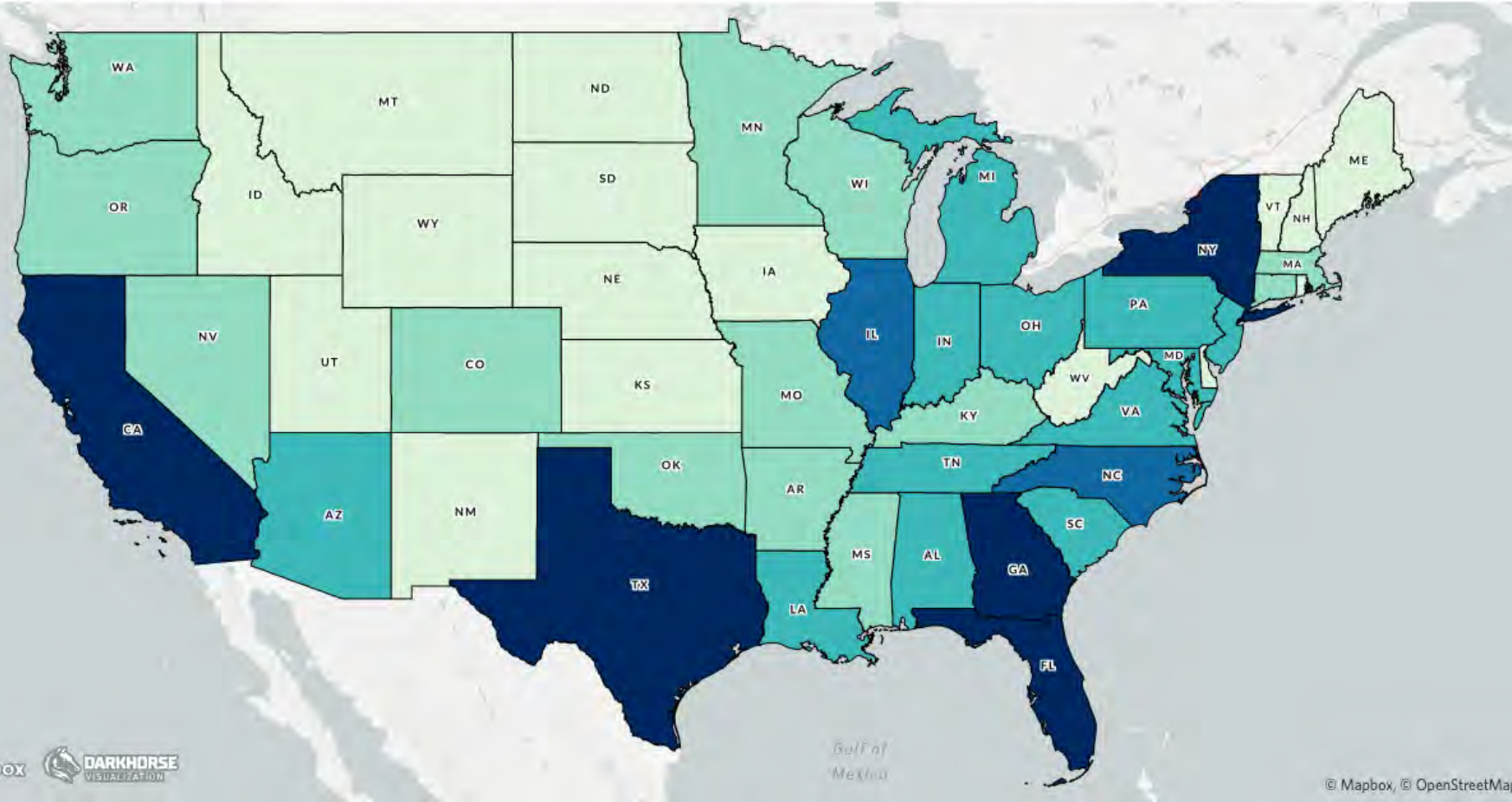


© Mapbox, © OpenStreetMap

HIV Epidemiology



Number of Persons Newly Diagnosed with HIV, 2023

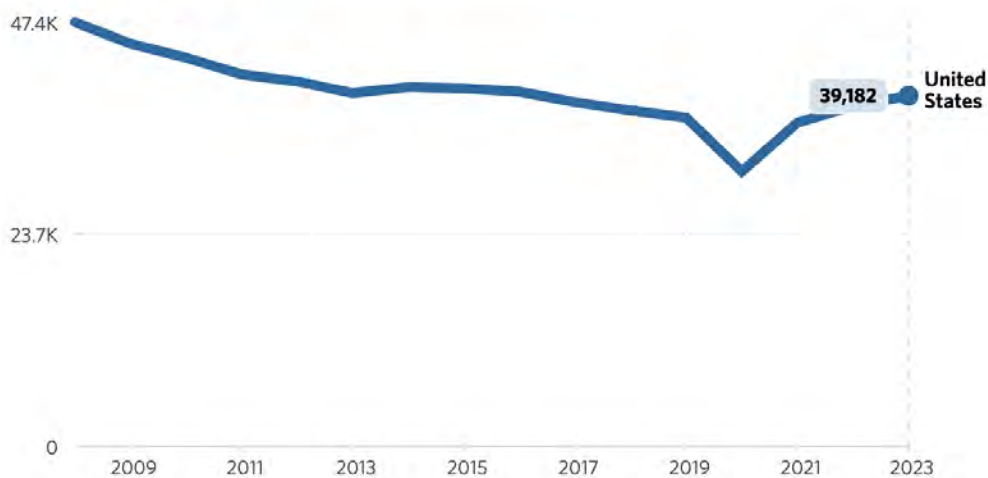


In 2023, **39,182** people were newly diagnosed with HIV

While HIV can impact people irrespective of their age, sex, race/ethnicity or sexual orientation, certain groups experience an increased burden of HIV than others

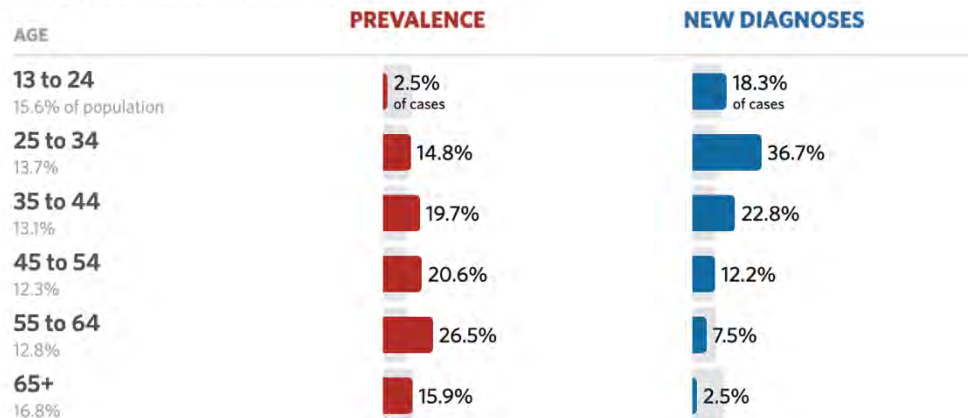
HIV Epidemiology

NEW DIAGNOSES CASES, 2008-2023



What the Data Tell Us

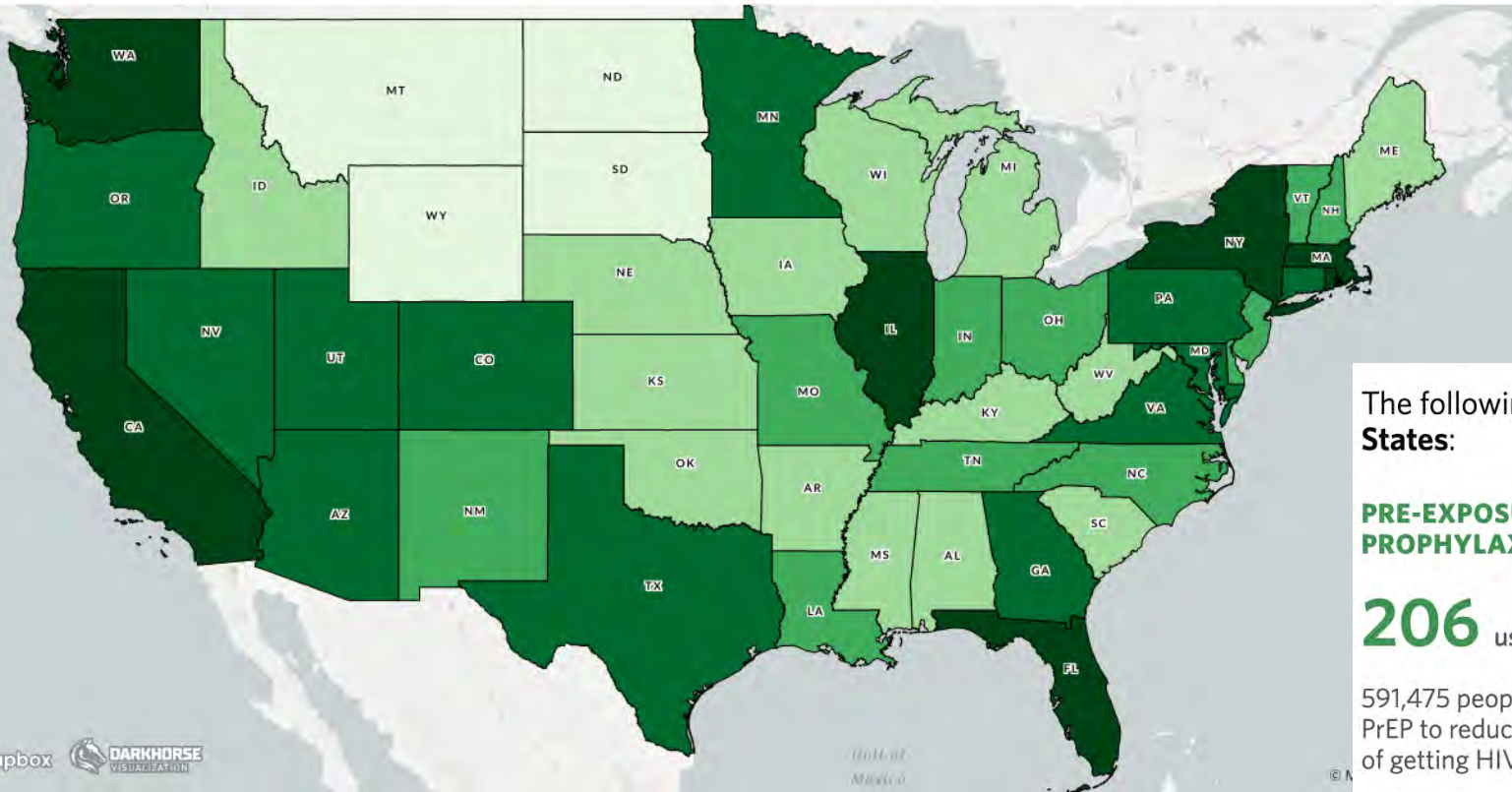
- Ages 25–34: highest number AND rate of new HIV diagnoses in 2023
- Ages 13–24: 18% of new HIV diagnoses — and 44% don't know their status
- Young Black/AA MSM (13–24): 47% of all MSM diagnoses in that age group
- Young people in the South face compounded barriers: stigma, limited access, structural inequity
- Young people are diagnosed with HIV at the highest rates but are the LEAST likely to be on PrEP



PrEP Uptake



Rates of Persons Using PrEP per 100k, 2024



The following summarizes prevention strategies and outcomes in **the United States**:

PRE-EXPOSURE PROPHYLAXIS (PREP)

206 users/100K

591,475 people received PrEP to reduce the chances of getting HIV in 2024

PREP-TO-NEED RATIO (PNR)

15.1

PnR reflects how well the need for PrEP was addressed in 2024

HIV TESTING

37.1%

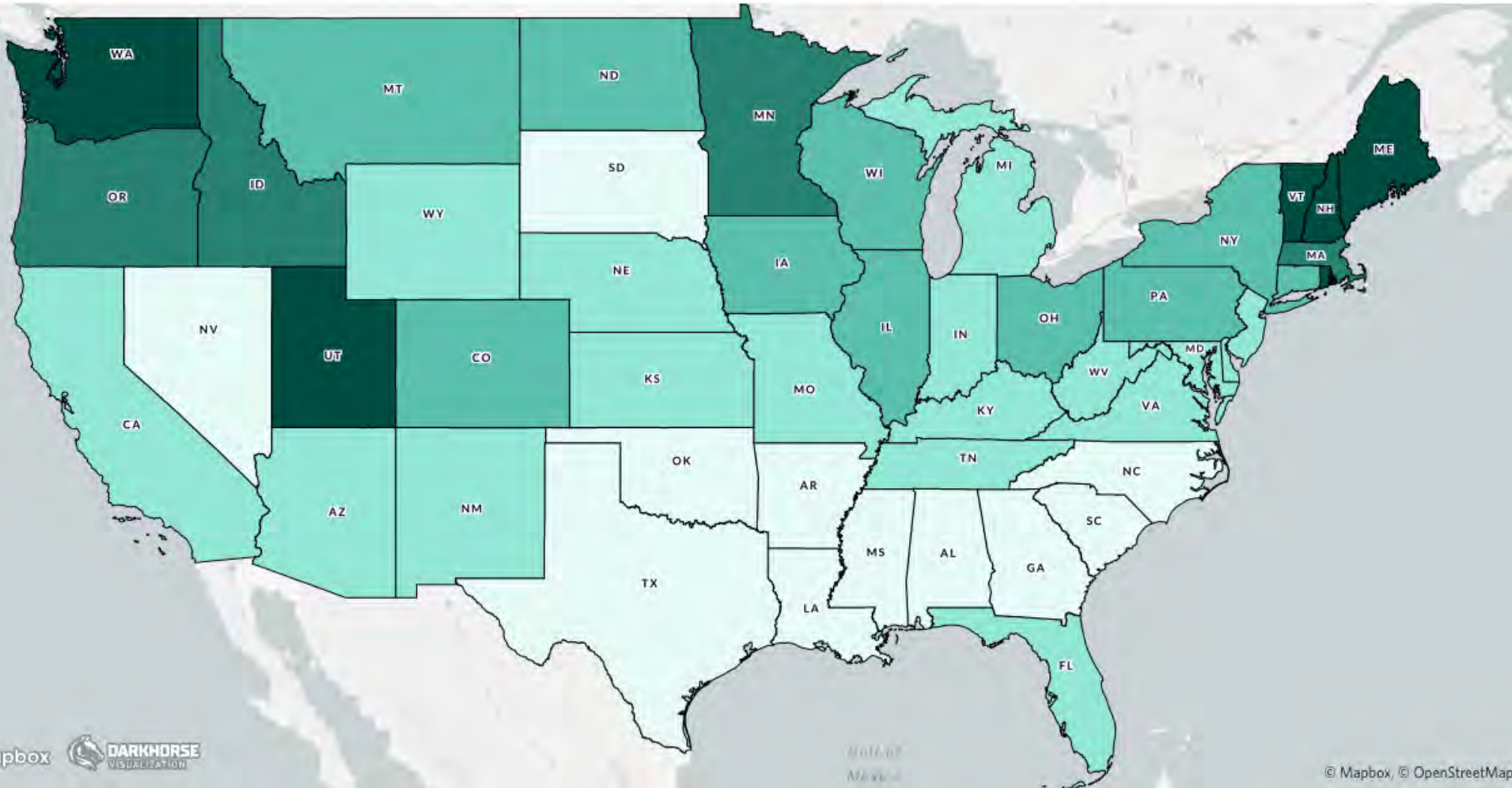
A survey estimate of residents who were tested for HIV at least once in their lifetime as of 2023



PrEP Uptake



PrEP-to-Need Ratio (PnR), 2024



Maine: 40 persons using prep for every one person acquiring a new HIV infection

California: 16.2 persons using PrEP for every one person acquiring a new HIV infection

Louisiana: 7.0 PNR

PrEP Uptake

**% PREP, 2024 VS
% NEW DIAGNOSES, 2023**

PNR, 2024

SEX

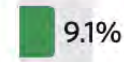
Male

81.2% of new cases



Female

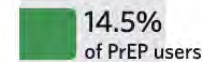
18.8%



RACE/ETHNICITY

Black

37.6% of new cases



Hispanic/Latino

34.2%



White

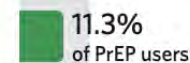
22.7%



AGE

13 to 24

18.3% of new cases



25 to 34

36.7%



35 to 44

22.8%



45 to 54

12.2%



55 to 64

7.5%



65+

2.5%



PREP AND PNR BY DEMOGRAPHIC GROUP

Higher priority demographic group

% PrEP users < % Newly diagnosed



Lower priority demographic group

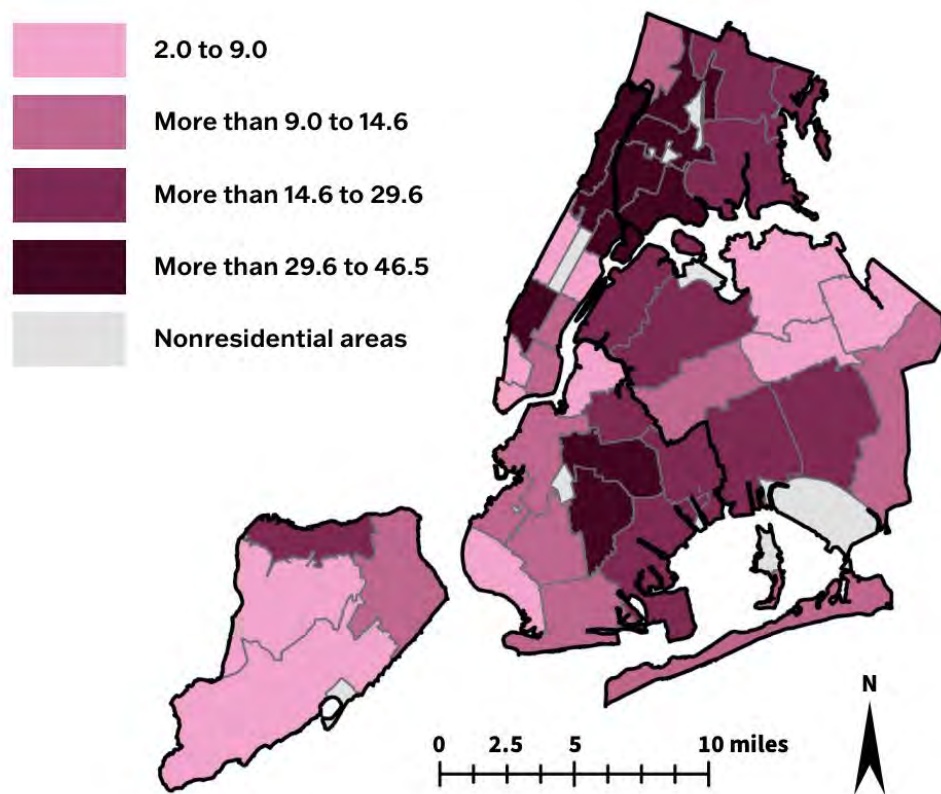
% PrEP users > % Newly diagnosed



- Women, younger populations, as well as Black and Latinx identifying patients are groups that would benefit from tailored PrEP education and options.
- Ages 13-24 = are 18.3% of the new dx but only 11% of the PrEP users

HIV Epidemiology in NYC

Figure 4.2. Rates of New HIV Diagnoses³ per 100,000 People in NYC by United Hospital Fund Neighborhood² in 2024



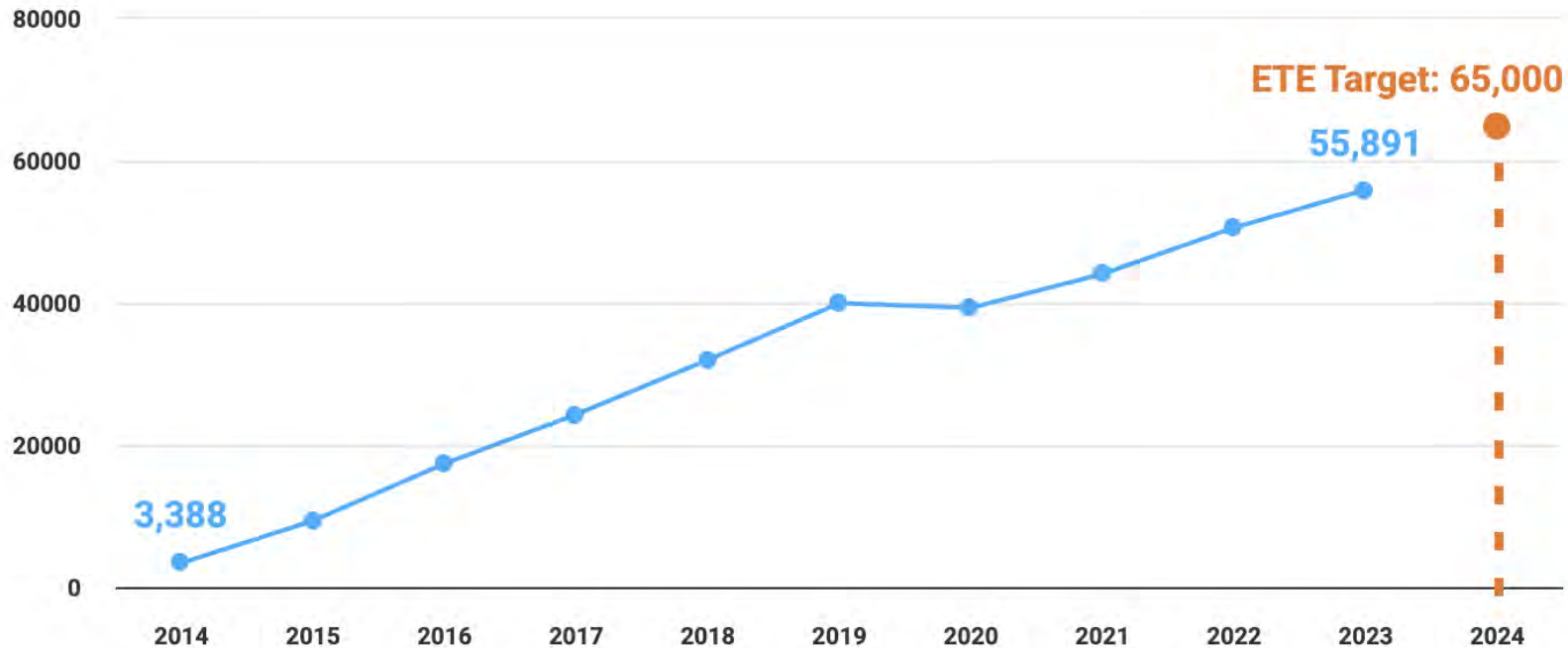
- In 2024, there were **1,791 people who were newly diagnosed** with HIV which represents a **5.4% increase from 2023**
- 44% of the newly infected population identified as Black and 41% Latinx
- 66% were ages 20-39 years old
- In 2024, there were an estimated 85,800 people diagnosed with HIV in NYC
- **An estimated 5,500 people in 2024 are living in NYC with undiagnosed HIV**

PrEP Uptake in NYC



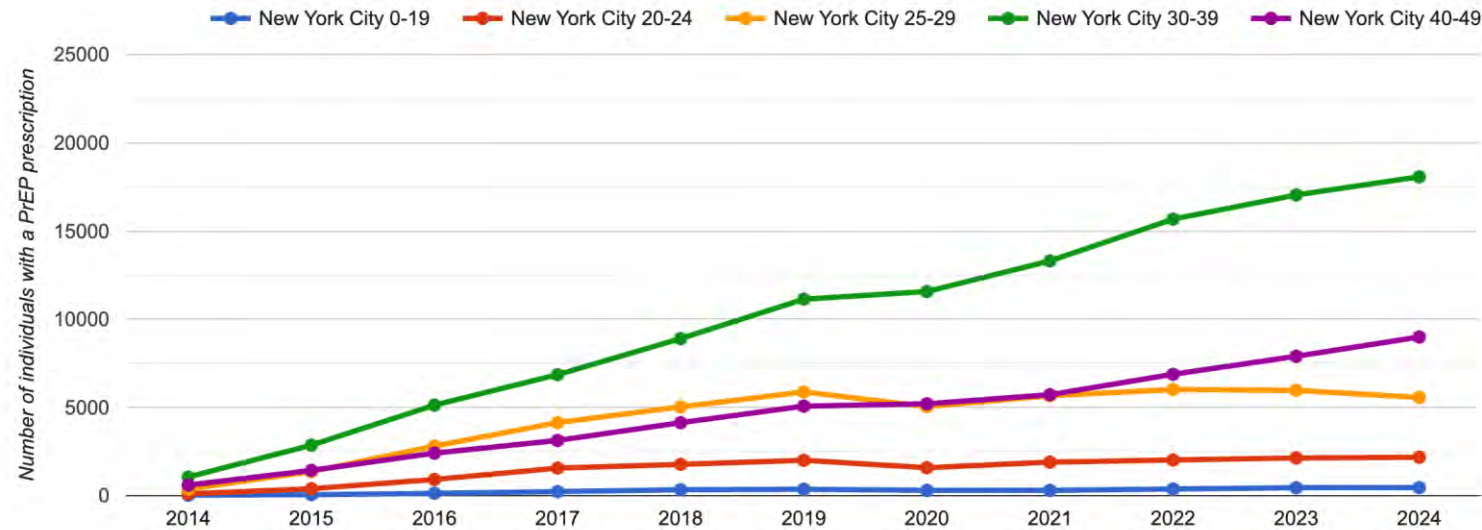
Annual PrEP use has increased overall since 2014, but persistent disparities remain

PrEP use in New York State, 2014-2023



PrEP Uptake in NYC

PrEP use by Age
2014 - 2024, NYC



- Engaging patients in PrEP education before age 25 can prevent thousands of national infections annually
- Youth have the highest unmet need for PrEP — PrEP-to-Need Ratio of only 9 for ages 13–24
- Status Neutral Care offers an opportunity: normalize testing, PrEP, and sexual health for all young patients
- **Pediatric & adolescent providers are uniquely positioned as trusted, non-stigmatizing access points**

Data Source: IDV® (Integrated Dataverse) from Symphony Health and the NYS Medicaid Data Warehouse (MDW)

© Ending the Epidemic Dashboard NY. Retrieval date: 05/11/2026. Retrieved from <https://etedashboardny.org/data/prevention/prep-nys/>



IDV® (Integrated Dataverse) from Symphony Health and the NYS Medicaid Data Warehouse (MDW)
<https://etedashboardny.org/data/prevention/prep-nys/>



What Needs to Change

- How we approach HIV testing practices
- How we conduct sexual behavior assessments
- How and when we educate Patients on HIV Prevention Options

New HIV Diagnoses

Reduce the number of new HIV diagnoses by **55% to 1,515**

2024 Actual 2,555 | Goal 1,515

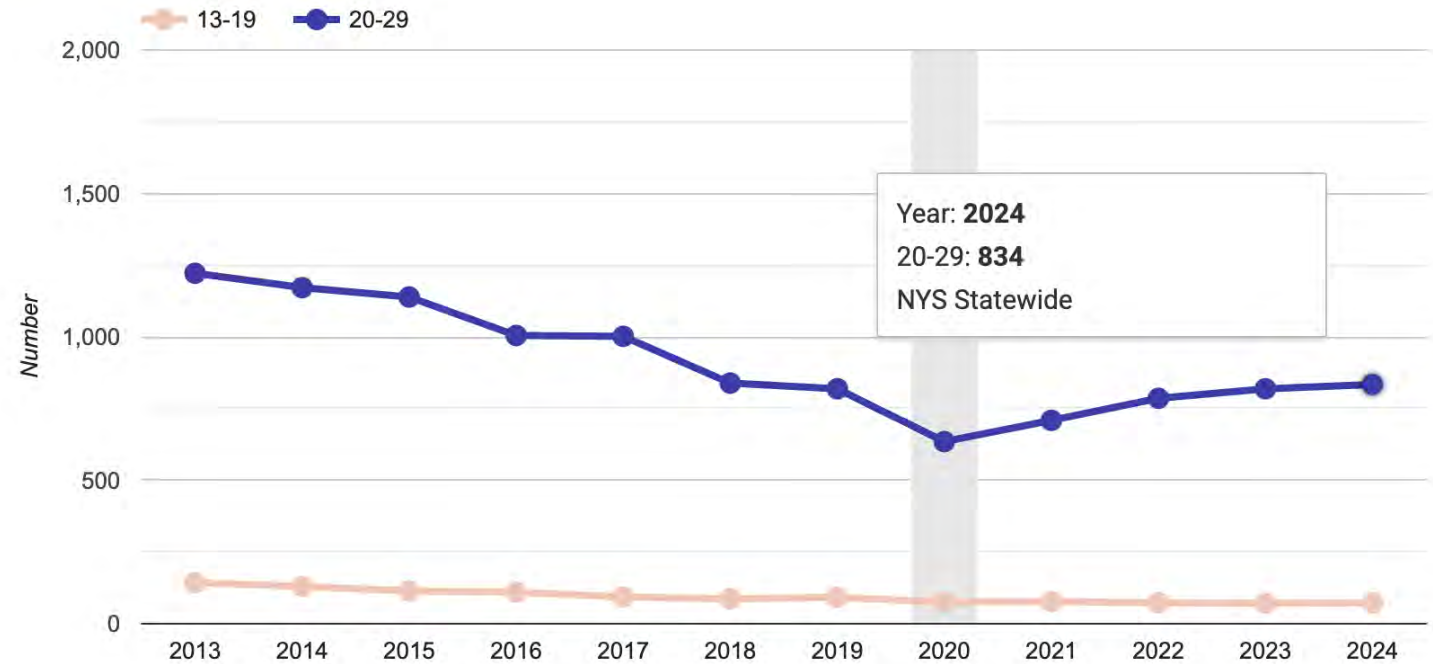
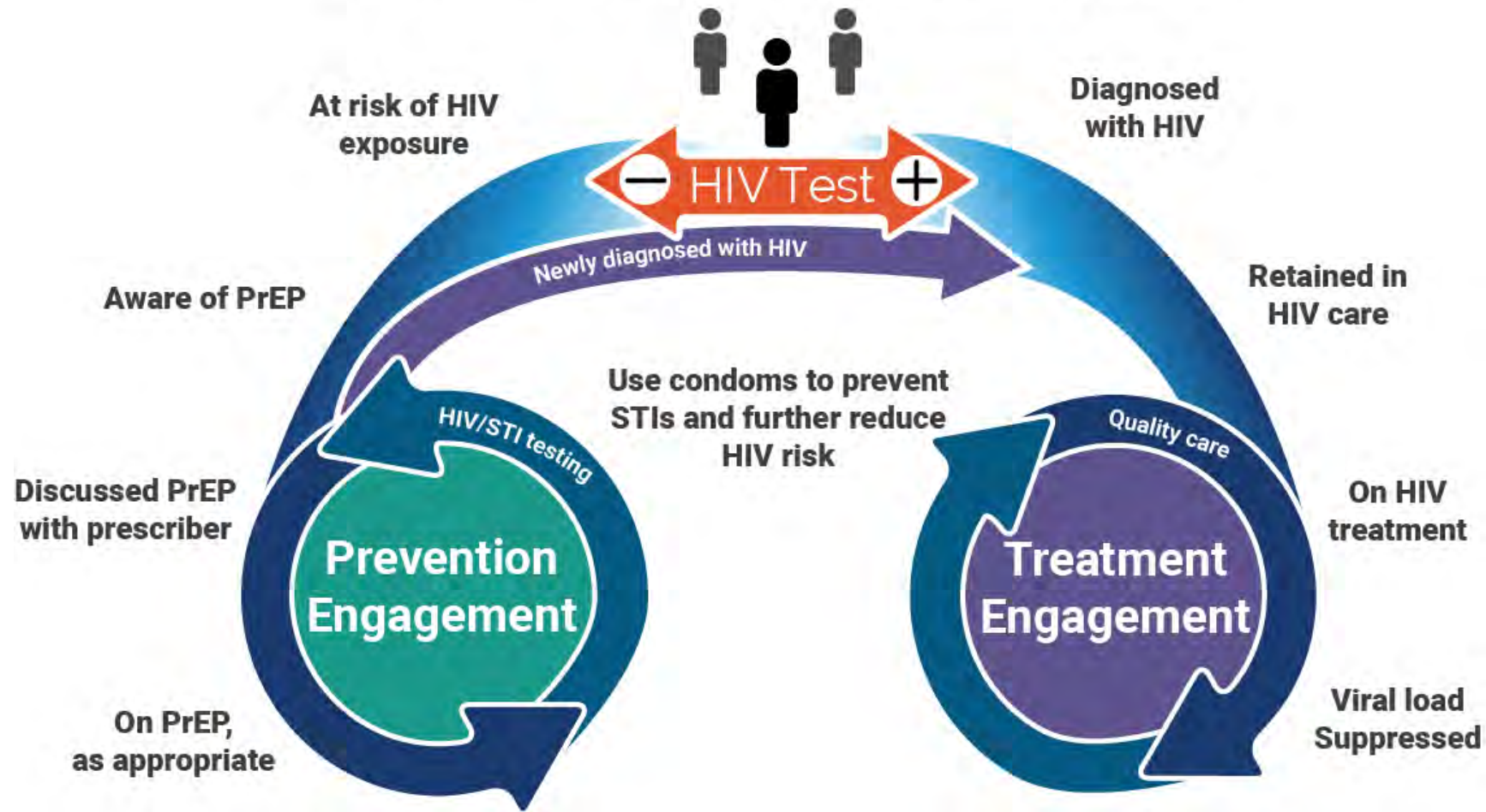


Chart notes:

- Source: NYS HIV Surveillance System
- Number of persons newly diagnosed with HIV.



HIV Status-Neutral Service Delivery Model



Meet Sam!

- Meet Sam!
- A 18 year old African American male
- Patient had to leave his home in the Midwest after disclosing to his family that he was gay due to the abuse that ensued.
- Came to New York in 2025. Patient has never been on PrEP previously and heard about it from a friend and is interested in learning more.
- He met with our team: Coordination, Social work for **comprehensive STATUS NEUTRAL SEXUAL HEALTH CARE** including **PREP OPTIONS COUNSELING**



Sex Positive Sexual Health Care

What Sex-Positive Care Is

Celebrates sexuality as a natural, healthy part of life

Strives for ideal sexual health outcomes — not just preventing negative ones

Acknowledges diverse risks without reinforcing fear, shame, or taboo

In Clinical Practice

Ask about sexual pleasure and goals, not just risk behaviors

Provide non-judgmental, inclusive STI and HIV counseling

Offer PrEP and harm reduction as tools for health optimization

Why It Matters for Equity

Black MSM report discomfort disclosing sexual history to primary care providers

Since PrEP's introduction, medicine has struggled to engage men of color in prevention

A sex-positive, goals-oriented approach may be the key to engaging historically underserved patients

Sex Positive Sexual Health Care

whether it's a **FLING** or a **SERIOUS THING...**

Hey boo

tonight?

GET TESTED!

You can enjoy your sex life and stay healthy by getting tested for sexually transmitted infections (STIs) today. To get tested at a Sexual Health Clinic, call 311 or visit nyc.gov/health/clinics.

NYC Department of Health & Mental Hygiene

Barebacked?

We've got you COVERED!


NO MATTER WHO YOU ARE OR WHAT YOU'RE INTO
NYC **SEXUAL HEALTH CLINICS** are here for you, with confidential services like

- HIV and STI Testing
- PEP
- Condoms
- and more


Anyone 12 years and older can walk in, regardless of immigration status or insurance coverage.
To find a Sexual Health Clinic, call 311 or visit nyc.gov/health/clinics.

NYC Department of Health & Mental Hygiene

Goals Framework for Sexual History Taking



CLINICAL GUIDELINES PROGRAM
NEW YORK STATE DEPARTMENT OF HEALTH AIDS INSTITUTE | HIV · HCV · SUBSTANCE USE · LGBT HEALTH



GOALS Framework for Sexual History Taking in Primary Care

Developed by Sarit A. Golub, PhD, MPH, Hunter College and Graduate Center, City University of New York, in collaboration with the NYC Department of Health and Mental Hygiene, Bureau of HIV, July 2019

BACKGROUND: Sexual history taking can be an onerous and awkward task that does not always provide accurate or useful information for patient care. Standard risk assessment questions (e.g., *How many partners have you had sex with in the last 6 months?*; *How many times did you have receptive anal sex with a man when he did not use a condom?*) may be alienating to patients, discourage honest disclosure, and communicate that the number of partners or acts is the only component of sexual risk and health.

In contrast, the GOALS framework is designed to streamline sexual history conversations and elicit information most useful for identifying an appropriate clinical course of action.

The GOALS framework was developed in response to 4 key findings from the sexual health research literature:

1. Universal HIV/STI screening and biomedical prevention education is more beneficial and cost-effective than risk-based screening [Wimberly, et al. 2006; Hoots, et al. 2016; Owusu-Eduesei, et al. 2016; Hull, et al. 2017; Lancki, et al. 2018].
2. Emphasizing benefits—rather than risks—is more successful in motivating patients toward prevention and care behavior [Weinstein and Klein 1995; Schuz, et al. 2002].
- Enhance the patient-care provider relationship, making it a lever for sexual health specifically and overall health and wellness in general.

THE GOALS FRAMEWORK INCLUDES 5 STEPS:

1. **Give a preamble that emphasizes sexual health.** The healthcare provider briefly introduces the sexual history in a way that de-emphasizes a focus on risk, normalizes sexuality as part of routine healthcare, and opens the door for the patient's questions.
2. **Offer opt-out HIV/STI testing and information.** The healthcare provider tells the patient that they test everyone for HIV and STIs, normalizing both testing and HIV and STI concerns.
3. **Ask an open-ended question.** The healthcare provider starts the sexual history taking with an open-ended question that allows them to identify the aspects of sexual health that are most important to the patient, while allowing them to hear (and then mirror) the language that the patient uses to describe their body, partner(s), and sexual behaviors.
4. **Listen for relevant information and fill in the blanks.** The healthcare provider asks more pointed questions to elicit information that might be needed for clinical decision-making (e.g., 3-site versus genital-only

1. Universal screening is more beneficial and cost-effective than risk-based screening
2. Emphasizing benefits, rather than risks, is more successful in motivating patients
3. Positive interactions with healthcare providers promote engagement in prevention and care
4. Patients want their healthcare providers to talk with them about sexual health

- What can Comprehensive Status Neutral Sexual Health care look like for a patient like Sam?
 - **GOALS Framework Sexual History**
 - 20+ partners (cismale) per month, exchanges sex for money, anal and oral sex, recently had GC and Syphilis
 - Rapid HIV Test Negative in clinic
 - **SDOH Screen**
 - Positive mental health screen, patient has food insecurity, cannot use his parent's insurance
 - **PrEP Options Counseling...**



Poll Question

- "What's the biggest barrier you face in talking with patients about PrEP?"

Time during visits

My own comfort discussing sexual history

Patient stigma or hesitancy

Insurance/cost concerns

Lack of familiarity with newer options

Poll Question

- "Which PrEP modality are you LEAST comfortable discussing with patients right now?"

Daily oral

On-demand (2-1-1)

Cabotegravir injectable

Lenacapavir injectable

PrEP Options Counseling

Screening for HIV Prevention Services

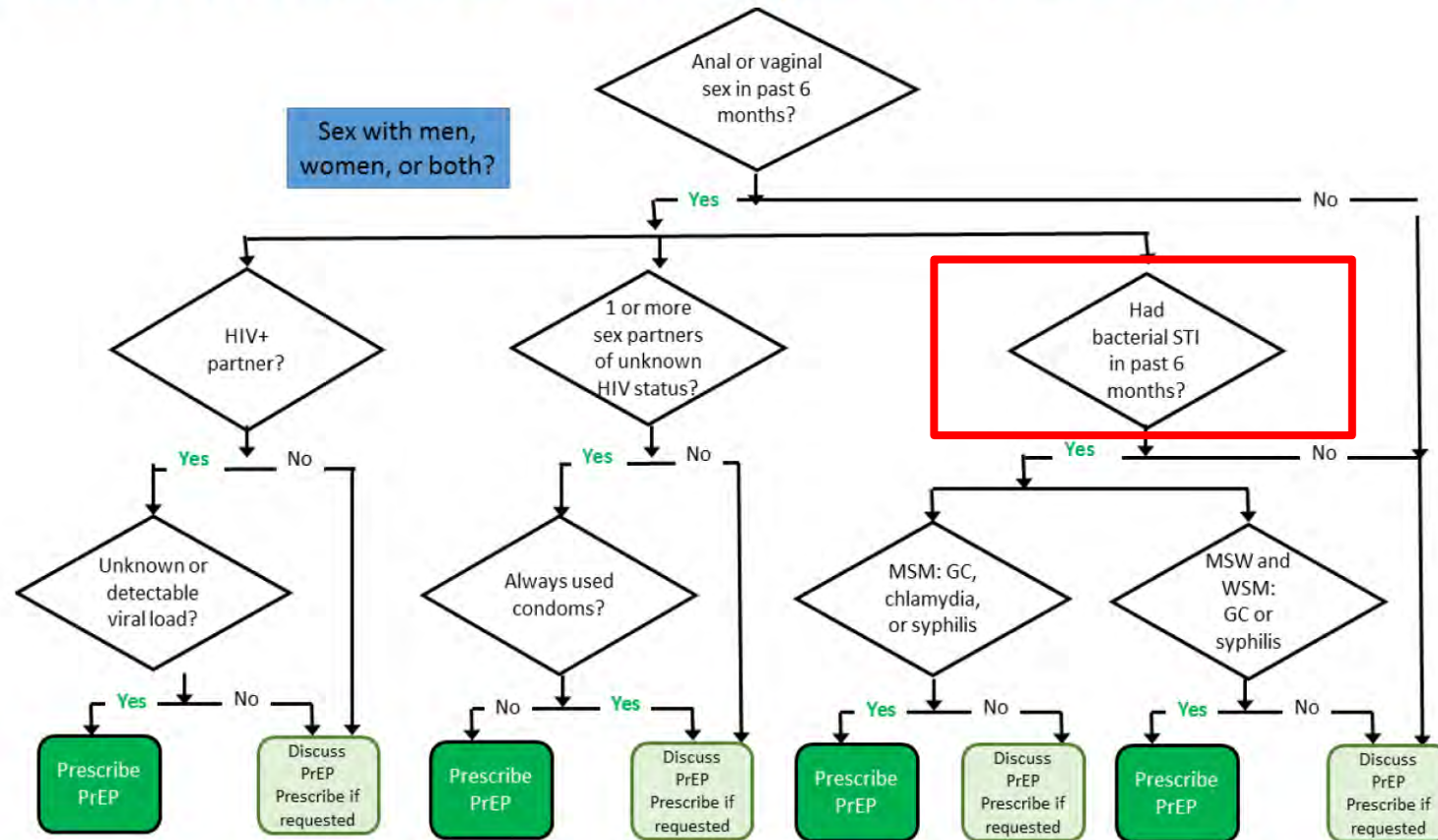
- Who should receive information about PrEP during their medical or outreach visits?
 - The new Updated CDC PrEP 2021 Guidelines state that:



NEW RECOMMENDATION: All sexually active adult and adolescent patients should receive information about PrEP

Screening for HIV Prevention Services

PrEP Indications for Sexually Active Persons



- Centers for Disease Control and Prevention: US Public Health Service: Preexposure prophylaxis for the prevention of HIV infection in the United States—2021 Update: a clinical practice guideline. <https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf>. Published December 2021.

So.... I should talk to EVERYONE about PrEP?



HIV Prevention Options Counseling

- PrEP Options Counseling
 - Plethora of Evidence-based data indicating that giving folks comprehensive education regarding their options in care can lead to:
 - Increase in retention and satisfaction in that choice
 - Decrease in stigma associated with the visit overall
 - Increase in patient satisfaction with the clinical experience and the provider

CHOOSE THE BEST OPTION FOR YOU!

CONDOMS + LUBE



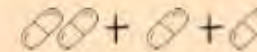
Condoms protect you from STIs, including HIV, and pregnancy. Reduce the risk that the condom will break by using plenty of lube.

DAILY ORAL



Love a routine? Take a PrEP pill around the same time every day. You'll always be protected against HIV.

2+1+1



Planning to have sex but don't want a daily pill? Take 2 PrEP pills 2-24 hours before sex, 1 pill 24 hours after the first dose, and 1 pill 24 hours after the second dose.



NON-PENETRATIVE PLAY

Pleasure for you or your partner(s) doesn't have to involve anal or vaginal sex. But keep in mind some STIs can still get passed on without penetration, so don't forget to get tested.

INJECTABLE PrEP

The long-acting medication stays in your body and gets re-upped at each injection visit (every 2 or 6 months).

EVERY 2-MONTHS

1-shot
butt cheek



EVERY 6-MONTHS

2-shots
abdomen or thigh



PEP



Were you exposed to HIV and didn't have protection? Start post-exposure prophylaxis (PEP) pills up to 72 hours after an exposure and continue taking it for 28 days

TALK TO YOUR HEALTHCARE PROVIDER TO LEARN MORE ABOUT EACH OPTION!

HIV Prevention Options Counseling

- PrEP Options Counseling
 - Start with open-ended discussion about sexual health goals

Resource developed by BLUPrint (hivbluprint.org) | Version 2 | Updated: August 2025

CHOOSE THE BEST OPTION FOR YOU!

CONDOMS + LUBE



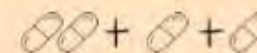
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HIV Prevention Options Counseling

Potential and current PrEP users have the right to fully understand the pros and cons of **each** HIV prevention option, including:

- Side effects (short and long term)
- Potential drug interactions
- Cost (financial and time)
- Logistics (testing/visit schedule)
- Implications for stopping and switching methods

Resource developed by BLUPrint (hivbluprint.org) | Version 2 | Updated: August 2025

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CONDOMS + LUBE



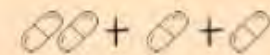
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TDF/FTC: Tenofovir disoproxil fumarate or *Truvada*



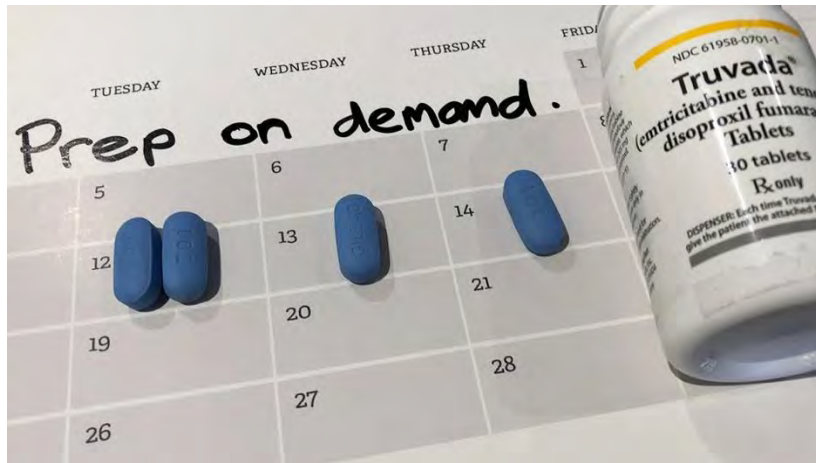
- 1 pill once a per day
- 99% protective with sexual exposures (anal and vaginal) 78% protective for injection drug use
- **Side effects:** Nausea, vomiting, diarrhea usually less than a week reported by 3-5% patients
- **Clinical Considerations:** extremely rare (clinically significant) decrease in kidney function that usually resolved when medication is stopped. Counseling for patients positive for Hep B Needed
- **Protectivity Starts for Anal Sex:** after 7 days if taking daily OR take two pills together and protection starts after two hours
- **Protectivity Starts for Vaginal Sex:** between 7- 20 days when taking daily, two pills the first day have been shown to jump start protection.
- **Cost Considerations:** covered by most insurances, \$20-30 per bottle, no free options (or patient assistance programs) for uninsured

TAF/FTC: tenofovir alafenamide/emtricitabine or *Descovy*



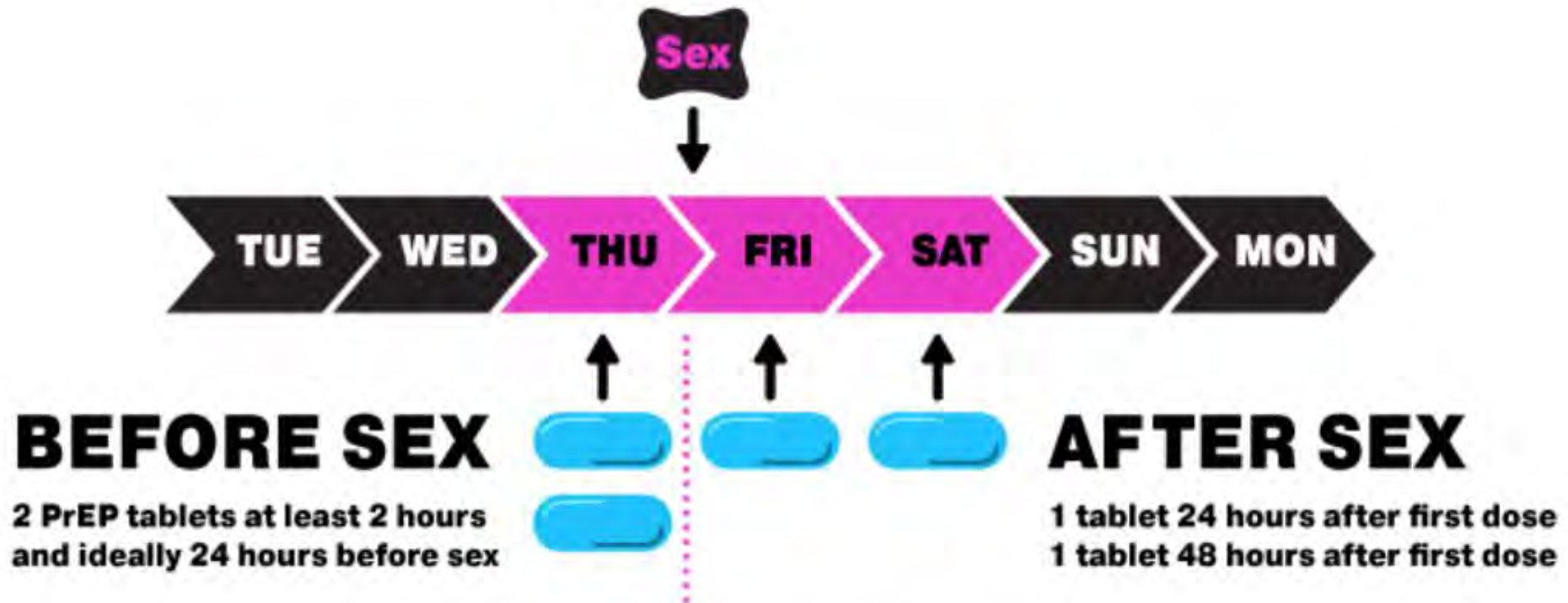
- 1 pill once a per day
- 99% protective with sexual exposures (anal)
- TAF/FTC shown to be effective in those AFAB (Kiweewa, 2025)
- **Side effects:** Nausea, abdominal pain, fatigue for usually less than a week reported by 4% of patients
- **Clinical Considerations:** On average 2lbs increase in weight 2% higher cholesterol than TDF. Counseling for patients positive for Hep B Needed (Dulion, 2024)
- **Protectivity Starts for Anal Sex:** after 7 days when taking daily
Protectivity Starts for Vaginal Sex: no data
- **Cost Considerations:** prior auth sometimes needed for insured, patient assistant program for uninsured but meds need to be mailed to pts home

PrEP On Demand



- **2 pills 2-24 hours before sex; 1 pill 24 hours after that; 1 pill 24 hours after that.** Only evaluated using TDF/FTC
- 86% protective with anal sexual exposures (Molina, 2015)
- Modeling studies suggest a longer "2-1-1-1" dosing schedule might be effective for AFAB folks (Cottrell, 2025)
- **Side effects:** Nausea, vomiting, diarrhea, abdominal pain reported by 6% of patients
- **Clinical Considerations:** Contraindicated with Hepatitis B
- **Protectivity Starts for Anal Sex:** after the first dose (subsequent doses are necessary)
- **Cost Considerations:** covered by most insurances, \$20-30 per bottle, no free options for uninsured

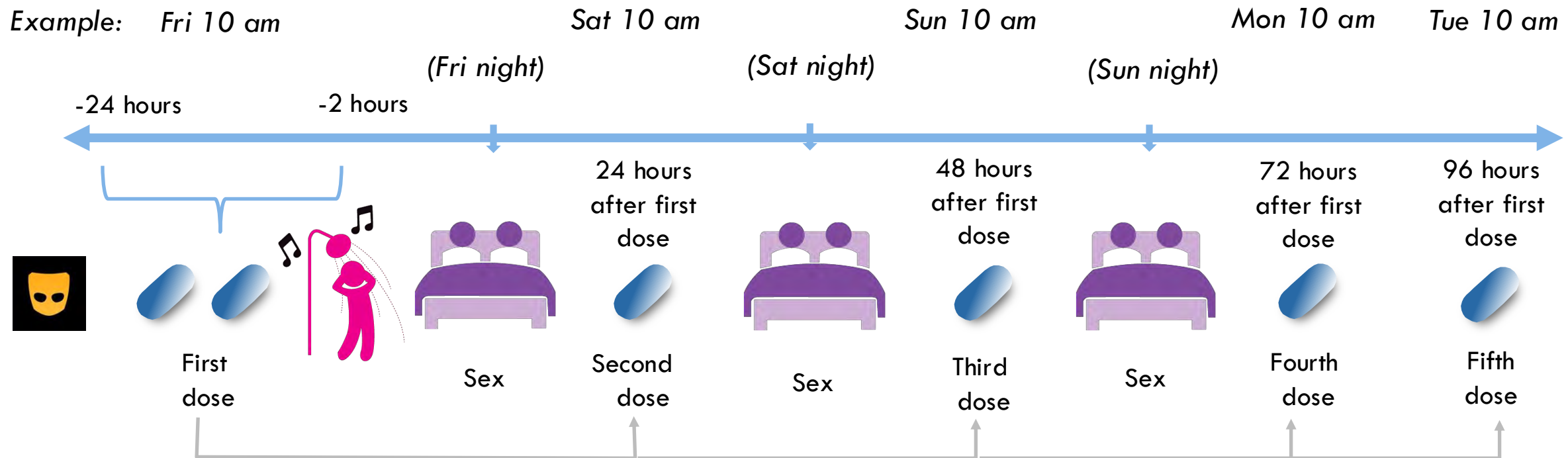
PrEP On Demand: Dosing Schedules



If sexual activity continues, take 1 PrEP tablet every 24 hours until 48 hours after last sex. (Adapted from i-Base.info.)

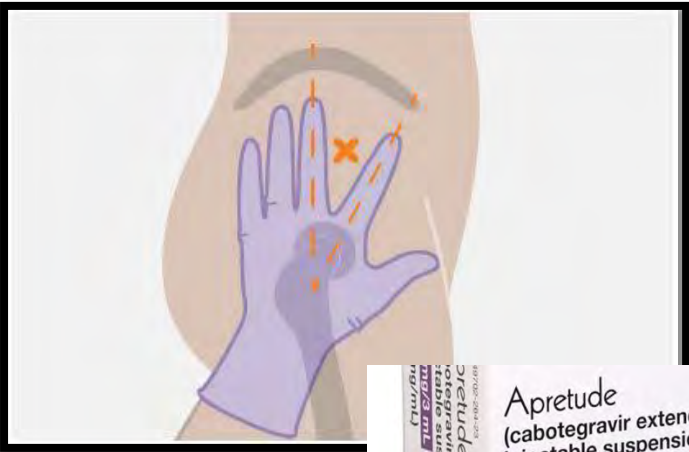
• <https://www1.nyc.gov/assets/doh/downloads/pdf/ah/prep-on-demand-dosing-guidance.pdf>

PrEP On Demand: Dosing Schedule

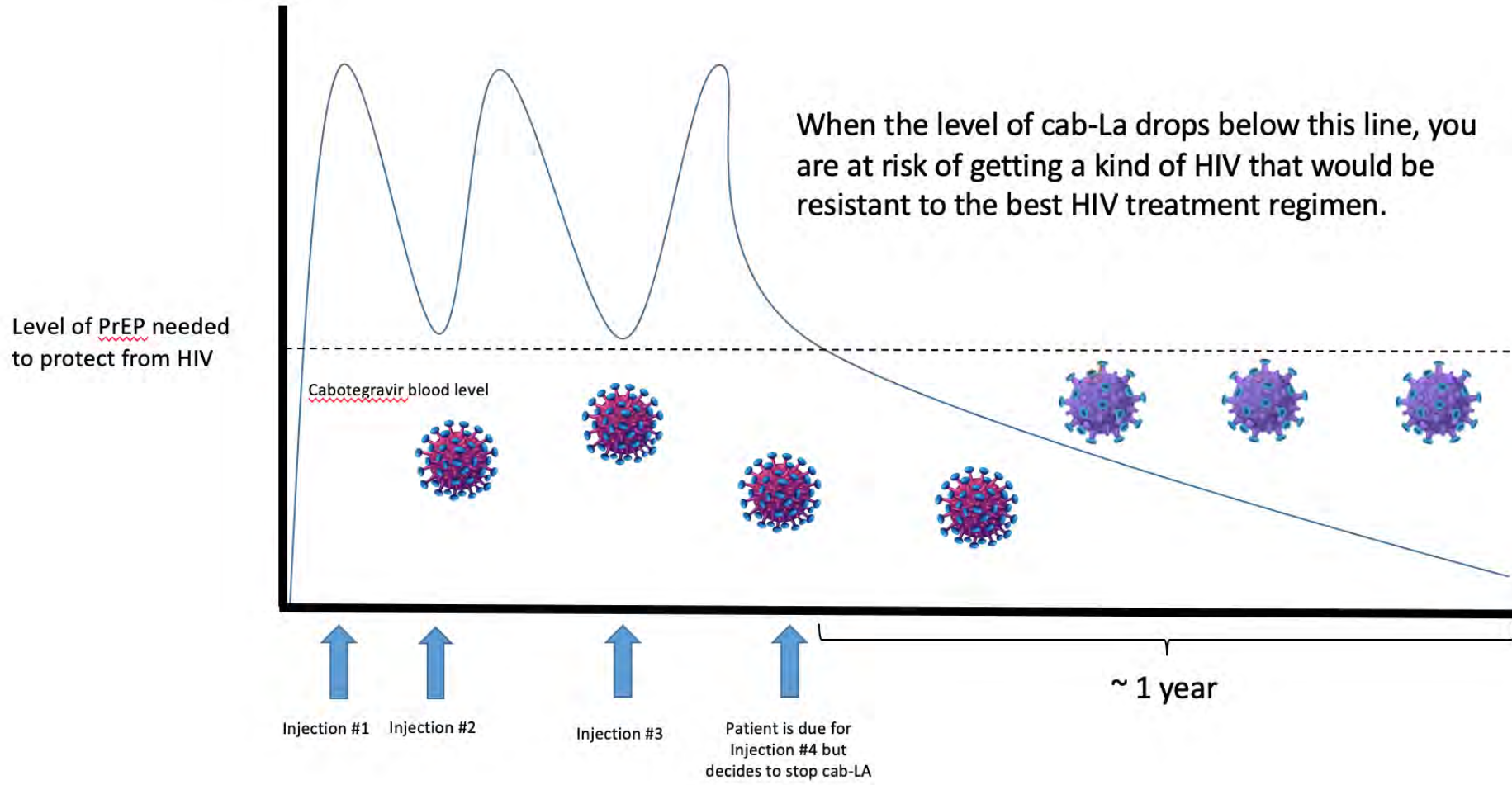


Long Acting Injectable Cabotegravir or “Apretude”

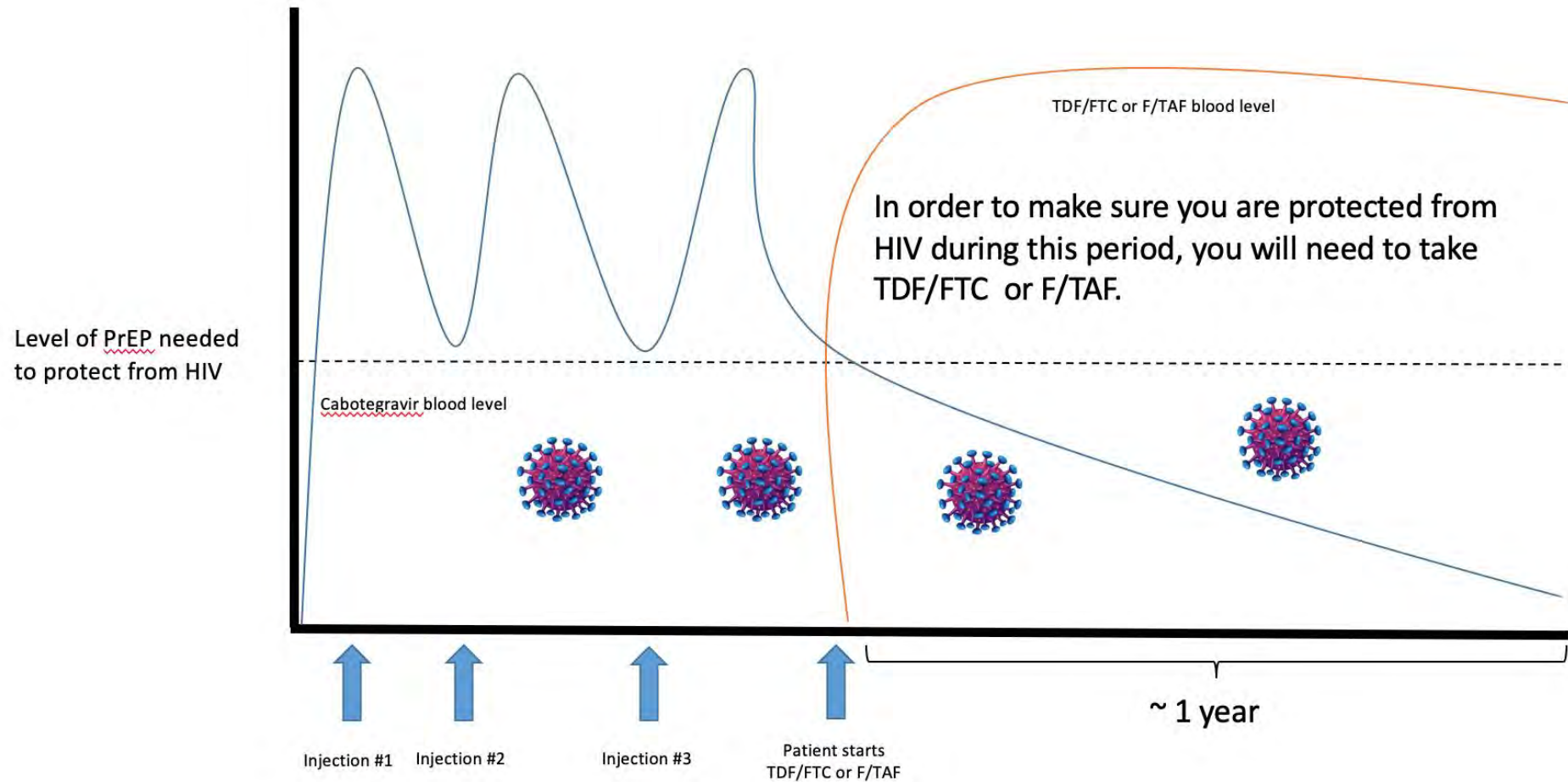
- **600mg/3ml IM injection to the gluteal muscle**, 2nd injection 4 weeks later. Followed by maintenance of a 600mg/3ml injection every 8 weeks
- More effective than daily pills (non-inferiority trial) (anal sex, vaginal sex and injection drug use)
- **Side Effects:** Site injection reactions 82% of male participants, 38% female.
- **Clinical Considerations:** Medication Tail, Interactions with anticonvulsants, antimicrobials
- **Protectivity Starts:** “time to full protection is not known with absolute certainty”. Approximately 7 days after the first injection (Han, 2024)
- **Cost Considerations:** \$3700 per injection, prior authorization should be expected, Patient assistance program for uninsured



Medication Tail Infographics



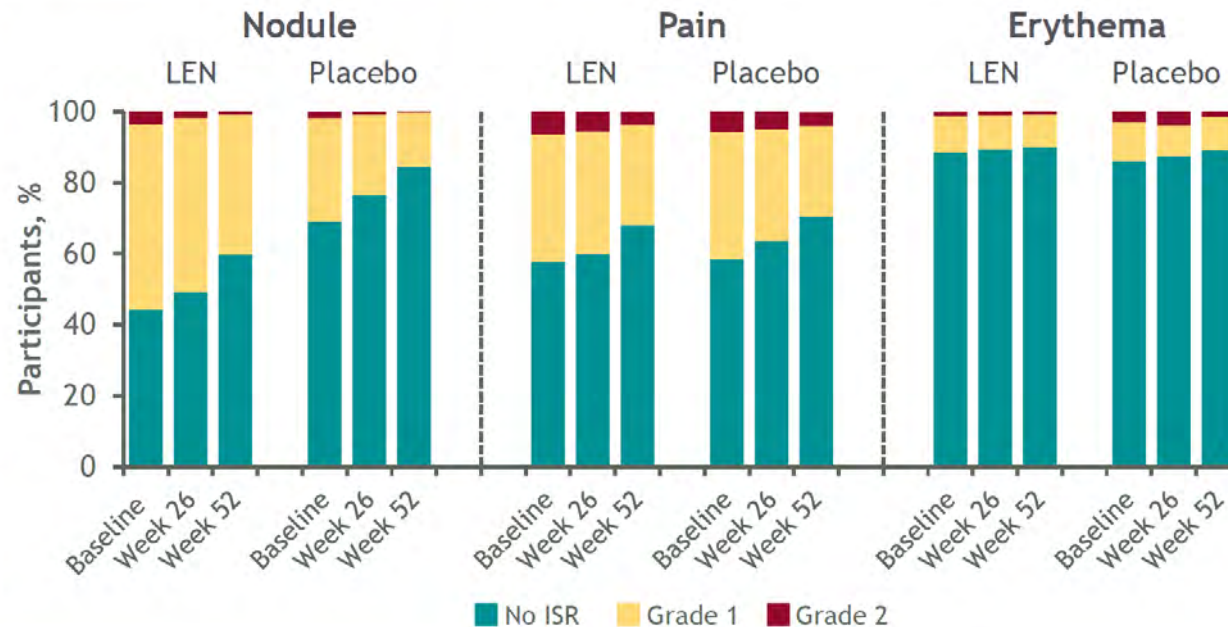
Medication Tail Infographics



Lenacapavir for PrEP

Injection-Site Reaction Frequency and Grade Diminish With Subsequent Injections

- LEN is injected into the SC space and forms a drug depot that may be palpable under the skin but is usually not visible
- As the drug elutes over time, the depot gets smaller, and the nodules resolve or reduce in size substantially prior to the next injection
- The frequency of ISRs, including nodules, decreased with subsequent doses (also observed previously in PURPOSE 1¹ and with HIV treatment²)



Among 15,239 LEN or placebo injections, only 29 participants discontinued due to AEs of ISRs; 26 in LEN group and 3 in the F/TDF group

Lenacapavir Patient Education

- **Injection experience**
- Timing of injections
- Discussion of drug interactions
- Medication Tail Education
- Anticipated (unanticipated) Bridging



Lenacapavir Patient Education

- **Injection experience**
- Timing of injections
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Lenacapavir Patient Education

- Injection experience
- **Timing of Injections/Visits**
- Discussion of drug interactions
- Medication Tail Education
- Anticipated (unanticipated) Bridging



Lenacapavir Patient Education

- Injection experience
- Timing of injections
- **Discussion of drug interactions**
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Erectile dysfunction

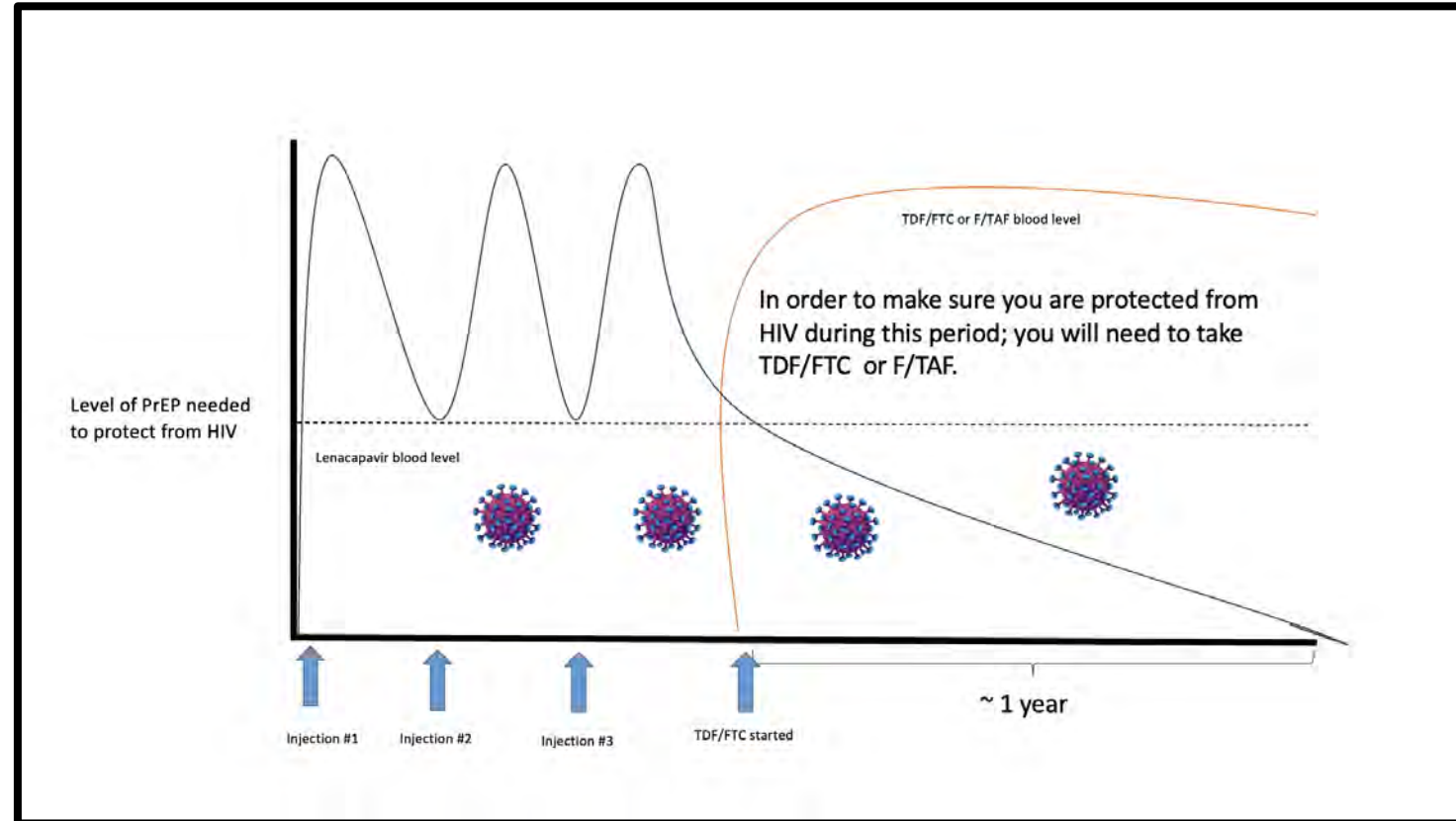
Avanafil
Sildenafil
Tadalafil
Vardenafil

Potential interaction, which may persist after discontinuation of lenacapavir

Sildenafil, tadalafil and vardenafil concentrations may increase due to inhibition of CYP3A4 by LEN.

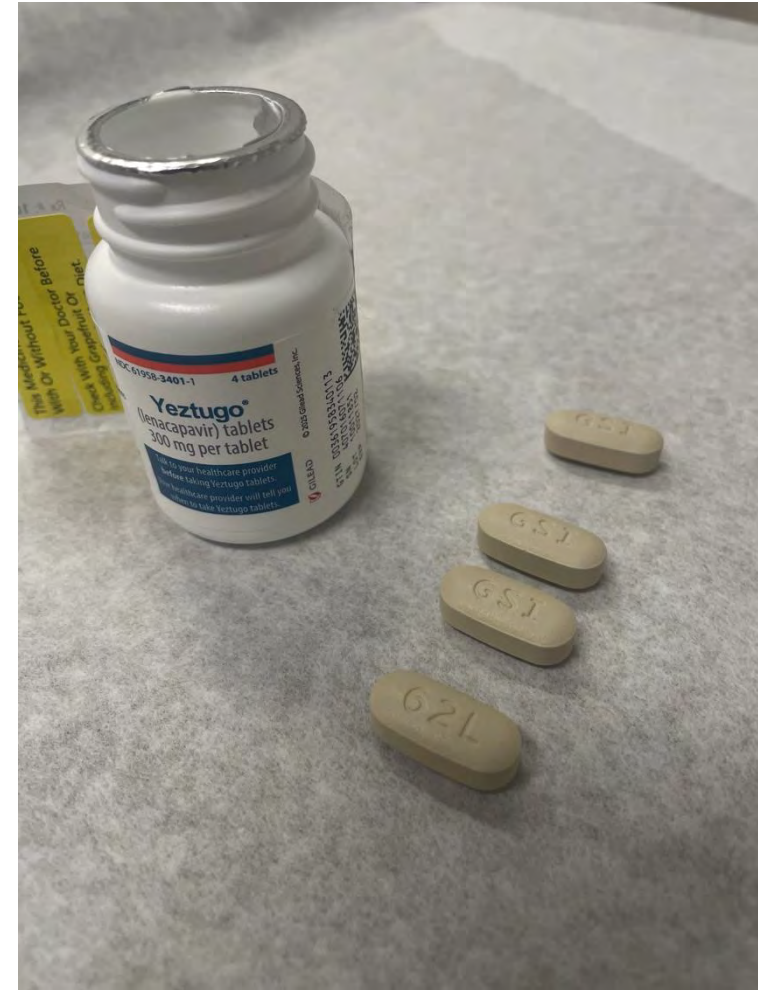
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- Discussion of drug interactions
- Medication Tail Education
- **Anticipated (unanticipated) Bridging**
 - **Oral Lenacapavir can be taken as one pill per week for up to 6 months if needed**



PrEP Option	Oral PrEP	Oral PrEP	PrEP On-Demand	2-month injectable PrEP	6-month injectable PrEP
Also called...	<ul style="list-style-type: none"> Daily TDF/FTC TRUVADA tenofovir disoproxil fumarate with emtricitabine 	<ul style="list-style-type: none"> Daily F/TAF DESCOVY tenofovir alafenamide with emtricitabine 	<ul style="list-style-type: none"> PrEP before/after sex PrEP 2-1-1 2-1-1 TDF/FTC 	<ul style="list-style-type: none"> 2-month iPrEP Injectable cabotegravir APRETUDE 	<ul style="list-style-type: none"> 6-month iPrEP Injectable lenacapavir YEZTUGO
Estimated cost of medication (i.e., without insurance, payment assistance plans, etc.)	<p>\$30 per month</p> <p>\$660 per year</p>	<p>~\$2200 per month</p> <p>> \$26,400 per year</p>	<p>Under* \$30 per month</p> <p>Under* \$660 per year</p> <p>*Depends on use</p>	<p>~\$3700 per dose (every other month)</p> <p>~\$22,200 per year</p>	<p>~\$14,000 per dose (every 6-months)</p> <p>~\$28,000 per year</p>

- What can Comprehensive Status Neutral care look like for a patient like Sam?
 - **GOALS Framework Sexual History**
 - 20 partners per month, exchanges sex for money, anal and oral sex
 - **SDOH Screen**
 - Positive mental health screen, patient has food insecurity, he cannot use his parent's insurance
 - **PrEP Options Counseling**
 - **Patient wants to start PrEP today (oral regimens); Interested in long acting injectables moving forward (move towards Lenacapavir injectable)**



How can we End the Epidemic?

Our Strategies



- **Sexual Health Care Coordination staff as the frontline to patient care**
- **Dedicated WARMLINE to answer community questions and initiate care**
- **Extended walk-in capacity**
- **Care to anyone regardless of insurance or ability to pay cost sharing fees**
- **Extended availability by phone/text message**
- **GOALS approach to addressing sexual experiences**
- **Emphasis on pleasure, sex positivity**

Questions?



NYC STI Prevention Training Center (PTC)

The CDC-funded NYC STD Prevention Training Center at Columbia University provides a continuum of education, resources, consultation and technical assistance to health care providers, and clinical sites. *Region: Ohio, Indiana, Michigan, New York, New Jersey, Puerto Rico & the US Virgin Islands*

<https://www.publichealth.columbia.edu/nycptc>



National Network of
STD Clinical Prevention
Training Centers

Didactic Presentations

Webinars, conferences, trainings and grand rounds presentations to enhance and build knowledge

Technical Assistance

Virtual and on-site technical assistance regarding quality improvement, clinic implementation and best practices around sexual health provision

For more information please contact:
nycptc@cumc.columbia.edu

Clinical Consultation Warmline

Clinical guidance regarding STD cases; no identifying patient data is submitted

www.stdccn.org

Resources

Clinical guidance tools regarding the STD treatment guidelines, screening algorithms and knowledge books, such as the **Syphilis Monograph**.

To download a copy please visit:
<http://bit.ly/SyphilisMonograph2019PTC>

