



December 1, 2016

Dear Colleague,

The City and County of San Francisco (SF) was one of the first and hardest hit epicenters of the HIV epidemic. While the number of new HIV cases in San Francisco is now declining, there is considerable work to do to reach our goal of Getting to Zero: Zero HIV transmissions, Zero deaths from HIV-related illness, and Zero HIV stigma.ⁱ

HIV Pre-exposure Prophylaxis, or PrEP, is a critical component of the Getting to Zero strategy for ending the HIV epidemic in San Francisco. PrEP is a co-formulated pill (emtricitabine/tenofovir [Truvada[®]]) taken daily and can reduce the risk of HIV transmission by over 90%. PrEP complements other proven HIV prevention options, such as reducing the number of partners, consistent use of condoms, needle and syringe exchange, and suppressing viral load through use of HIV medication among those who are HIV infected. Current surveillance data estimates 12,500 SF residents on PrEP.ⁱⁱ

The San Francisco Department of Public Health (SFDPH) supports the use of PrEP for individuals at greatest risk of HIV, including gay men and other men who have sex with men, transgender persons, and persons who inject drugs, among others. San Francisco clinicians who are already providing PrEP confirm that it is feasible for PrEP to be provided by all health care providers as part of primary care.^{iii,iv} PrEP medication and clinical monitoring are covered by major private insurance programs, as well as Medicare, Medi-Cal and Covered California, though cost-sharing varies. Financial assistance may be available to individuals seeking PrEP, whether they have insurance or not. The [Getting Prepped](#) website by Project Inform has a concise summary of PrEP assistance and co-pay programs.^v

Individuals taking PrEP should be tested for HIV and STDs at least every 3 months.^{vi,vii} This includes screening for urethral, pharyngeal and rectal gonorrhea and chlamydia (if the patient reports exposure at these sites) and for syphilis. All individuals who are being evaluated for PrEP should be asked if they have been exposed to HIV in the prior 72 hours, and if so, should be offered immediate **post-exposure prophylaxis (PEP)**.

The SFDPH's "Ask about PrEP" toolkit for medical providers and staff contains clinical resources for your practice and educational materials for your patients. A Health Department representative is available to visit providers to discuss use of the "Ask about PrEP" toolkit in your practice.

Our Mission Drawing upon community wisdom and science, we support, develop, and implement evidence-based policies, practices, and partnerships that protect and promote health, prevent disease and injury, and create sustainable environments and resilient communities.

Our Vision To be a community-centered leader in public health practice and innovation.



The toolkit is structured around these core prevention practices:

- 1. Take a sexual history to identify patients who might benefit from PrEP.**
 - 2. Offer PrEP to patients identified as having risks for HIV.**
 - 3. Conduct HIV testing to confirm a patient is HIV negative before starting them on PrEP.**
 - 4. Follow-up with patients every 3 months for HIV/STD testing and 90-day PrEP refill.**
- For SFDPH “Ask about PrEP” information or to request a visit from a representative, contact Alyson Decker, NP, MPH at Alyson.Decker@sfdph.org or (415) 487-5514 or visit our website: <http://www.sfcityclinic.org/services/prep.asp>

In addition to the “Ask about PrEP” toolkit, there are several other resources available to San Francisco clinicians:

- The national PrEP Clinician Consultation line at (855) 448-7737 or (855) HIV-PrEP, Monday–Friday, 8 am–3 pm PST.
- The Pacific AIDS Education & Training Center (PAETC) offers free technical assistance and training related to PrEP and clinical practice: www.PAETC.org, e-mail: paetcmail@ucsf.edu or telephone (415) 476-6153.

We are committed to the expansion of PrEP availability in San Francisco, and to the vision of San Francisco as a city with no new HIV transmissions, HIV-related deaths or stigma. Thank you for your work as a valued partner in health.

Sincerely,

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ⁱ www.gettingtozerosf.org

ⁱⁱ Scheer S. PrEP Knowledge and Use in San Francisco. HIV Research for Prevention Conference. Chicago 2016.

ⁱⁱⁱ Volk JE, Marcus JL, Phengrasamy T et al. No new HIV infections with increasing use of HIV pre-exposure prophylaxis in a clinical practice setting. *CID* 2015.

^{iv} Marcus JL, Volk JE, Pinder J et al. Successful implementation of HIV preexposure prophylaxis: lessons learned from three clinical settings. *Curr HIV/AIDS Reports* 2015.

^v http://www.projectinform.org/pdf/PrEP_Flow_Chart.pdf

^{vi} US Public Health Service. Pre-exposure prophylaxis for the prevention of HIV infection in the United States-2014: A clinical practice guideline. Available at: www.cdc.gov/hiv/pdf/PrEPguidelines2014.pdf

^{vii} Pre-exposure prophylaxis: A primer for primary care providers. Available at: www.sfcityclinic.org/services/prep.asp#Providers