Los Angeles County CHRP PATH: PrEP and TLC+ for HIV Prevention

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CHRP TLC+/PrEP Consortia Meeting
September 18, 2013
Oakland, CA

County of Los Angeles Public Health

Update on 4 TLC+ Projects and PrEP

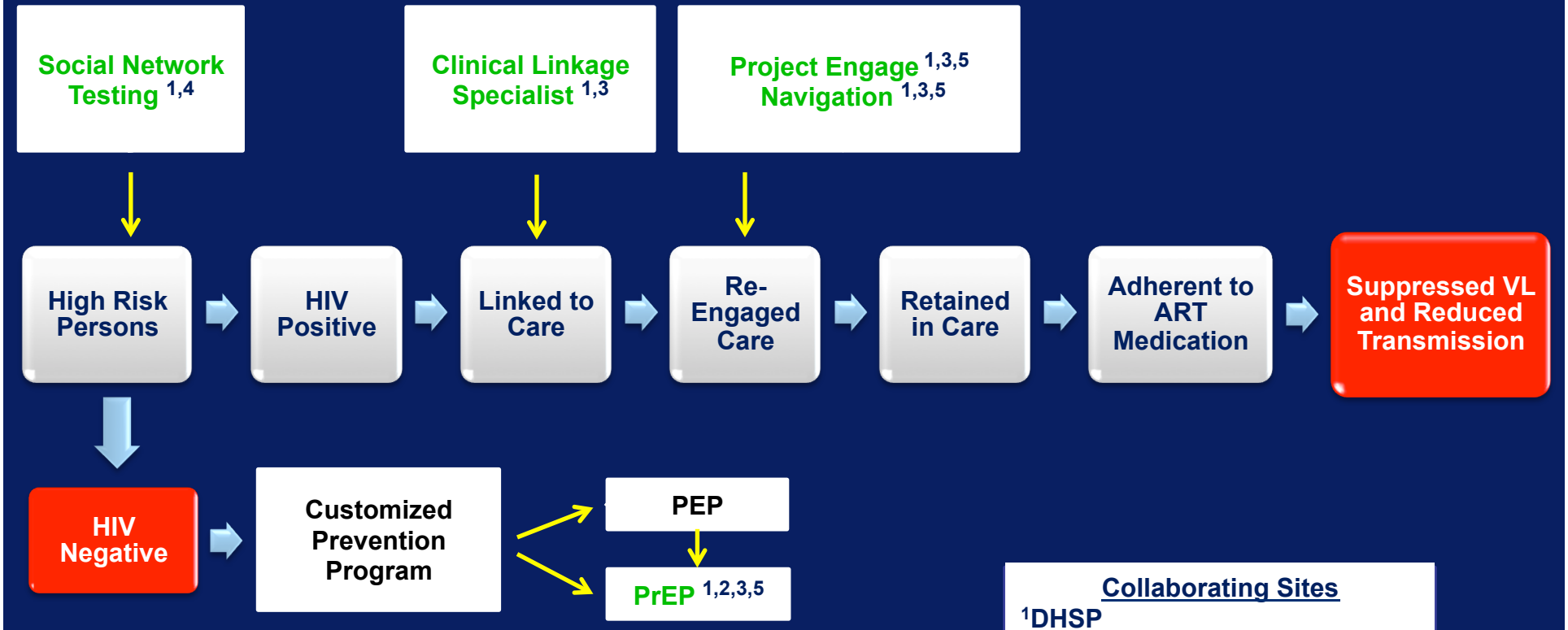
TLC+:

- Social Network Testing Program
- Clinical Linkage Specialist Program
- Project Engage
- Navigation Program

PrEP:

- PrEP Demonstration Project

LAC CHRP PATH Framework



Collaborating Sites

[1]DHSP
[2]UCLA-Care Clinic
[3]LAGLC
[4]APLA
[5]Drew-OASIS Clinic

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Social Network Testing Program

Social Network Testing

- **Background:**
  - Goal is to identify high-risk HIV+ persons who may not be tested through conventional HIV testing programs
  - RDS Sampling; $25 for baseline survey; $15 for HIV test
  - Recruit seeds from
    1. HE/RR programs for at-risk MSM
    2. Biomedical prevention programs
    3. Commercial sex venues (CSVs)

    to recruit high-risk social network members (alters) for testing and reimbursement
- **Current status:**
  - Began enrollment June 2013

Preliminary Results

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Study Screening and Recruitment

- **Screened (n=107)**
  - Seeds: 13
  - Alters: 94
- **Enrolled (n=85)**
  - Seeds: 10
  - Alters: 75
    - 4 positives (5.3% seropositivity); % new positives in process
- **Site Specific Enrollment:**
  - HE/RR Programs (APLA H&W Center): 85
  - Biomedical Prevention: 0
  - CSVs: 0

Demographics

- **Alters (n=75)**
  - Race: 71% African American, 10% Latino, 11% White, 4% Other
  - 99% MSM
  - HIV Status: 5.3% HIV-positive, 95% HIV-negative
  - Insurance Status: 73% insured, 27% uninsured
  - Testing History: 4% never been tested for HIV
  - In last 12 mos, avg # of sex partners(n=75)9.3; 77% UAI
  - Self-reported STD history:
    - 12% Syphilis
    - 6% Herpes
    - 8% Chlamydia
    - 22% Gonorrhea

- **Seeds (n=10)**
  - Race: 60% African American, 20% Latino, 10% White, 10% Other
  - 100% MSM
  - HIV Status: 20% HIV-positive
  - Insurance Status: 89% Insured, 11% Uninsured

- **Preliminary Lessons Learned:**
  - Sampling methodology is well-suited for target population
  - To improve efficiencies, useful to verify eligibility using surveillance to screen out known positive persons
  - Expand eligibility to include women and transgender persons
- **Next Steps:**
  - Include more detailed locator info, extensive HIV testing and risk behavior histories as part of the screening
  - Add surveillance verification
  - Expand recruitment to CSVs and biomedical prevention programs

Clinical Linkage Specialist Program

Clinical Linkage Specialist Program

- **Objectives/Methods:**
  - Primary goal is to evaluate the linkage to care program at LAGLC Sexual Health Program (90% LTC)
  - Secondary goal is to identify factors associated with rapid linkage to care
  - Pre/post test evaluation of all newly-diagnosed HIV+ clients testing at LAGLC sites (15/month)
- **Current status:**
  - Protocol being finalized; IRB submission by 9/30

- **LTC Intervention Components:**
  - Focuses on a client's affective/cognitive response to a new HIV dx
  - Frame care as helpful, adaptive response to dx
  - Counseling and support at (or soon after) diagnosis that is resiliency-based, client-centered and results in actionable goals
  - Immediate follow-up and support as needed during period between diagnosis and linkage to care
  - Increasing or decreasing intensity of intervention based on monitored linkage status, until fully transitioned into care
- **Next Steps:**
  - Begin enrollment (November, 2013)
  - Develop a "Linkage to Care Best Practices" manual

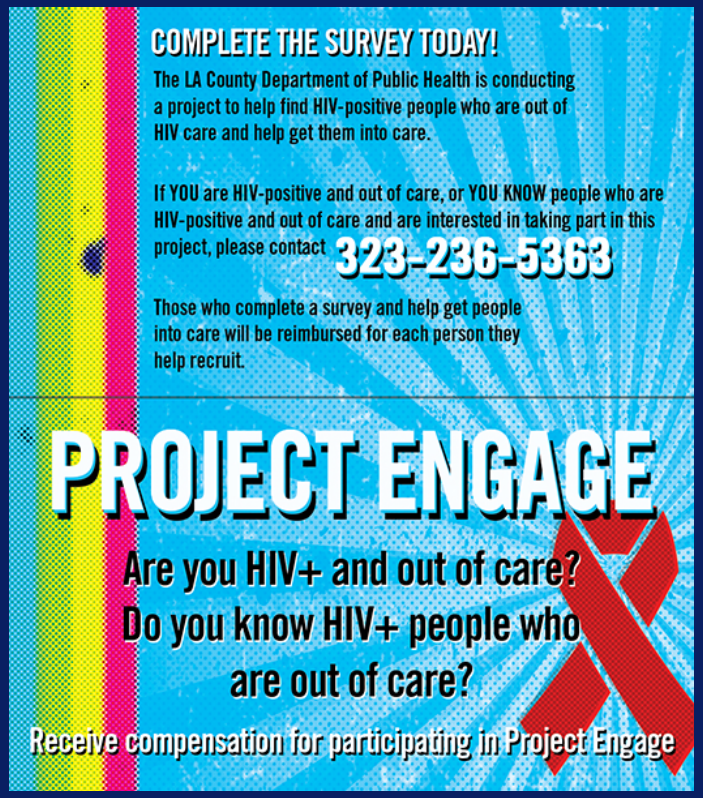
Project Engage

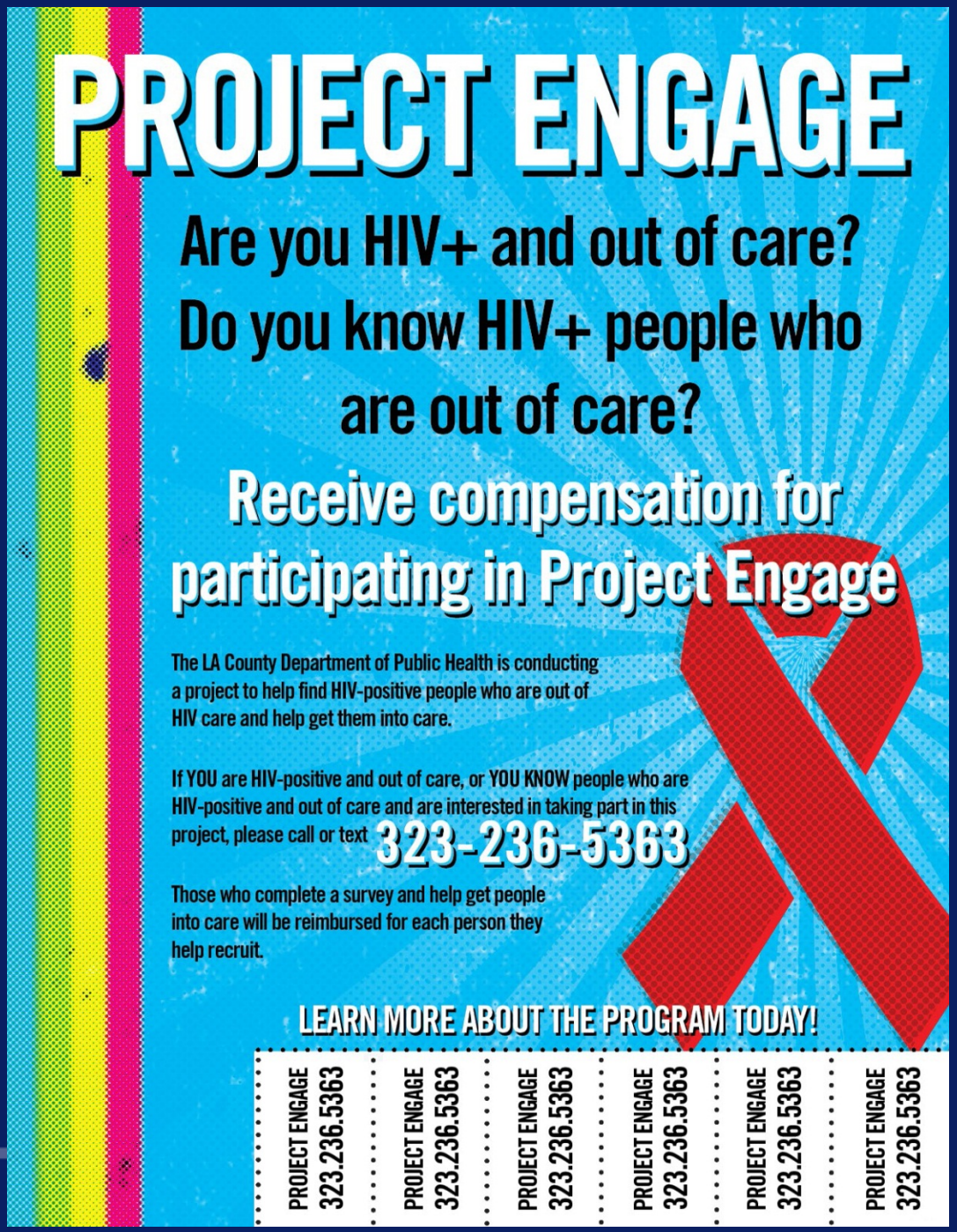
Project Engage

- **Background:**
  - Goal is to identify out-of-care HIV+ persons and link them to HIV care
  - Snowball sampling and direct recruitment; $40 baseline survey; $40 when alter links to care
  - Target population is HIV+ persons not in regular care directly recruited or identified by seed/alter recruiters via social network referrals
  - Seeds identified from:
    1. HE/RR programs at CBOs for at-risk MSM (eg crystal meth support group)
    2. HIV clinic patient populations
    3. Flyer/pocket card recruitment
- **Current status:**
  - Ongoing Enrollment

Flyer

Pocket Card





Preliminary Results

County of Los Angeles Public Health

Study Screening and Recruitment

- **Screened**
  - Seeds: 79
  - Alters: 71*
- **Enrolled**
  - Seeds: 48
  - Out of Care Alters: 17
    - 6 (35%) have enrolled as recruiters
    - 13 (77%) have linked to care
- **Site Specific Enrollment:**
  - APLA: 4 seeds and 12 alters (8 linked to care)
  - OASIS Clinic: 12 seeds and 3 alters (all linked to care)
  - GLC Clinic: 30 seeds and 2 alters (both linked to care)
  - Agency-based flyers: 2 seeds 0 alters

*Majority(52%) of alters are ineligible/not HIV infected per HIV surveillance

Demographics

- **Out-of-Care Alters (n=17)**
  - Race: 47% African American, 18% Latino, 12% White, 23% Other
  - HIV Status: 100% HIV-positive
  - 68% MSM; 35% heterosexual
  - Insurance Status: 24% Insured, 76% Uninsured
  - Reported Sex Work: 35%
  - Incarceration History: 88% lifetime, 76% past 12 months
  - Recent/Current Homelessness: 71%
  - Illicit Substance Use:
    - IDU: 53% lifetime, 29% past 3 months
    - Non-IDU: 71% lifetime, 47% past 3 months
- **Seeds (n=48)**
  - Race: 40% African American, 25% Latino, 25% White, 10% Other
  - HIV Status: 79% HIV-positive
  - 88% MSM; 12% heterosexual
  - Insurance Status: 90% Insured, 10% Uninsured
  - Reported Sex Work: 4%
  - Recent/Current Homelessness:15%
  - Incarceration History: 52% lifetime, 2% past 12 mos

Out-of-Care Alters (n=17)

- **Testing and Care History**
  - Time since infection: Avg=9.7 years(range: 3 mos-25yrs)
  - Time between infection and 1st HIV doctor visit: Avg=15.9 months (range: 1d-4yrs)
  - Number of clinics attended: Avg=1.6 (range: 1-3)
  - ART use: Ever taken=58%, Currently taking=12%

- **Readiness to Engage in Care Scale***
  - 7 "contemplative" about starting care
  - 10 "ready for action" about starting care

- **Sexual Behaviors (last 6 mos)**
  - # of sexual partners (n=15): Avg=8.3 (range: 1-40)
  - 47% UAI

*Scoring based on Transtheoretical model of behavior change

Characteristics of Out-of-Care Alters

- **Clinical Characteristics**
  - Linkage and Care
    - Avg time out of care (n=17): 7.1 mos (range: 0-26)
    - Avg time to link to care (n=13): 11.8 days (range: 0-97)
    - Avg staff time dedicated to link to care (n=17): 347.4 min/5.8 hours (range: 140-780 min)
  - Viral Load
    - Last reported vl before enrollment (n=16): Avg=57,825 copies/ml (range: 48-370,660)

- **Acceptability Survey**
  - Out-of-care alters who linked to care (n=13) stated:
    - Project Engage helped get them into care
    - They were satisfied with the help they received
    - They would recommend PE to friends who were out of care
  - 7/12 (58%) stated that without this project they would not have entered care themselves

Barriers to Care for Out-of-Care Alters

- **Unmet needs (social & medical services)***
  - Number of unmet needs: Avg=8.6 (range: 1-14)
  - Most reported not being able to obtain:
    - Regular HIV care (n=16)
    - Medical Case Management (n=14)
    - Dental care (n=14)
  - Reasons for barriers varied:
    - Not knowing where to obtain services
    - Disrespect from staff/facility
    - Paperwork not completed

* Cunningham et al 2000, Medical Care

Case Study #1

Case 1 is a 44-yr-old homeless African American MSM who tested HIV positive in 2006. He has been out of care for 26 months. He is a crystal meth user and prostitutes for survival and sleeps in parks and alleys. He reported 5 sex partners in the last 6 mos and was the insertive partner for UAI with all 5 partners. He has been incarcerated several times due to his drug use and prostitution. His physical appearance suggested he was feeling the effects of both his medical and social situation (several lesions on his face and arms, frail body and missing teeth).

After enrolling him into Project Engage, he was linked into care in one day(4 hrs PE staff time). He was very excited and happy that someone took such an interest in his situation. After his first treatment appointment, he went back to the park where he hangs out and told his friends about his positive experience. One week later his physical appearance had improved dramatically and he stated that he is on the medication and feeling much better.

Case Study #2

Case 2 is a 29-yr-old homeless African American MSM from a mixed racial background who tested positive anonymously in June, 2013 but had never linked to care. His mother gave him and his two sisters up for adoption when he was a child. He became homeless at the age of 18 after his adopted parents passed away and moved from Ohio to California. He is currently homeless and lives on the streets in Los Angeles.

He is a crystal meth user but does not currently engage in prostitution. He has spent time in jail for stealing, drug possession and prostitution. He reported 5 sex partners in the last 6 months and was the insertive partner for UAI for all 5 and also receptive partner with 1 of the 5 partners. He was very well-spoken and was appreciative that a program was in place like Project Engage to help people with HIV link into care. After enrolling into Project Engage, he was linked into care within two days by Project Engage staff (6 hours PE staff time). He is currently working with the HIV clinic staff to secure housing and other needed social services.

- **Preliminary Lessons Learned:**
  - Agency-based recruitment more effective than clinic-based recruitment
  - A few productive seeds is critical to success
  - Labor intensive for PE staff to get OOC alters to HIV care
  - Capacity needed to help OOC alters obtain photo ID to enroll in medical care/ADAP
  - LTC intervention needed for some
- **Next Steps:**
  - Scale up staff (currently 1 field staff)
  - Explore effectiveness of direct field recruitment techniques at parks/street corners, enhanced recruitment at more CBOs, at-risk youth agency, mobile testing vans, skid row clinic
  - Add LTC intervention (ARTAS) in next phase
  - Recruit effective SNT seeds as PE seeds

Economic Analysis

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Estimation of Project Engage Costs

- Administrative data used to estimate cost of planning and implementing intervention:
  - Staff time
  - Services
  - Supplies and equipment
  - Incentives provided
- Seeds and alters asked about their transportation costs
- Healthcare cost savings due to intervention estimated from reductions in disease transmission

Estimation of Short- and Long-Term Benefits

- Estimation of short-term treatment effects:
  - PE recruited alters vs. matched control sample
  - Estimate differences in viral load
- Estimation of long-term benefits:
  - Mathematical model of HIV transmission among MSM in Los Angeles County over 10 years
  - Estimated short-term treatment effects and literature review used to populate model's parameters

Economic Analysis of Other TLC+ Components

- Similar approach to Project Engage will be used for other components
  - Intervention costs from administrative data
  - Participant costs collected in surveys
  - Short-term impact estimated from available data
  - Cost savings and long-term health benefits simulated using mathematical model

Navigation Program

Navigation Program

- **Background:**
  - Goal is to re-engage lost HIV clinic patients in HIV care using enhanced locator techniques and modified strengths-based cm intervention (ARTAS)
  - Sample will be OOC GLC/OASIS HIV patients identified using surveillance data
  - Eligibility includes HIV+ patients who have not had a primary care visit in the past 6 mos and last vl >200 copies/ml; or no HIV primary care visits in 12 mos; or newly-dx'd and never in care
- **Current status:**
  - IRB approved, recruiting staff. Anticipated start Nov, 2013
  - DHSP is currently conducting a less-evaluated version of NAV w comm'ty partners

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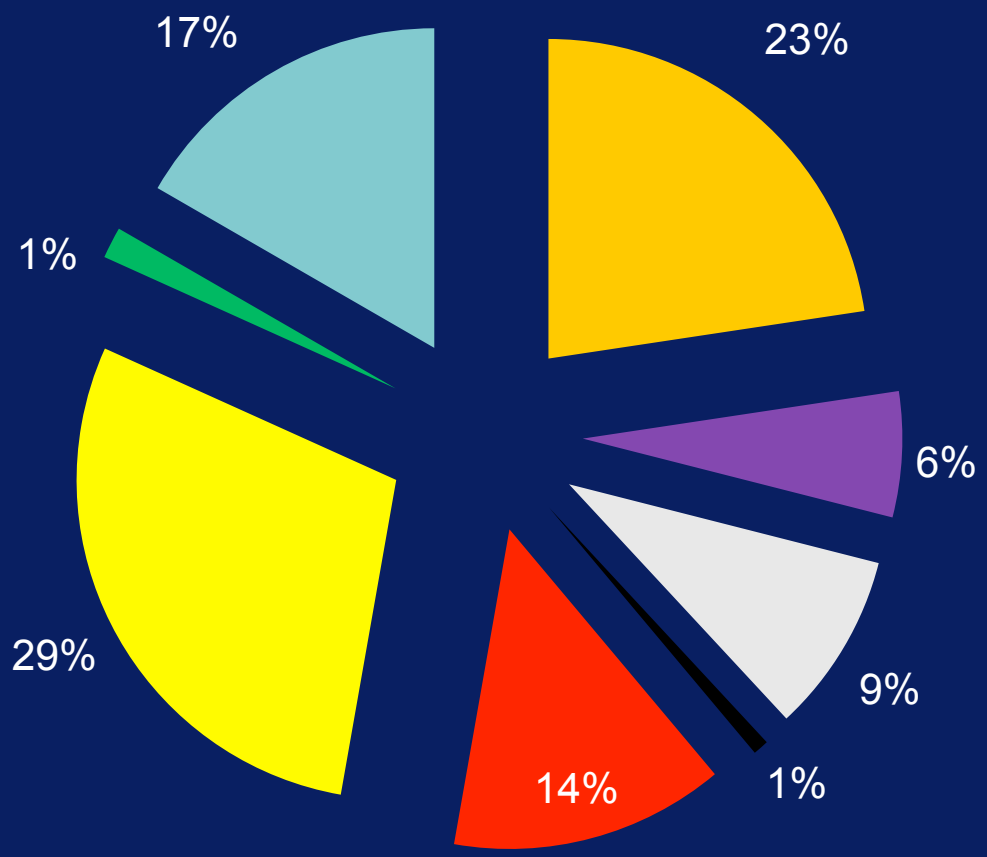
Preliminary Pilot Data

- **Disposition of 252/600 Lost Clinic Patients**



- In Care Elsewhere
- No Longer LAC Resident
- Returned to Clinic Independently
- Patient is Deceased
- Patient is not available/left message
- Number is Wrong/Disconnected
- Patient Declined Enrollment
- Patient Located/Interested in NAV; appt. scheduled

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Data Source: NAV Checklists as of 07/17/2013

Lessons Learned and Next Steps

- **Lessons Learned**
  - Pilot-tested recruitment techniques will strengthen PATH-NAV implementation
  - Surveillance database for identifying OOC patients better than clinic records; home visits not productive; HIV surveillance, clinic and Lexis/Nexis contact info most useful
  - Structural roadblocks
    - LACDPH legal concerns with sharing surveillance information
    - Clinic administrative requirements
- **Next Steps**
  - Take lessons learned and incorporate into PATH-NAV; implementation

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PATH – PrEP

A Pilot Demonstration Project to Operationalize Pre-exposure Prophylaxis as part of Combination HIV Prevention among MSM and Transgender Women in Los Angeles County

Raphael J. Landovitz, MD MSc

Presentation Overview

- Study Overview
- eCRF & Data Management System
- Site Updates
- Composite Adherence Counseling
- Clinical Site Monitoring
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- Plans and Future Directions

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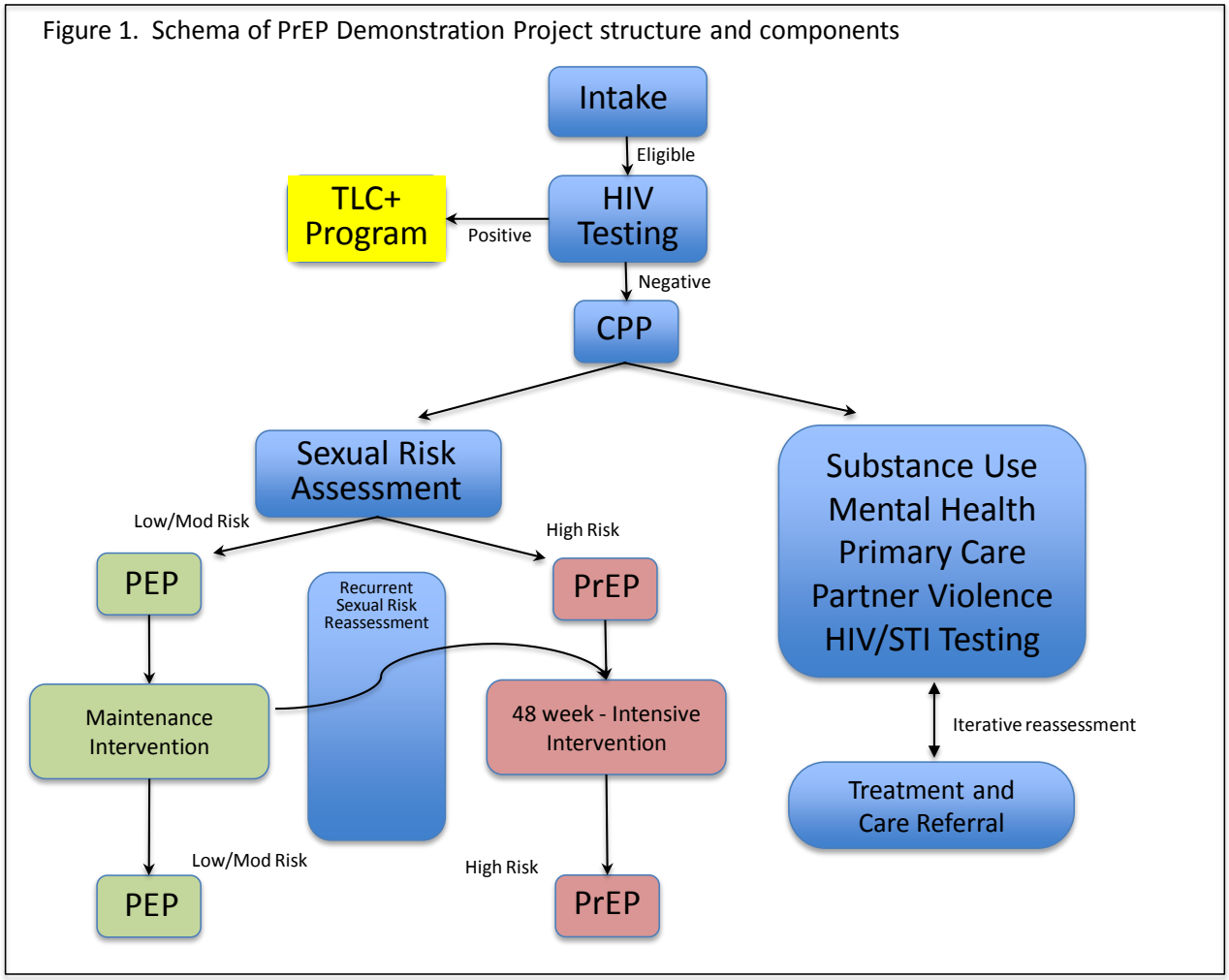
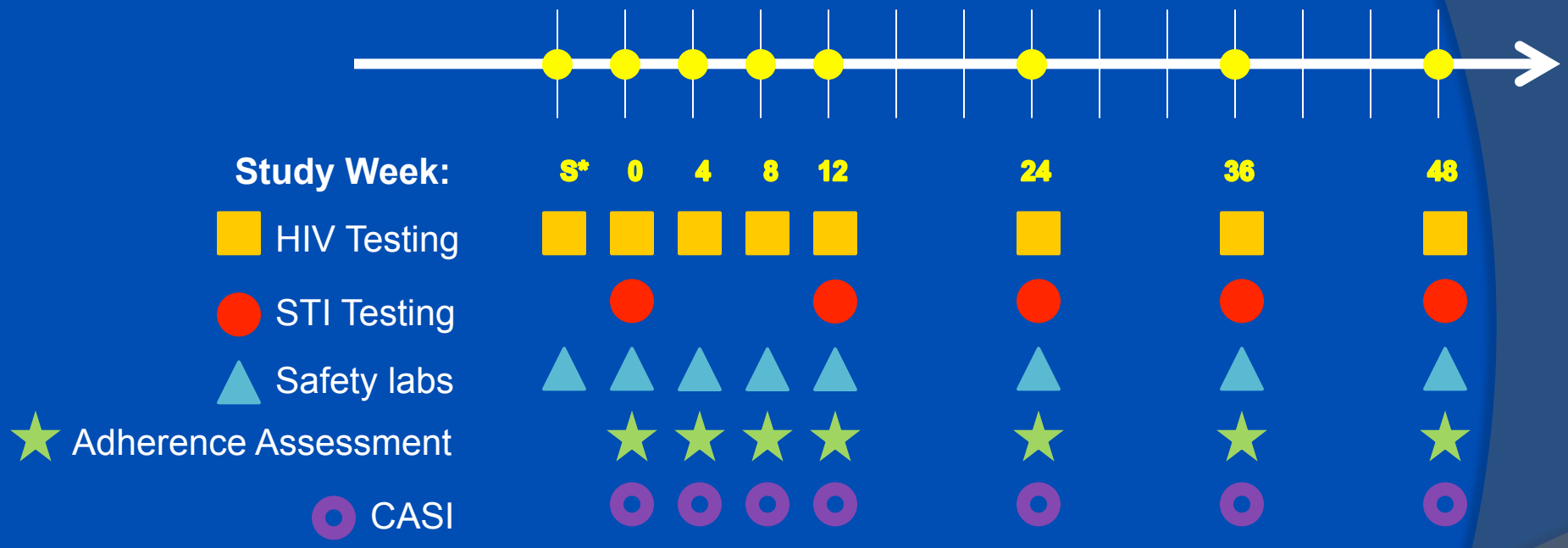
Study Overview

Figure 1. Schema of PrEP Demonstration Project structure and components



Study Schema



*Screening visit occurs 1-2 weeks prior to baseline visit
Note: CASI = Computer Assisted Self Interview

IRB Protocol Update

- Study opened at LAGLC under Protocol V3.0
  - Protocol V4.0 approved by UCLA IRB on September 12, 2013
  - Protocol V2.0 approved by Charles Drew University
  - Protocol V3.0 and V4.0 simultaneously submitted to CDU IRB on September 13, 2013

IRB Protocol Update

Major Changes from V 3.0 to V 4.0

- Currently Collected in V 3.0:
  - Self-reported adherence & Pill Counts
  - Real time plasma TFV and FTC levels
  - Intraerythrocytic TFV-DP levels (batched DBS)
- Missing: Patterns of adherence
- Use of MEMS Caps added to V 4.0
  - To be used on a random sample of 100 participants

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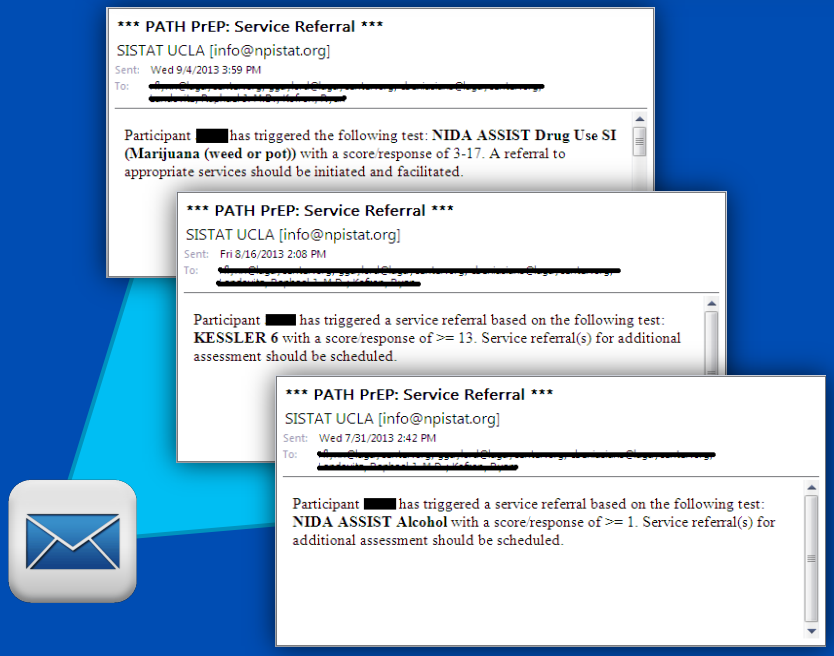
eCRF & Data Management System

- The Semel Institute Biostatistics Core (SIStat) created an advanced eCRF and data management system unique to the PATH-PrEP study
- Computer Assisted Self-Interviewing (CASI) component built-in
  - Emails are generated by the CASI system to notify research team when thresholds for alcohol/drug use, domestic violence and depression are met and referrals are needed
- Additional features and modifications are made on a regular basis



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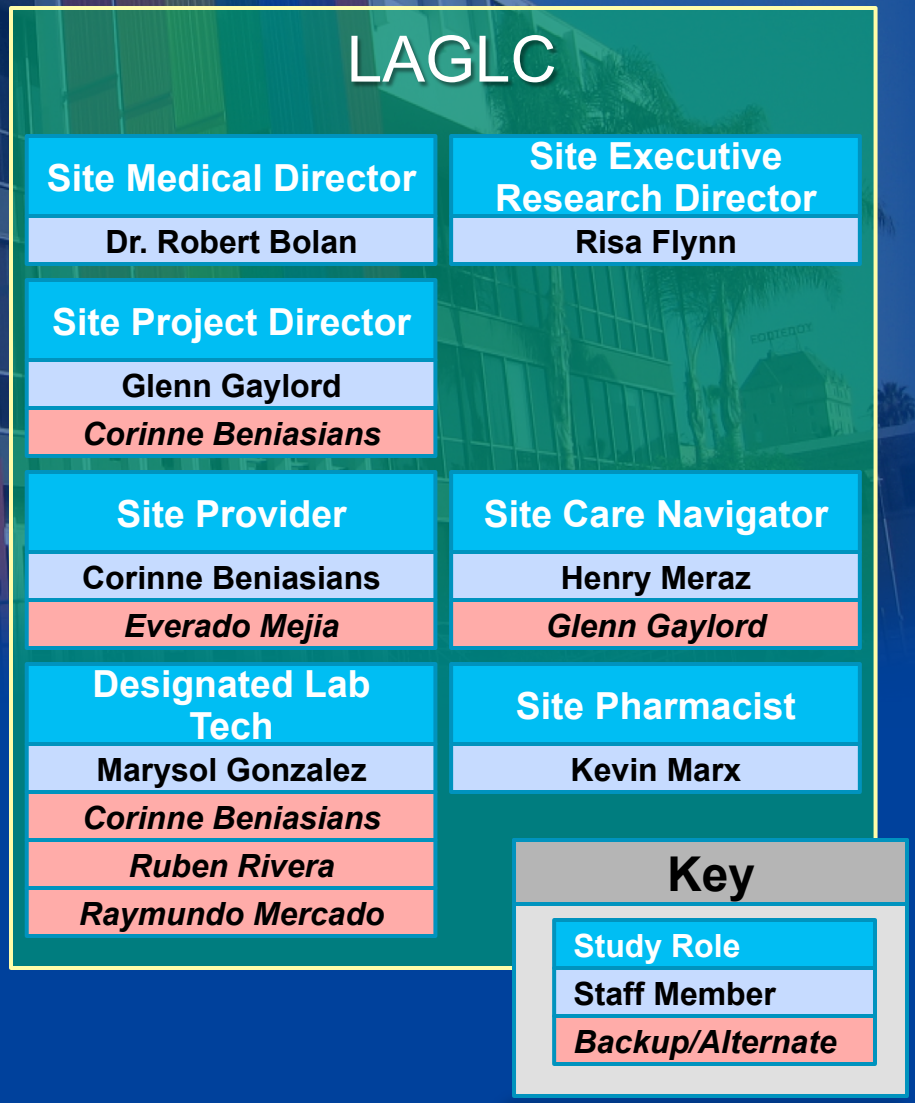
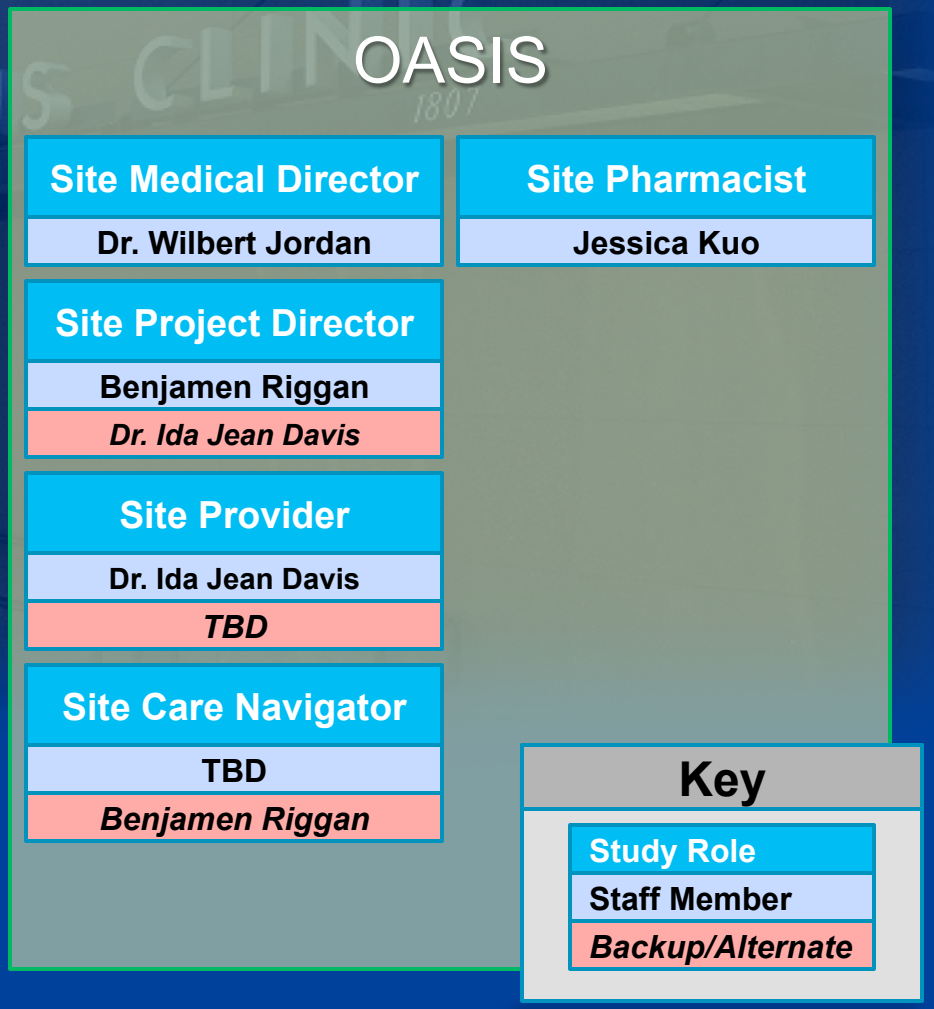
Site Update: LAGLC

- First screening occurred 5/17/2013
- First participant enrolled 5/28/2013
- Approximately 5 participants have enrolled in the study each month
- LAGLC's current monthly goal is to enroll between 10 and 15 participants each month
- Scale up is in progress with a goal of 20-25 per month



Site Update: OASIS Clinic

- Hiring in progress, staff to be in place by the end of September, 2013
- During start-up activities staff will engage with Community Education/ Outreach efforts to prepare South LA Communities for biomedical HIV prevention options
- Administrative and operational hurdles currently being navigated



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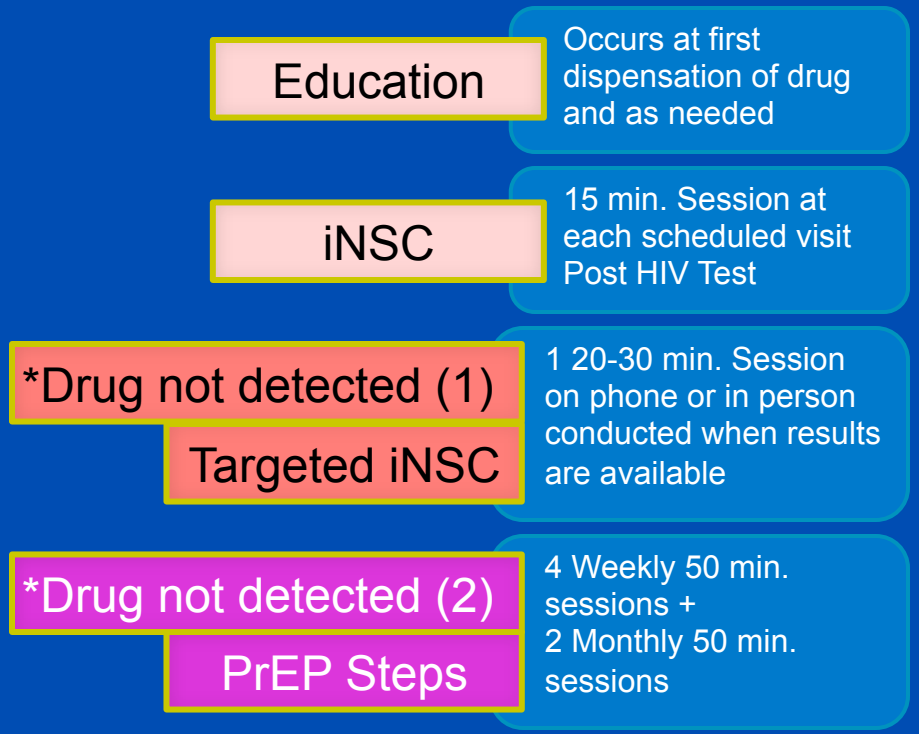
Composite Adherence Counseling

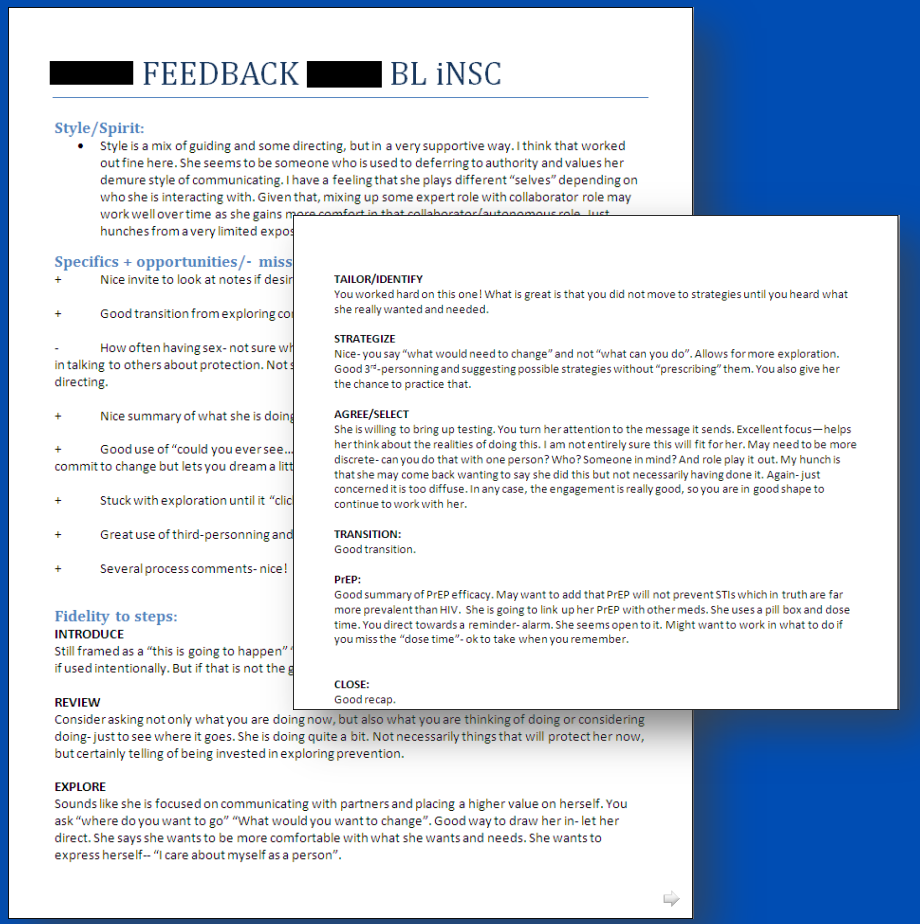
- The goals of the PATH-PrEP Adherence Intervention is to:
  - Help participants be as adherent to PrEP as possible
  - Encourage changes to sexual health that will decrease HIV risk
  - Provide a forum to discuss missed PrEP doses and sexual risk
- The Adherence Intervention is staged into 3 components:
  1. Education& Integrated Next Step Counseling (iNSC)
  2. Targeted iNSC
  3. PrEP Steps



* Determined by real-time (14-day turnaround) plasma TFV and FTC levels of <10ng/mL

Deploying Adherence Strategies with Fidelity

- LAGLC
  - Received 2-day in-person training
  - Received 2 “booster” trainings via Skype
  - In-person “booster” training scheduled for Nov. 20th
  - Ongoing fidelity monitoring of audio recorded sessions
- OASIS
  - First 2-day in-person training scheduled for Nov. 21st and 22nd
  - Booster training to follow
  - Audio recorded sessions to be monitored



[redacted] FEEDBACK [redacted] BL iNSC

Style/Spirit:

- Style is a mix of guiding and some directing, but in a very supportive way. I think that worked out fine here. She seems to be someone who is used to deferring to authority and values her demure style of communicating. I have a feeling that she plays different “selves” depending on who she is interacting with. Given that, mixing up some expert role with collaborator role may work well over time as she gains more comfort in that collaborator/autonomous role. Just hunches from a very limited expos

Specifics + opportunities/- miss

+ Nice invite to look at notes if desir

+ Good transition from exploring co

- How often having sex- not sure wh in talking to others about protection. Not s directing.

+ Nice summary of what she is doing

+ Good use of “could you ever see... commit to change but lets you dream a litt

+ Stuck with exploration until it “clic

+ Great use of third-personning and

+ Several process comments- nice!

Fidelity to steps:

INTRODUCE

Still framed as a “this is going to happen” if used intentionally. But if that is not the g

REVIEW

Consider asking not only what you are doing now, but also what you are thinking of doing or considering doing- just to see where it goes. She is doing quite a bit. Not necessarily things that will protect her now, but certainly telling of being invested in exploring prevention.

EXPLORE

Sounds like she is focused on communicating with partners and placing a higher value on herself. You ask “where do you want to go” “What would you want to change”. Good way to draw her in- let her direct. She says she wants to be more comfortable with what she wants and needs. She wants to express herself-- “I care about myself as a person”.

TAILOR/IDENTIFY

You worked hard on this one! What is great is that you did not move to strategies until you heard what she really wanted and needed.

STRATEGIZE

Nice- you say “what would need to change” and not “what can you do”. Allows for more exploration. Good 3rd-personning and suggesting possible strategies without “prescribing” them. You also give her the chance to practice that.

AGREE/SELECT

She is willing to bring up testing. You turn her attention to the message it sends. Excellent focus—helps her think about the realities of doing this. I am not entirely sure this will fit for her. May need to be more discrete- can you do that with one person? Who? Someone in mind? And role play it out. My hunch is that she may come back wanting to say she did this but not necessarily having done it. Again- just concerned it is too diffuse. In any case, the engagement is really good, so you are in good shape to continue to work with her.

TRANSITION:

Good transition.

PrEP:

Good summary of PrEP efficacy. May want to add that PrEP will not prevent STIs which in truth are far more prevalent than HIV. She is going to link up her PrEP with other meds. She uses a pill box and dose time. You direct towards a reminder- alarm. She seems open to it. Might want to work in what to do if you miss the “dose time”- ok to take when you remember.

CLOSE:

Good recap.

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Clinical Site Monitoring

- Study Monitor: Laurie Shaker-Irwin, Ph.D, UCLA CTSI
- Initial LAGLC site monitoring visit: 8/29/2013
  - Review of first 10 participants' charts/data
  - No major deficiencies/aberrancies found
  - Process-improvements implemented
  - Next scheduled monitoring visit: October, 2013
- Dr. Shaker-Irwin will also monitor the OASIS site after site initiation

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Community Engagement

- PrEP Working Group
  - Community group composed of engagement/ education staff from all 5 LA County PrEP projects - with other interested parties
  - Planning an aggressive PrEP community education effort
  - Coordinating outreach efforts to avoid duplication
  - Community Education pamphlets and PowerPoint presentation currently in development for planned pan-LAC educational blitz for Winter 2013/Spring 2014

Clinical Trials of Pre-Exposure Prophylaxis (PrEP) in Los Angeles

A Children's Hospital LA **(Project PrEPare)**
5000 Sunset Blvd. 4th Floor #407
Los Angeles, CA 90027
Contact: Robert Renteria
Phone: 323-361-7520
Email: rrenteria@chla.usc.edu
Target:
a) MSM/TG, 15-17 yrs **OPEN**
b) MSM/TG, 18-22 yrs [redacted]

B LA Gay & Lesbian Center **(PATH-PrEP)**
1625 N Schrader Blvd
Los Angeles, CA 90028
Contact: Glenn Gaylord
Phone: 323-993-7423
Email: path@laglc.org
Target: MSM/TG, 18+ yrs
Enrollment Status: **OPEN**

C OASIS Clinic **(PATH-PrEP)**
1807 E 120th St
Los Angeles, CA 90059
Contact: TBD
Target: MSM/TG, 18+ yrs
Enrollment Status: **NOV 2013**

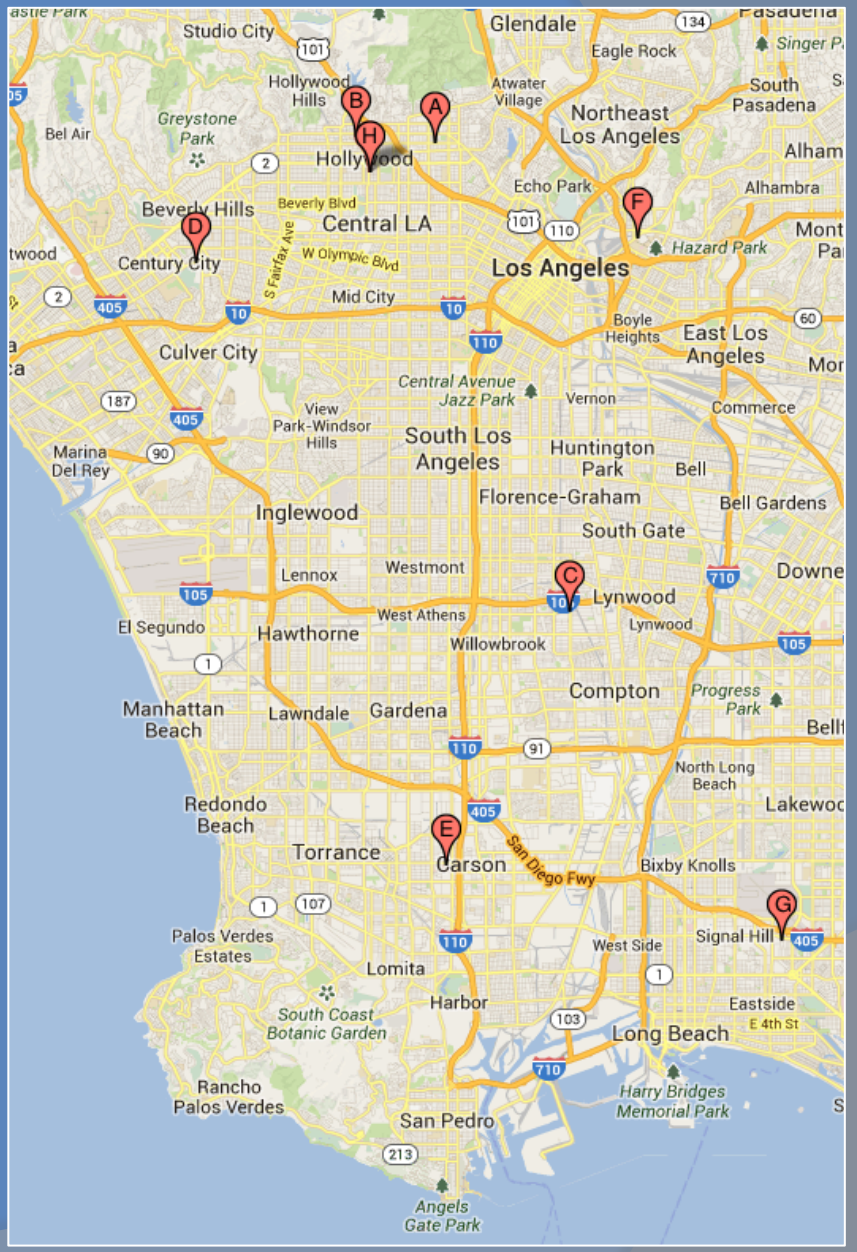
D UCLA CARE Center **(NEXT-PrEP)**
1399 S Roxbury Drive, Suite 100
Los Angeles, CA 90035
Contact: Kieta Mutepfa or Alex Ponce
Phone: 310-557-9062
Email: careoutreach@mednet.ucla.edu
Target:
a) MSM/TG, 18+ yrs
b) women, 18+ yrs
SEPT/OCT 2013

E Harbor-UCLA Medical Center **(CCTG 595)**
1000 W Carson St
Torrance, CA 90502
Contact: Angela Grbic
Phone: 310-222-3848
Email: agrbic@labiomed.org
Target: MSM/TG, 18+ yrs
Enrollment Status: **OPEN**

F USC Rand Schrader Clinic **(CCTG 595)**
1300 N Mission Rd
Los Angeles, CA 90033
Contact: Connie Funk, RN
Phone: 323-343-8282
Email: funk@usc.edu
Target: MSM/TG, 18+ yrs
Enrollment Status: **OPEN**

G Long Beach Health Services **(CCTG 595)**
2525 Grand Ave
Long Beach, CA 90815
Contact: Michael Crump
Phone: 562-570-4125
Email: michael.crump@longbeach.gov
Target: MSM/TG, 18+ yrs
Enrollment Status: **OPEN**

H UCLA Vine Street Clinic **(HPTN 073)**
910 N Vine Street
Los Angeles, CA 90038
Contact: Gregory Victorianne or Rotrease Regan
Phone: 866-449-UCLA (8252)
Email: uclavsc@mednet.ucla.edu
Target: Black MSM, 18+ yrs
Enrollment Status: **OPEN**



Anticipated date of open enrollment
Currently enrolling
Enrollment completed

Note: Eligibility for participation varies by study.

Last updated on 08/13/13

CAB Meetings

- The CAB has met 3 times and continues to meet on a quarterly basis.
- Topics from past meetings include:
  - Feelings about community engagement around PrEP with heterosexual women
  - Reviewing VOICE data from CROI and its implications for biomedical prevention in Los Angeles
  - Reviewing the recent the Bangkok Tenofovir study of PrEP for HIV prevention with injection drug users
  - TLC+ components of the study

- Next Meeting: September 25, 2013
  - Designing community education and engagement events around PrEP
  - Collaborations with the PrEP in Los Angeles work group

Scientific Advisory Board

- The SAB has met twice and continues to meet every 6 months
- SAB members:
  - Dr. Mitchell Katz, LAC DPH
  - Dr. Judith Currier, UCLA CARE Center, ACTG Vice-chair
  - Dr. Tom Coates, UCLA Program in Global Health, HPTN executive committee
  - Dr. Jennifer Sayles, Care LA
  - Dr. Jonathan Fielding, LAC DPH
- Continues to offer a high level of guidance and a number of helpful suggestions
- Continues to be excited by progress of the studies
- Next call: Tuesday, Feb 4, 2014

Presentation Overview

- Study Overview
- eCRF & Data Management System
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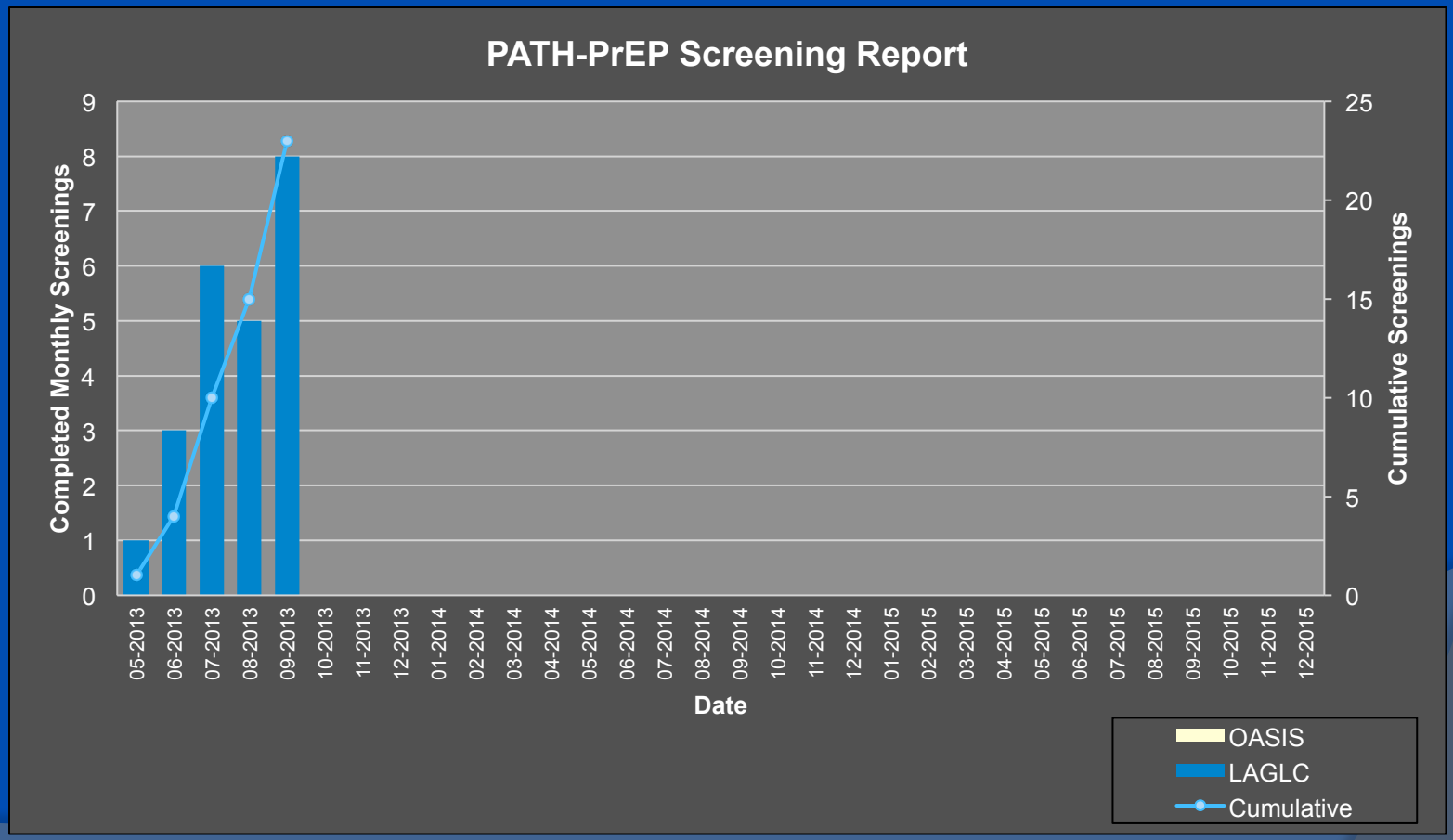
- Screening & Enrollment
- Plans and Future Directions

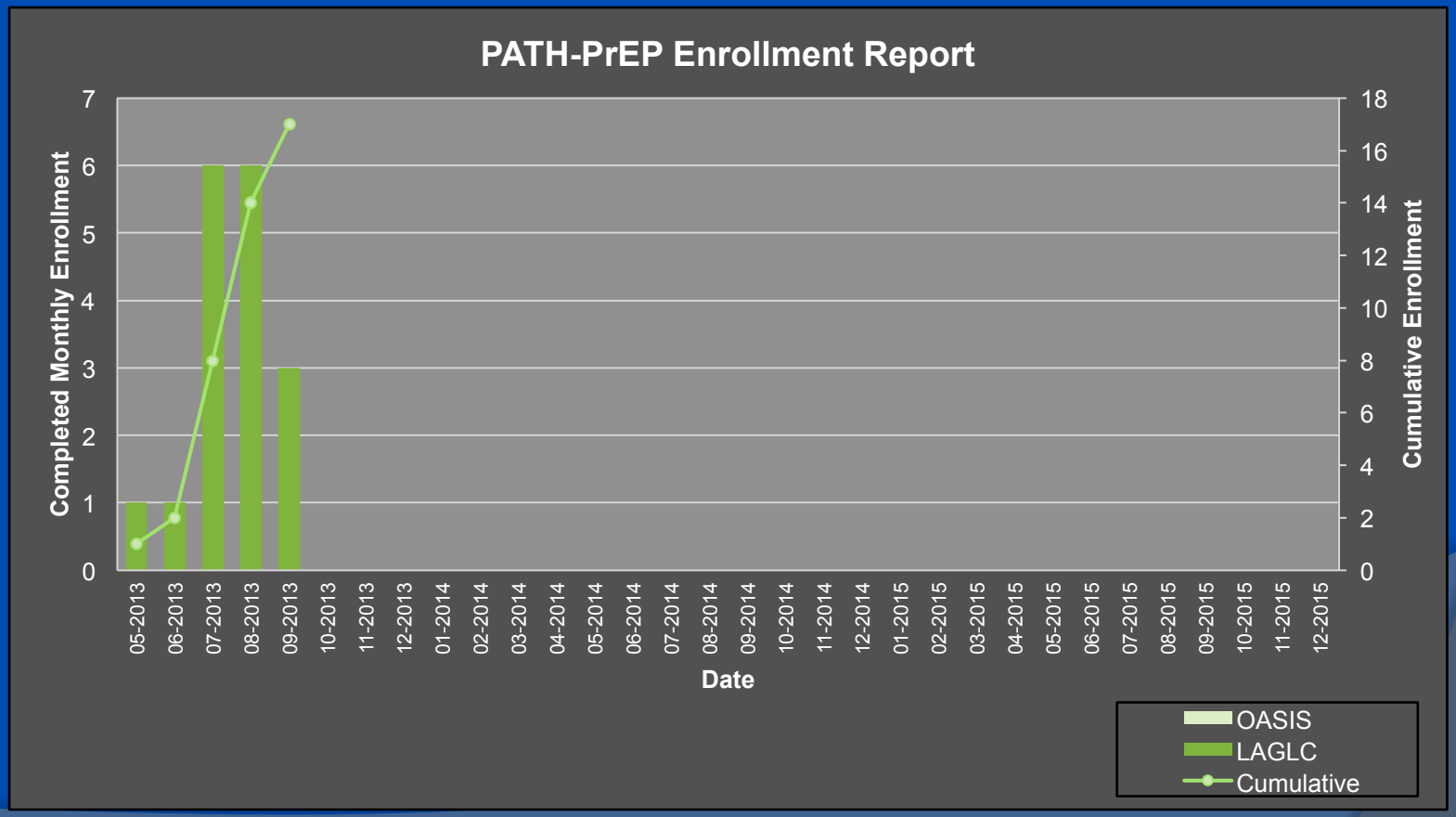
Screening and Enrollment

- LAGLC has been actively screening and enrolling participants in the study since May 17, 2013



Screening and Enrollment

- Screening and enrollment started off slow, but is now on track with a goal of screening approximately 5 potential participants each week.



Screening and Enrollment

Basic Demographics & Cohort Assignments

Table 1: PATH-PrEP: Demographic Characteristics of Enrolled Participants - Cumulative

	TOTAL			LAGLC			OASIS		
	N	**Median**	**Range**	**N**	**Median**	**Range**	**N**	**Median**	**Range**
Age	17	33	25 - 50	17	33	25 - 50	0	0	0 - 0
	N	**%**		**N**	**%**		**N**	**%**	
Race/Ethnicity									
Non-Hispanic White	8	47.1%		8	47.1%		0	0.0%	
Non-Hispanic Black	3	17.6%		3	17.6%		0	0.0%	
Hispanic/Latino	3	17.6%		3	17.6%		0	0.0%	
Asian, Other, Mixed Race	3	17.6%		3	17.6%		0	0.0%	
Cohort									
LM	0	0.0%		0	0.0%		0	0.0%	
H	17	100.0%		17	100.0%		0	0.0%	
LM to H	0	0.0%		0	0.0%		0	0.0%	
Seroconverted	0	0.0%		0	0.0%		0	0.0%	
Withdrawn	0	0.0%		0	0.0%		0	0.0%	

As of:Friday, September 13, 2013

Screening and Enrollment

Missed Sessions

Table 2: PATH-PrEP: Missed Sessions by Time Point - Cumulative
Number of Enrolled Participants = 17
Number of Participants with a Missing Visit = 1

	TOTAL			LAGLC			OASIS		
	Attended	Missed	%	Attended	Missed	%	Attended	Missed	%
Timepoint									
4-Week	11	1	8.3%	11	1	8.3%	0	0	0.0%
8-Week	5	1	16.7%	5	1	16.7%	0	0	0.0%
12-Week	1	1	50.0%	1	1	50.0%	0	0	0.0%
24-Week	0	0	0.0%	0	0	0.0%	0	0	0.0%
36-Week	0	0	0.0%	0	0	0.0%	0	0	0.0%
48-Week	0	0	0.0%	0	0	0.0%	0	0	0.0%

As of:Friday, September 13, 2013

Table 3: PATH-PrEP: Reasons for Missed Visit
Number of Enrolled Participants = 17
Number of Participants with a Missing Visit = 1

	TOTAL		LAGLC		OASIS	
	N	%	N	%	N	%
Reason						
Unable to Contact	0	0.0%	0	0.0%	0	0.0%
Unable to Schedule	0	0.0%	0	0.0%	0	0.0%
Visit Refusal	0	0.0%	0	0.0%	0	0.0%
Incarcerated	0	0.0%	0	0.0%	0	0.0%
Admitted to Hospital	0	0.0%	0	0.0%	0	0.0%
Withdrawn	0	0.0%	0	0.0%	0	0.0%
Deceased	0	0.0%	0	0.0%	0	0.0%
Moved out of area	3	100.0%	3	100.0%	0	0.0%
Other	0	0.0%	0	0.0%	0	0.0%

As of:Friday, September 13, 2013

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Plans and Future Directions

- Initiate OASIS Clinic and enroll first participant by the end of November 2013
- Ramp up enrollment to 20-25 per month by December 2013
  - Enrollment complete by April 2015
- Focus on retention and adherence intervention
- Educational and outreach activities to make diverse populations aware of biomedical HIV prevention opportunities in LAC
- Begin discussions with LAC DHSP re: ongoing service delivery options once pilot is complete

Thank You!

Comments/Questions

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County of Los Angeles Public Health