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**CDC releases new clinical guidelines for use of pre-exposure prophylaxis (PrEP) to prevent HIV infection**

There are currently about 1,250 persons known to be living with human immunodeficiency virus (HIV) infection in San Joaquin County (SJC). The Centers for Disease Control and Prevention (CDC) estimates that approximately 16% of people living with HIV do not know they are infected. Applying this estimate to SJC, the true prevalence of persons living with HIV is closer to just under 1,500 persons, or about 1 in every 500 residents.

One recently developed strategy for preventing HIV infection is the use of pre-exposure prophylaxis (PrEP). The goal of PrEP is to prevent HIV infection after exposure to the virus. PrEP consists of prescribing HIV-negative persons at high risk for acquiring HIV infection some of the same medications used to treat persons with HIV infection.

In July 2012, the U.S. Food and Drug Administration (FDA) approved the use of Truvada®, an HIV medicine that is a combination of the drugs tenofovir and emtricitabine, for PrEP. Several clinical trials have shown that use of Truvada® for PrEP reduces the risk of HIV infection among men who have sex with men (MSM) by 44% for typical use and by up to 92% for perfect use; and among HIV-discordant couples (couples where one partner is HIV infected and the other partner is not infected) by 75% for typical use and up to 90% for perfect use. Typical use of PrEP includes persons who don't always take the medicine every day as prescribed. No serious health risks have been associated with PrEP, but the safety of long-term use has not been determined. More information on these trials can be found at <http://www.cdc.gov/hiv/prep>.

This year, the CDC published new comprehensive clinical practice guidelines for the use of PrEP to prevent HIV infection. PrEP should only be considered for patients who are currently HIV negative and have a high risk of exposure to the virus (e.g., those who have unprotected sex with HIV positive partners, injection drug users etc.). PrEP can also be used as a tool to help HIV-discordant couples reduce transmission risk while attempting to conceive. Providers prescribing PrEP should encourage continued use of condoms and counsel patients in sexual risk-reduction practices; PrEP is not 100% effective, does not prevent other STDs, and does not provide protection during lapses in use. Patients should be regularly screened and treated for other STDs, and be regularly screened for new HIV infection. PrEP should be immediately discontinued if HIV infection is suspected as use of PrEP during acute HIV infection may lead to drug resistance and reduce long-term HIV treatment options. The complete CDC guidelines for PrEP are available here: <http://www.cdc.gov/hiv/pdf/guidelines/PrEPguidelines2014.pdf>.

*Table: STD Cases Reported to San Joaquin County Public Health Services, 2013 and 2014*

	2013		2014	
	3rd Qtr	YTD	3rd Qtr	YTD
<b>Chlamydia (CT)*</b>	869	2532	875	2618
Female	626	1799	602	1847
Male	243	733	273	770
Unknown	0	0	0	1
<b>Gonorrhea (GC)*</b>	284	643	250	736
Female	141	305	112	354
Male	143	338	138	382
Unknown	0	0	0	0
<b>Pelvic Inflammatory Disease (PID)*</b>	0	7	5	9
<b>Syphilis (SY)^</b>	33	74	37	97
Primary	5	13	10	20
Secondary	18	37	14	46
Early Latent	8	22	11	28
Congenital	1	1	2	3
<i>Neurosyphilis</i>	2	4	1	5
Human Immunodeficiency Virus (HIV) only*	17	43	10	42
HIV & AIDS simultaneous*	13	25	4	10
Acquired Immunodeficiency Syndrome (AIDS) only*	7	13	4	13

\*CT, GC & PID data reflect cases entered into the CalREDIE reporting system as of 10/9/2014. CT, GC & PID counts include confirmed, probable & suspect cases.  
 ^SY data from 1/10/2014 STD Program internal line list. SY total includes primary, secondary & early latent stages & congenital cases. Neurosyphilis is a sequela of syphilis and can occur at any stage of syphilis. Counts for SY stages & congenital cases include confirmed cases only; neurosyphilis counts include confirmed & probable cases.  
 \*HIV/AIDS data from SJCPHS HIV/AIDS Program morbidity data, 2014 Q3 DUA file.  
 Note: All disease counts include SJC residents at time of diagnosis only.

By law, medical providers and labs must report CT, GC, and PID cases within 7 days of identification and SY cases within 1 day of identification to PHS using a Confidential Morbidity Report Form (CMR). HIV & AIDS cases must be reported by traceable mail or person-to-person transfer within 7 days of identification. For disease reporting procedures and requirements, please see the "For Providers" section of the PHS website: [http://www.sicphs.org/disease/disease\\_control\\_reporting.aspx](http://www.sicphs.org/disease/disease_control_reporting.aspx).