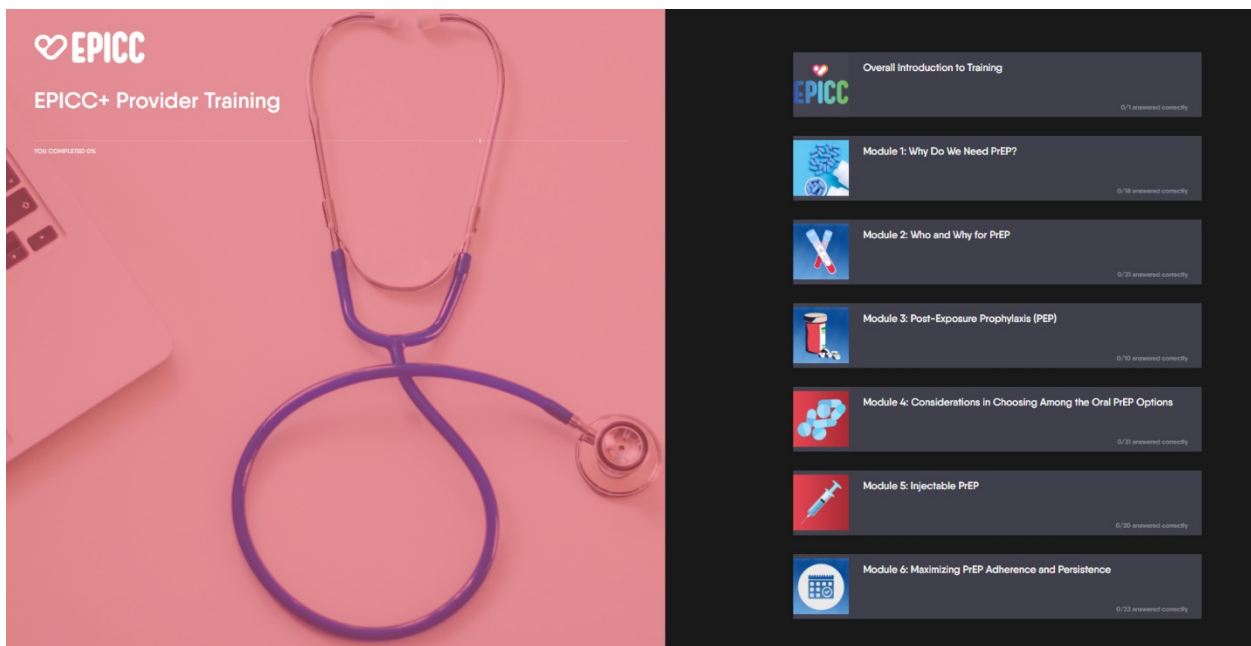


**PrEP Learning Module Link:** <https://live.easygenerator.com/review/course/56aba2a1-464b-4e10-b4dd-da1b1522cf93/>

### **PrEP Learning Module Overview**

Prior to attending the live, virtual provider training, providers will complete online provider training modules. The online modules will be completed through an e-learning software called Easygenerator. The Easygenerator platform allows for multiple study team members to collaborate and design the PrEP learning modules not only using traditional written content but also using Easygenerator's interactive features. Study team members will also track providers' progress through the modules through Easygenerator's dashboard. We highlight uses of each interactive feature below within brief summaries of each learning module.

Providers will log into Easygenerator using an email address and password. Once logged in, they will see the screen below. This screen will display the different learning modules included within Easygenerator. Providers will access the modules by clicking on the specific module and can view their progress in completing the questions within the module.



### Module 1: Why do we need PrEP?

This module describes the HIV epidemic in the United States highlighting the Ending the HIV Epidemic (EHE) plan, reviews Pre-exposure Prophylaxis (PrEP) uptake in the United States, and PrEP's effectiveness. One of the interactive elements in this module is called **Ranking Text**. We ask providers to rank regions of the United States based on where they think HIV is most prevalent. If the provider ranks the text correctly or incorrectly, they will see an explanation. In the screenshot below, the text was ranked incorrectly.

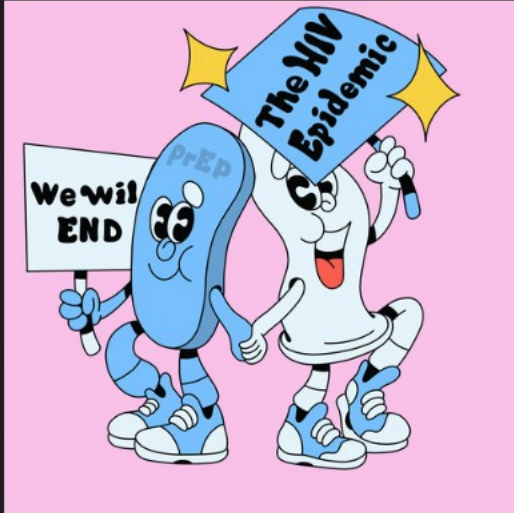
## Ranking Regions

Where do you think HIV is most prevalent? Rank the regions from highest to lowest burden.

- 1 = The Northeast
- 2 = The South
- 3 = The West
- 4 = The Midwest

**✘ That's incorrect!**

Not quite! The highest burden of HIV is in the South, followed by the West, the Northeast, and the Midwest. In the next section you'll learn more about how HIV impacts the United States and the plan for Ending the HIV Epidemic.



The image shows a cartoon illustration of two characters. On the left is a blue, pill-shaped character with a face, arms, and legs, wearing blue sneakers. It holds a white sign that says "We will END". On the right is a white, pill-shaped character with a face, arms, and legs, wearing blue sneakers. It holds a blue sign that says "The HIV Epidemic". Both characters are smiling and appear to be in a friendly interaction.

Another interactive element used throughout the modules is the hot spot feature on images. Providers can hover over a hot spot to view additional relevant information to that area within the image. In module 1, we used this feature to show the number of HIV diagnoses within each EHE priority county.

## Priority Counties and States in EHE

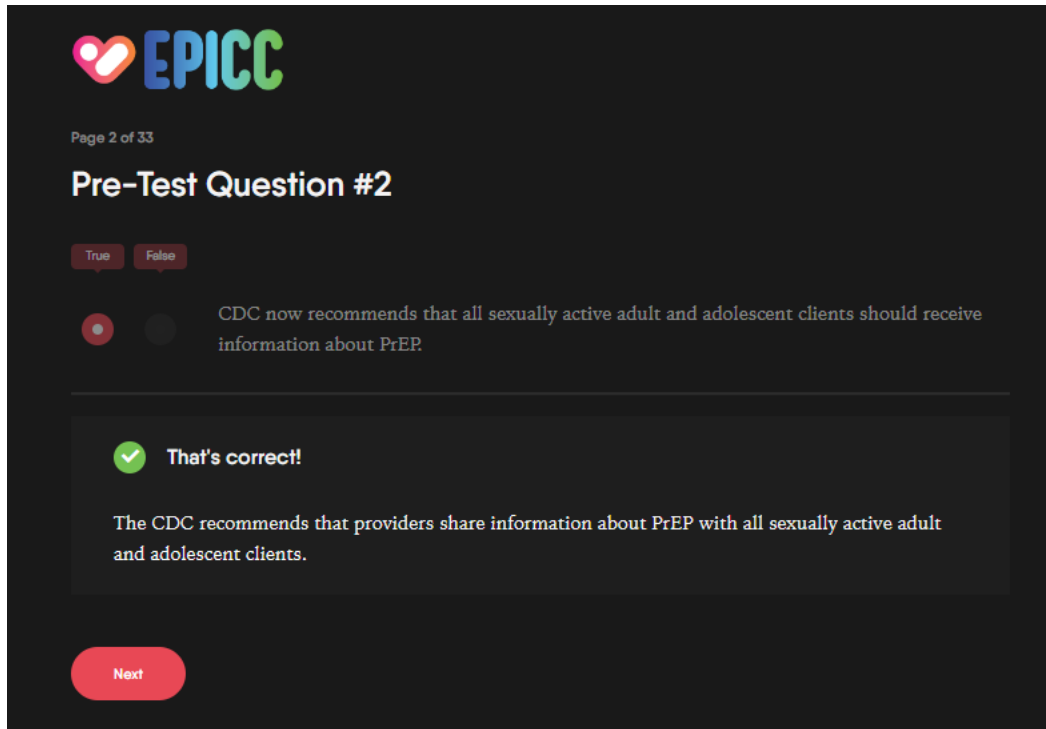
48 US counties, Washington, DC, and San Juan, Puerto Rico cumulatively made up 50% of new HIV diagnoses. In addition, 7 states have a substantial rural burden. The EHE plan targets those areas, which occur disproportionately in the South.

Hover over the EHE areas below for the number of HIV diagnoses per 100,000 people among persons aged 13 years or older in 2020. For example, in Harris County in Texas, 24.0 were diagnosed per 100,000 people in 2020.



## Module 2: Who and Why for PrEP

This module provides an overview of the 2021 CDC PrEP Guideline changes, PrEP screening process, CDC HIV testing recommendations, and PrEP navigation needs. Each module contains pre-test questions to help providers understand where they may have PrEP knowledge gaps. We also include a brief explanation on why the answer selection was correct or incorrect. The screenshot below is an example of a pre-test question with an explanation of a correct answer.



The screenshot shows a dark-themed interface for an EPICC+ training module. At the top left is the EPICC logo, which consists of a heart icon with a white pill inside, followed by the text 'EPICC' in a colorful, sans-serif font. Below the logo, it says 'Page 2 of 33'. The main heading is 'Pre-Test Question #2'. There are two buttons: 'True' (highlighted in red) and 'False'. Below these is a question: 'CDC now recommends that all sexually active adult and adolescent clients should receive information about PrEP.' To the left of the question is a radio button that is selected (filled with red). Below the question is a feedback box with a green checkmark icon and the text 'That's correct!'. Below the feedback box is the correct answer: 'The CDC recommends that providers share information about PrEP with all sexually active adult and adolescent clients.' At the bottom left is a red button labeled 'Next'.

We also incorporate brief videos and hyperlinks to resources throughout the training on relevant topics. In module 2 we included a CDC created video on how to conduct a sexual health assessment and a hyperlink to the CDC's *A Guide to Taking a Sexual Health Assessment*.

## Creating healthy dialogue between young adults and providers around sexual health

This video discusses the importance of a healthy dialogue between youth and providers concerning their sexual health.



### CDC's guide to taking a sexual history

For additional information on assessing sexual health see the CDC's [A Guide to Taking a Sexual History](#).

### **Module 3: Post-Exposure Prophylaxis**

In this module, we provide an overview of Post-Exposure Prophylaxis (PEP) in contrast to PrEP and how to screen and prescribe PEP. In several sections, we include post-test questions to help providers understand what they learned in that module. Below we highlight an example of a check all that apply question.

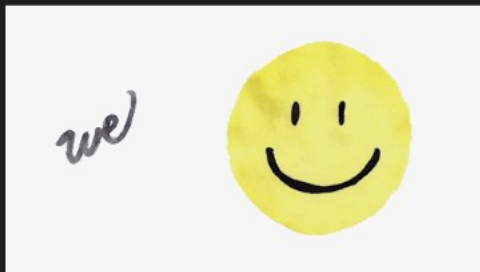
## Post-Test Question #1

Which of the following tests are necessary in order to prescribe PEP?

- STI screening
- Serum liver enzyme testing
- HBV testing
- HIV rapid test
- HCV antibody testing
- Blood urea nitrogen/creatinine test
- Pregnancy test (if the client is a person capable of bearing children and of reproductive age)

**That's correct!**

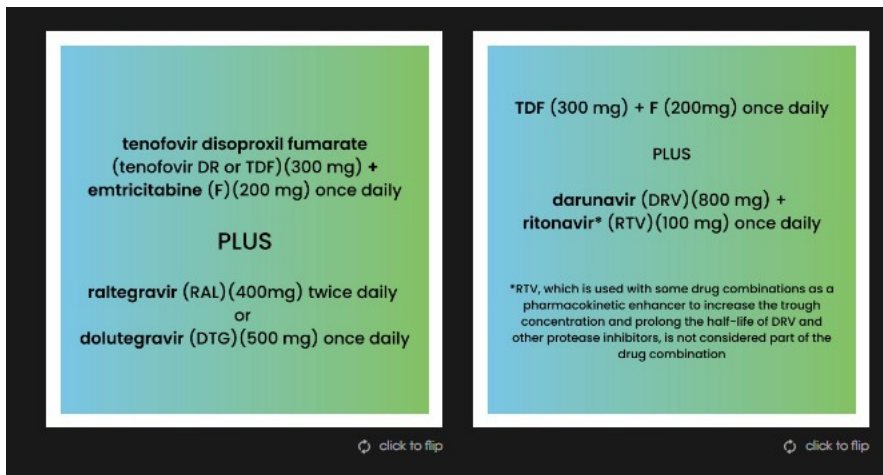
All of the tests listed above should be administered before prescribing PEP.



We also use flip cards throughout the modules as a way for providers to actively engage with the content rather than reading text on a screen. Providers are encouraged to click on the card to flip it for more information on that topic. The screenshots below show the front and back of a set of flip cards on PEP regimens.



Above screenshot is the front of the cards and below screenshot is the back of the cards.



#### **Module 4: Considerations in Choosing Among the Oral PrEP Options**

This module provides an overview of the different oral PrEP regimens available and considerations for providers when prescribing these different regimens. An interactive element used in this module allows providers to click on a month to generate a to-do list for providers when seeing a client for that month.

## A Year of Oral PrEP

Click through the steps below for a big-picture overview of the to-do list at each client encounter over the course of a year.

Month 0

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Month 3

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Month 6

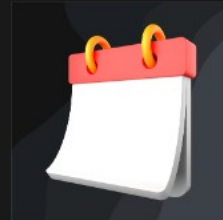
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Month 9

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Month 12

---



- Screen for HIV
- Confirm HBV and HCV status
- Check serum creatinine
- Screen for STIs
- Counseling
- Prescribe

We also utilize the checklist interactive tool, particularly when discussing patient assessments to ensure eligibility criteria are met prior to prescribing PrEP. Providers can use these checklists as tools to ensure proper PrEP guidelines are being followed.

## Ensure Clinical Eligibility

Eligibility processes were outlined in more detail in Module 2. Ensure all conditions are met before prescribing oral PrEP:

2/4 completed

- Documented negative HIV Ag/Ab test result within 1 week before prescribing oral PrEP
- No signs/symptoms of acute HIV infection
- Estimated creatinine clearance  $\geq 30$  mL/min
- No contraindicated medications

### **Module 5: Injectable PrEP**

This module provides an overview of the process for initial injectable PrEP prescription and follow-ups. In most modules we use the Show More feature. If participants want to review more in-depth information on a topic, they can click on the plus sign to expand content on a particular topic as is demonstrated in the screenshot below for Dapivirine.

### Long-Acting HIV Prevention in Development (Updated May 2022)

Lenacapavir +

Cabotegravir +

Dapivirine -

Drug Class	Route	Dosing Frequency	Status
Non-Nucleoside Analogue Reverse Transcriptase Inhibitor (NNRTI) binds to and blocks HIV reverse transcriptase (an HIV enzyme).	Intravaginal ring	Every month	Phase 3 completed. Approved by EMA; WHO recommends for low/middle income countries; FDA application for approval withdrawn
NNRTI	Intravaginal ring	Every 3 months	Acceptability, PK in humans

#### **Module 6: Maximizing PrEP Adherence and Persistence**

This module discusses strategies for increasing PrEP adherence and persistence. In most of the modules we include 1-2 case studies to help providers apply their new PrEP knowledge to real world cases they may encounter in clinic. In this module, we introduce providers to Kyle and ask a question based on the information provided in the case. In the screenshot below, we show an explanation for the correct answer.

## Check for Understanding Kyle #2

**24-year-old cisgender man recently released from prison; sexually active with multiple male partners with inconsistent condom use; on TDF/FTC (Truvada) but struggles with adherence and ran out three weeks ago.**

After confirming Kyle's HIV status is negative, you discuss the importance of adherence and check to see if Kyle is interested in hearing about on-demand or injectable PrEP.

- Kyle wants to remain on daily oral PrEP because on demand PrEP is too complicated, and he worries he will have trouble coming to clinic every 2 months for the injection instead of every 3 months for oral PrEP follow-up.



### How would you support Kyle's adherence to daily oral PrEP?

- Discuss alternative options including PrEP telehealth appointments offered for follow-up visits.
- All of the above
- Offer wrap-around services including but not limited to transportation assistance and prescription delivery.
- Ask Kyle about any strategies he uses to remember to take PrEP and offer some additional options.

#### That's correct!

- Kyle does not live close to any PrEP clinic so telehealth might be a good option for Kyle.
- Kyle is still struggling with adherence. It's important to be non-judgmental but offer some additional strategies that might help Kyle to remember to take PrEP.
- It's important to think about any wrap-around services that Kyle may benefit from and discuss how to access those services with Kyle. You may also want to ask Kyle if he'd be interested in meeting with a case manager if your clinic has one.