



## *PrEP Works and Is a Valuable Addition to the HIV Prevention Toolkit*

*To the Editor,*

At the Association of Nurses in AIDS Care 2014 national conference in Miami, Florida, we participated in a number of panels, presentations, and discussions about preexposure prophylaxis (PrEP) to prevent HIV infection. We were pleased to see the recent *JANAC* article, “Considerations for Implementing Oral Preexposure Prophylaxis: A Literature Review” (Sowicz, Teitelman, Coleman, & Brawner, 2014). We fully support the authors’ observation that nurses will play a critical role in PrEP implementation. We agree that implementation research into best practices and continued surveillance and analysis for rare seroconversions are warranted, and that ongoing PrEP demonstration projects will provide this information. The evidence to date is clear: PrEP is effective and safe for individuals and public health (Centers for Disease Control and Prevention [CDC], 2014). The time for scale-up is now.

The U.S. Public Health Service PrEP guidelines (CDC, 2014) outlined the benefits for at-risk individuals and the patient support needed to assure effective use. The guidelines were based on strong evidence from multiple clinical trials of PrEP use in different high-risk populations. When taken consistently, PrEP has been shown to reduce the risk of HIV infection in people who are at high risk by up to 92% (Grant et al., 2010). We acknowledge that PrEP is a prevention option, not a panacea, and not appropriate or necessary for all at-risk individuals. But for many at risk, PrEP can be the key to preventing HIV infection. For this to happen, however, PrEP must be part of an ongoing dialogue between patients and providers. Moreover, programs that provide easy access to PrEP and providers who are knowledgeable about PrEP must be in place. Because the U.S. Food and Drug Administration approved it, private and public insurance will cover the cost of PrEP, including the necessary monitoring. The provision of PrEP is not

merely a prescription, it is part of a comprehensive HIV prevention strategy that includes frequent HIV and sexually transmitted infection (STI) screening, ongoing education, counseling, testing and referral, adherence support, and clinical monitoring.

As PrEP programs are being implemented and scaled up, the settings will be varied. Existing HIV programs have the skills and expertise, but many HIV-uninfected people are unable, reluctant, or unaware of them and, therefore, may not seek services in those programs. Ryan White programs are limited to providing care and treatment services to HIV-infected patients. While they may not be able to use Ryan White funding for PrEP, some clinics are setting up parallel PrEP programs, using other sources of funding, such as insurance and/or prevention funding for PrEP services and leveraging the experiences and expertise of Ryan White providers. Other clinical settings such as STI clinics, primary health care providers, and gynecology (GYN) and reproductive health care settings should also be PrEP providers or referral points.

Nurses are trained to be leaders and advocates for change and have the opportunity to play a role in PrEP implementation. For example, nurses play a key role in implementation and evaluation of new programs, staff training, and infrastructure function. As more people become aware of PrEP, we must ensure that there are adequate numbers of capable providers available to educate, prescribe, support, and monitor patients who choose PrEP. Nurses in various settings must understand their communities and patient risk profiles and decide if establishing a PrEP program is appropriate. Nurse practitioners in various settings must become familiar with prescribing and monitoring PrEP. Familiarity with the U.S. Public Health Service guidelines (CDC, 2014), accompanying clinicians’ supplement, and the Clinician Consultation Center hotline (<http://nccc.ucsf.edu>) is important. As Sowicz et al. (2014) pointed out, registered nurses

have the ability to bridge the gap between patients and prescribers and are important in educating patients and colleagues about PrEP. Nurses, particularly those practicing in STI, GYN, and primary care settings, can engage patients in dialogue based on HIV risk-screening tools to identify patients who may benefit from PrEP. PrEP requires routine lab work and counseling follow-up. Nurses can manage these visits and collaborate with prescribers to develop standing orders for laboratory testing and medication refills.

Knowledge about PrEP is essential in family planning, obstetrics, and GYN care. PrEP offers an effective HIV prevention intervention that women at risk can independently control. This is particularly important for women in relationships with power imbalances, where there is fear of violence, or where condom negotiation is difficult or impossible. PrEP should also be discussed with heterosexually active women and men whose partners are known to have HIV infection as a cost-effective and patient-centered approach to protect the uninfected partner, especially during conception.

Early concerns about risk compensation, HIV resistance to antiretroviral medications, and side effects have not been borne out (Marcus et al., 2013). A very vocal concern has been raised by a few that PrEP may encourage users in the gay community to take more sexual risks, known as risk compensation, while taking PrEP. Ongoing research in clinical trials and our own personal clinical experiences have shown this not to be true (Marcus et al., 2013). PrEP conversations can open the door to harder discussions between nurses and patients about harm reduction and HIV risk reduction. Our patients tell us that PrEP replaces paralyzing fear and denial with action and that the pills can serve as daily reminders about sexual health and personal choice.

The risk of side effects must be monitored, but appear to be slight (CDC, 2014). The risk of decreased bone density and renal complications are based on tenofovir/emtricitabine (Truvada; Gilead Sciences Inc., Foster City, CA) use in HIV-infected patients using Truvada for HIV therapy over an extended time. It remains to be seen if this is an accurate correlation. Consequently, lab monitoring is required. In multiple PrEP clinical trials, the side-effect profile was limited to infrequent time-limited nausea and headaches, with rates similar to those in the placebo group (CDC, 2014).

There were initial concerns that use of Truvada for PrEP could lead to the development of tenofovir or emtricitabine-resistant HIV infection. Data from the Preexposure Prophylaxis Initiative (iPrEX) study found that the only cases of drug resistance occurred in people who had unrecognized acute HIV infection when they started PrEP. Therefore, accurate assessment of a person's HIV status at the initiation of PrEP is essential (Liegler et al., 2014).

We believe that education and access to PrEP is an example of the intersection between human rights, health, and social justice. PrEP can prevent a serious illness that occurs primarily in sexual and racial minorities, and in poor and disenfranchised populations, populations for whom we feel we have a moral obligation to advocate for full access to equitable health information and state-of-the-art HIV prevention and treatment. Approximately 50,000 people in the United States become infected with HIV each year (CDC, 2012). The investment and commitment to an effective prevention strategy that will keep people at high risk of HIV free from HIV must be scaled up. We believe nurses are essential in this scale-up. Community education and advocacy, provider education and support, best practice examples, and addressing logistical challenges to the development and implementation of PrEP programs are critical to achieving the prevention goals of the National HIV/AIDS Strategy (White House Office of National AIDS Policy, 2010). In particular, building the capacity of interprofessional health care teams – including nurses, nurse practitioners, physicians, physician assistants, and pharmacists – in expanded PrEP implementation is critical. We are committed to supporting nurses and other members of the interprofessional health care team in PrEP awareness, education, and implementation. We invite you to share the message: PrEP works and is a valuable addition to the HIV prevention toolkit.

## Disclosures

Jeffrey Kwong, DNP, MPH, ANP-BC, ACRN has served as a consultant to Gilead Sciences, Inc. All of the other authors report no real or perceived vested interests that relate to this article that could be construed as a conflict of interest.

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