

- In patients on a stable, suppressive ART regimen (ever 3 to 4 months, or every 6 months if virally suppressed for more than 2 years, to confirm durable viral suppression).
- In patients with suboptimal response (frequency depends on clinical circumstances).

Patients may experience a temporary increase or “blip” in their viral load, defined as viral loads transiently detectable at low levels. These blips usually go back down by the next viral load test. Patients who are using viral suppression as their primary prevention method and experience a blip may benefit from other prevention strategies until their viral load is undetectable again. These prevention strategies could include condoms and pre-exposure prophylaxis (PrEP) for HIV-negative partners.

FDA-Approved HIV Medicines

A full list of HIV medicines recommended for the treatment of HIV infection in the United States, based on the U.S. Department of Health and Human Services (HHS) HIV/AIDS medical practice guidelines can be found online. Please visit <https://hivinfo.nih.gov/understanding-hiv/fact-sheets/fda-approved-hiv-medicines> for a list of HIV medicines that are approved by the U.S. Food and Drug Administration (FDA).

HIV/STD Coinfections

STD preventive services are an essential component of HIV prevention and care. Providers should engage patients in regular conversations about STDs, including reviewing sexual history and STD symptoms, at every visit. Patients with HIV should be screened for STDs at least annually, and more frequently if they or their sexual partners have multiple or anonymous sex partners. Certain STDs can increase HIV viral load and genital HIV shedding, which may increase the risk of sexual and perinatal HIV transmission.

People living with HIV are also at risk for a variety of opportunistic infections such as TB and hepatitis virus. These risks can be reduced by viral suppression and a number of other prevention and harm reduction behaviors.

PrEP & PEP FOR HIV PREVENTION

Pre-Exposure Prophylaxis (PrEP)

PrEP is an antiretroviral medication used to prevent HIV infection. PrEP is used by people without HIV who may be exposed to HIV through sex or injection drug use. The FDA has approved three medications for use as PrEP, which are listed below. Two consist of a combination of drugs in a single oral tablet taken daily. The third medication is a medication given by injection every 2 months.

1. Emtricitabine (F) 200 mg in combination with tenofovir disoproxil fumarate (TDF) 300 mg (F/TDF – brand name Truvada® or generic equivalent).
2. Emtricitabine (F) 200 mg in combination with tenofovir alafenamide (TAF) 25 mg (F/TAF – brand name Descovy®).
3. Cabotegravir (CAB) 600 mg injection (brand name Apretude®).

These medications are approved to prevent HIV infection in adults and adolescents weighing at least 35 kg (77lbs) as follows:

- Daily oral PrEP with F/TDF is recommended to prevent HIV infection among all people at risk through sex or injection drug use.
- Daily oral PrEP with F/TAF is recommended to prevent HIV infection among people at risk through sex, excluding people at risk through receptive vaginal sex. F/TAF has not yet been studied for HIV prevention for people assigned female at birth who could get HIV through receptive vaginal sex.
- Injectable PrEP with CAB is recommended to prevent HIV infection among all people at risk through sex. It may be especially useful for people who have problems taking oral PrEP as prescribed, who prefer getting a shot every 2 months instead of taking oral PrEP, or who have serious kidney disease that prevents the use of oral PrEP medications.

PrEP should be considered part of a comprehensive prevention plan that includes a discussion about adherence to PrEP, condom use to prevent other STDs, and other risk-reduction methods.

PrEP Prescribing Guidelines

In December 2021, the CDC published comprehensive guidelines for prescribing PrEP in A Clinical Practice Guideline for PrEP (<https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf>). These guidelines contain additional tools for health care providers prescribing PrEP, such as patient/provider checklists; patient information sheets; provider information sheets; HIV risk screening assessments for gay, bisexual, and other men who have sex with men (collectively referred to as MSM) and people who inject drugs; supplemental counseling information; billing codes; and practice quality measures.

Health care providers who have questions about PrEP or would like advice about prescribing PrEP or HIV testing should consult The National Clinicians Consultation Center PrEP/PEP line at 1-855-448-7737 (5:00 AM – 4:00 PM AKST).

Post-Exposure Prophylaxis (PEP)

PEP is the use of antiretroviral medication to prevent HIV infection in an HIV-negative person who has had a specific high-risk exposure to HIV. Such an exposure typically occurs through sex or sharing syringes (or other injection equipment) with someone who has or might have HIV.

Exposure to HIV is a medical emergency because HIV established infection very quickly, other within 24 to 36 hours after exposure. Health care providers should evaluate persons rapidly for PEP when care is sought within 72 hours after a potential exposure.

HIV Exposures and PEP

PEP initiation should be considered in people whose vagina, rectum, eye, mouth, or other mucous membrane, non-intact skin, or perforated skin (e.g., needle stick) come into contact with potentially contaminated bodily fluids from and HIV-infected sources, as long as the exposure has occurred within a 72-hour window.

PEP Prescribing Guidelines

PEP guidelines (<https://www.cdc.gov/hiv/guidelines/preventing.html>) published in 2005 were last updated in April 2016. The update incorporates additional evidence about the use of PEP from animal studies and human observation studies, as well as consideration of new antiretroviral agents introduced after.

Any licensed prescriber can prescribe PEP. Emergency medicine physicians are among the most frequent prescribers of PEP, given the need for immediate treatment after exposure. Clinicians working in ambulatory care practices can also ensure that their non-HIV-infected patients who report risk behaviors are aware of PEP and know how to access it.

All persons offered PEP should be prescribed a 28-day course of a 3-drug antiretroviral regimen. Since adherence is critical for PEP efficacy, it is preferable to select regimens that minimize side effects, number of doses per day and the number of pills per dose. **The preferred PEP regimen for otherwise healthy adults and adolescents is tenofovir disoproxil fumarate (TDF) (300 mg) + emtricitabine (FTC) (200 mg) once daily PLUS raltegravir (RAL) (400 mg) twice daily or dolutegravir (DTG) (50 mg) once daily.**

Health care providers who have questions about when to prescribe PEP should consult The National Clinicians Consultation Center PrEP/PEP line at 1-855-448-7737 (5:00 AM – 4:00 PM AKST).



DISEASE INTERVENTION SPECIALISTS

Disease Intervention Specialist (DIS) Referrals

The HIV/STD Program employs several Disease Intervention Specialists (DIS) to assist in limiting the transmission of HIV and STDs by facilitating patient interviews, performing partner services by conducting partner notifications and referrals for testing/treatments.

When working HIV/STD case investigations, DIS frequently refer their patients to the patient's provider of choice for testing and/or treatment. If a DIS refers a patient to your facility they will first initiate a verbal referral and then send a secured HIV/STD Referral Form via fax. Both the verbal and faxed referrals are requests for testing/treatment and are not to be used as testing orders. DIS do not have order privileges, nor will the State of Alaska pay any invoices for referrals made.

DIS will always receive verbal consent from the patient before initiating any referrals [verbal or written]. When your office receives a faxed referral, note which test needs to be completed in the patient's chart. **Reminder, if a patient presents for any STD testing, they should receive testing full HIV/STD testing (all site Chlamydia, all site Gonorrhea, Syphilis, and HI).** Please pay close attention to whether your patient needs preventative treatment during their visit. When testing and/or treatment is completed by a provider, please fill out the provider section of the referral form and fax it to the HIV/STD Program at: 907-561-4239 (f).

A completed sample of the HIV/STD Referral Form for a patient who is a contact to syphilis within the past 90 days and referred for testing and preventative treatment by DIS is shown on the next page.

If you have questions regarding a received HIV/STD Referral Form, call the DIS who made the referral—their name and contact number is listed on the referral form.

DIS Referral Form



THE STATE
of ALASKA
GOVERNOR MICHAEL J. DUNLEAVY

Department of Health
DIVISION OF PUBLIC HEALTH
Section of Epidemiology

3601 C Street, Suite 540
Anchorage, Alaska 99503
Main: 907.269.8000
Fax: 907.561.4239

STD/HIV REFERRAL FORM

The testing and/or treatment below is being requested by the State of Alaska, Division of Public Health, STD/HIV Program as part of a public health investigation. Please call with any questions or concerns regarding this request or if any of the above requests will not be fulfilled. Please notate any items that were not accomplished and the reason.

The State accepts no financial responsibility for services provided to this patient.

Date: XX/XX/2022 Referred By: Jane Smith – DIS Phone: 907-269-8000
Referred to (agency/clinic name): XXXXXXXXXX Health Clinic

PATIENT INFORMATION

Last Name: Doe First Name: John
DOB: 01/01/1990 Address: 1234 X St.
Phone: 123-456-7890 Gender Identity: Male Female Transgender

REFERRAL INFORMATION

Reason for Referral

- Confirmed positive test, needs treatment (Date of positive test: _____)
 Disease exposure, needs testing and/or treatment
 Inconclusive lab result, needs additional testing
 Other: _____

Diseases (patient needs testing and/or treatment for the following diseases as indicated)

- Chlamydia Gonorrhea Syphilis HIV

Testing Requested (please test sites according to risk)

Chlamydia/Gonorrhea Aptima

- Urine Oral Swab Rectal Swab

HIV

- HIV Screening (i.e. Rapid, HIV 1/2 Ag/Ab combo)

Syphilis

- Syphilis Screening (e.g. RPR with Reflex to Confirmatory or Syphilis Screening Cascade)
 Syphilis Suspected or Exposure (RPR and FTA through Alaska State Public Health Lab requisition only)
 TP-PA (Treponema Pallidum Particle Agglutination through Quest or Mayo Laboratories)
 RPR Quantitative Only (i.e. titer)

Treatment Requested (testing and treatment, if requested, should be given at the time of initial visit)

- Doxycycline 100mg BID x 7 days Azithromycin 1g PO
 Ceftriaxone 500mg IM Ceftriaxone 500mg IM + Doxycycline 100mg BID x 7 days
 Benzathine penicillin L.A. 2.4 mu IM (1 dose)
 Benzathine penicillin L.A. 3 doses of 2.4 mu IM each at 1-week intervals (7.2 mu total)

****Please sign and date when all testing and treatment has been completed and fax back to (907) 561-4239****

Date of Specimen Collection: _____ Date of Treatment: _____
Signed: _____ Date Signed: _____

*Due to disease incubation, prophylactic treatment is to be given to exposed individuals AT THE TIME OF TESTING per CDC guidelines. This maximizes disease intervention and prevention and promotes improved clinical management with future testing.



BULLETINS AND PUBLICATIONS

State of Alaska: Epi Bulletins and Publications

The following bulletins can be found on the State of Alaska's Department of Health & Social Services Webpage as Epi Bulletins. If viewing electronically, hyperlinks are attached.

- [Public Health Advisory: Increase in Newly Diagnosed Cases of HIV in Fairbanks/Interior Region – January, 2023](#)
- [Syphilis Update – Alaska, 2021](#)
- [Gonorrhea Outbreak Update – Alaska, 2019 and Recommendations for Care](#)
- [Chlamydia Infection Update – Alaska, 2019](#)
- [Syphilis Outbreak Update – Alaska, 2020](#)
- [HIV Update – Alaska, 2019](#)
- [Updated Pre-Exposure Prophylaxis \[PrEP\] Recommendations for the Prevention of HIV Infection](#)

CDC Publication Resources

The following CDC webpages may be useful as additional resources. If viewing electronically, hyperlinks are attached.

- [2015 Sexually Transmitted Diseases Treatment Guidelines](#)
- [2021 Update: Pre-exposure Prophylaxis \(PrEP\) For the Prevention of HIV Infection in the United States](#)
- [Chlamydial Infections](#)
- [Gonococcal Infections](#)
- [HIV](#)
- [HIV Resources for Clinicians](#)
- [Ready Set PrEP](#)
- [Sexually Transmitted Diseases \(STDs\)](#)
- [STDs During Pregnancy](#)
- [Syphilis](#)
- [Syphilis Pocket Guide for Providers PDF](#)
- [Summary of CDC STI Treatment Guidelines, 2021](#)
- [Taking a Sexual History PDF](#)