From EP to PrEP: Linking ED Patients

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Background:

There were 183 new HIV diagnoses in 2022. Individuals with a Seattle residence comprised 40% of new HIV diagnoses, followed by south King County (33%) and individuals who were homeless or unstably housed (15%). The majority of new HIV diagnoses (62%) were among men who have sex with men (MSM) including MSM who also inject drugs (people who inject drugs; PWID). People who inject methamphetamine were at particularly high risk of acquiring HIV.

Pre-exposure Prophylaxis (PrEP) decreases the chances of HIV infection from a sexual encounter by 99% and decreases the chances of infection from injection drug use by 95%.

Approximately 62% of MSM at elevated risk for HIV are currently taking PrEP. PrEP use has steadily increased over the past decade, and we are making excellent progress towards our goal of 70%. It is estimated that 30-70% of transgender people at elevated risk for HIV are currently taking PrEP. Among PWID, PrEP use is very low (≤1%)[[1]](#footnote-1).

Methods:

As part of the Frontlines of Communities in the US (FOCUS) grant effort we have hired Linkage to Care Coordinators to connect people with Hepatitis C and HIV to care. This last year we also began trying to link people who were at risk for acquiring HIV to PrEP services with a focus on people who were diagnosed with a sexually transmitted infection (STI), pregnant individuals and PWID. People who were seen in one of the UW emergency departments and tested positive for an STI, were pregnant, or endorsed injection drug use were approached by our Linkage to Care Coordinators. Patients were contacted by phone or text or through MyChart messages. If patients were reached and expressed an interest in PrEP, they were connected with a local clinic to initiate PrEP with a provider. In two cases the Linkage to Care Coordinator stayed on the phone to facilitate the conversation between the patient and their provider and assist with PrEP initiation.

Results:

The Linkage to Care Coordinators have reached out to 324 patients. Of these, 38 cannot be reached. Contact with all of the remaining 286 patients has been attempted by phone or text and 8 (2.8%) have been linked through this method. Eighty eight of these patients have also been contacted via MyChart messages and 5 (5.7%) have been linked to PrEP in this way. Of the 15 patients that have linked to PrEP, 5 have been MSM, 6 are cis-gendered women, 2 are serodiscordant couples, and 2 are PWID. Chart review indicates that people who are MSM or in serodiscordant relationships are more likely to continue PrEP with ongoing refills compared to those who initiate PrEP after being diagnosed with an STI or a potential exposure. Those who had conversations with their providers facilitated by the Linkage to Care Coordinator remain engaged in care.

Conclusions:

Our linkage to PrEP rates (15 of 286, or 5.2%) compare favorably to previously published rates of PrEP linkage from the ED (2.2-3.3%[[2]](#footnote-2),[[3]](#footnote-3)). Reaching out via MyChart seems to be more efficient than contacting people by text or phone call. Facilitating conversations between patient and provider has been effective so far. While these contact methods are unlikely to work for people who are unhoused or do not have access to a phone or internet connected device, it has been effective at reaching many other high risk populations.

1. HIV/AIDS Epidemiology Unit, Public Health – Seattle & King County and the Infectious Disease Assessment Unit, Washington State Department of Health. HIV/ AIDS Epidemiology Report 2023, Volume 92. [↑](#footnote-ref-1)
2. Zhao, Z., Jones, J., Arrington-Sanders, R., Gladfelter, G., McDonald, S., Reed, C., ... & Hsieh, Y. H. (2021). Emergency Department–Based Human Immunodeficiency Virus Preexposure Prophylaxis Referral Program—Using Emergency Departments as a Portal for Preexposure Prophylaxis Services. *Sexually transmitted diseases*, *48*(8), e102-e104. [↑](#footnote-ref-2)
3. Ridgway, J. P., Almirol, E. A., Bender, A., Richardson, A., Schmitt, J., Friedman, E., ... & Schneider, J. A. (2018). Which patients in the emergency department should receive preexposure prophylaxis? Implementation of a predictive analytics approach. *AIDS patient care and STDs*, *32*(5), 202-207. [↑](#footnote-ref-3)