



# A Case Series Report of a PrEP Protocol in an Infectious Disease Clinic-Research Brief

Cynthia Denice Dalton, DNP FNP MSN RN Judith Bacchus Cornelius PhD MS RN, A. Bernard Davis MBA HCM

<sup>1</sup>University of North Carolina at Charlotte 9201 University City Blvd, Charlotte, North Carolina, USA

<sup>2</sup>RAO Community Health, Charlotte, USA

\*Corresponding author: Judith B Cornelius University of North Carolina at Charlotte 9201 University City Blvd, Charlotte, North Carolina, USA

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## Introduction

Making Pre-exposure prophylaxis (PrEP) accessible to those at high-risk has challenges. The debate as to who is best qualified to prescribe PrEP is highly controversial. In order to reach men who, have sex with men (MSM), one program in San Francisco developed a nurse-led model of care for clients eligible for PrEP in community health centers [1]. Using a similar model, we proposed the development of a PrEP clinic in a highly populated infectious disease clinic in North Carolina. A PrEP protocol was developed and implemented by a doctoral prepared nurse practitioner. The purpose of this manuscript is to report findings from the initiation of this protocol on PrEP knowledge and medication adherence in 2 months when compared to baseline.

## Methods

Using a case series design, we conducted a pilot study to evaluate the effectiveness of the PrEP protocol. The first visit involved a review of labs, IRB consent, administration of the PrEP Knowledge and Behavior and Attitudes surveys and the PrEP educational protocol. The second visit (one month later) and third visit (two months later) involved labs, educational reinforcement, and the posttest surveys (third visit).

## Sample

The final sample size consisted of eight MSM, in which seven completed the PrEP educational protocol. The sample was primarily African American MSM (n = 7), 29.7 years of age (SD 3.4), employed (n = 7), and attended college (n = 6).

## PrEP Knowledge

On the first visit only 63% (n = 5) of the participants demonstrated PrEP knowledge accuracy by scoring 100% on the

9- item pre-test. Of the remaining four participants who completed the posttest 2 months later, all four demonstrated 100% accuracy.

## Medication Adherence

All participants were given a medication pill log (n = 8) and asked to bring the pill log to the second and third visits. Only five participants returned for the second follow up visit and only two (40%) brought the pill logs. Only three of the five participants (60%) self-reported taking PrEP without any missed doses. With the 2-month follow-up only one participant brought their pill log for review, which indicated 5 missing doses. Of the remaining participants (n= 4) all had picked up their refills.

## Discussion and Summary

The primary outcomes of the study were met. The first outcome was to increase participant's knowledge of PrEP, this outcome was met with the remaining study participants. The second outcome, medication adherence was improved. The potential impact of PrEP on sexual risk behaviors was reinforced by counseling the participants on the efficacy of PrEP for HIV prevention, the critical role of adherence to daily PrEP use and consistent condom use along with other protective barriers (dental dams) for high-risk sexual behaviors. The results of this pilot study mirrors challenges in the literature faced by health care providers such as high dropout rates and providing more than one prescription refill at the first visit [2,3]. This empowered the participants to not return to the second follow-up visit since they had another refill. With COVID-19, the Centers for Disease Control and Prevention is now recommending a 90-day supply of PrEP to minimize trips to the pharmacy and to facilitate PrEP adherence [4]. The development of a PrEP protocol and educational intervention is warranted, as it enables informed choices among potential users and prevents viral

transmission of HIV. A nurse led clinic model of care for PrEP can be used to underscore the importance of ending the HIV epidemic.

## References

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