



Children's National

Q and A

PHN Grand Rounds STIs and PreEP and PEP Oh My

- 1. Can primary care clinics give Cabotegravir the same way that we do Depo-Provera (prescribe it to a pharmacy & have them bring it in)?**
 - In theory yes- but it requires special injection training for the nursing staff giving in as it is a ventrogluteal injection. You would also have to have the capacity to do the necessary PA and have it delivered from a specialty pharmacy who works with the patient's insurance. Given all that, it may not be the best investment of time/resources if you don't have the volume to do it regularly.
- 2. Please comment on PrEP for HIV for police officer type public service members. If a stranger spits on them versus bites them and HIV status is not known.**
 - The risk of HIV acquisition through only oral means, even in someone who is not virally suppressed, without other sexual contact is nearly non-existent. The data suggests that it is less than 1 per 100,000 exposures in oral sex. Here is a good website that details the risk based on activity - <https://www.aidsmap.com/about-hiv/estimated-hiv-risk-exposure>
- 3. [What]are there options for patients who want to start PrEP but do not want to use their parents' insurance for privacy reasons?**
 - If they have insurance, they likely would not qualify for the prescription benefit programs through Gilead. But for completely confidential care, they could access PrEP services through the DOH at the DC Health and Wellness clinic.
- 4. Can PrEP for HIV & Doxy PEP be prescribe confidentially? I know that DC law allows for confidential treatment of STIs, but what about prevention?**
 - Yes, these medication fall within the scope of adolescent confidential access to sexual and reproductive services for STI testing and treatment. The problem with maintaining confidentiality will come with EOB's sent out after clinic visits and pharmacy prescription benefit coverage.

5. Should sexually active teenagers get routine screening for trichomonas?

- This is true. One way we do it is say, we perform blanket testing for all youth according to CDC recommendations and have it done on all patients (regardless of level of risk). It is more opt-out not opt-in. The other option is for clinics who have Title 9 funding and can provide free, confidential sexual health services.

6. Are there any new recommendations in newborns of mother with GC or Chlamydia?

- All these treatment plans can be found in the CDC STI app. But the only recommendation for GC/GT it to simply treat the mother with the appropriate course of antibiotics. For pregnant moms with CT- the treatment is Azithromycin 1 gram in a single dose since doxy is contraindicated in pregnancy.

7. How long do patients need to be on daily PrEP prior to having unprotected sex to be considered protected?

- If they are having receptive anal sex, it just takes 7 days. If they are engaging in other activities, it is recommended to take daily medications for 21 days.