



Summary: The New York City Health Department urges medical providers to expand the offer of PrEP (pre-exposure prophylaxis) to HIV-negative women. We ask you to:

1. Offer PrEP to women diagnosed with gonorrhea or early syphilis – biomarkers of HIV risk.
2. Screen women for other HIV risks and offer PrEP accordingly – including women who have sex for money, a history of intimate partner violence, multiple partners, or an HIV-positive partner with a detectable or unknown viral load.
3. Prioritize offering PrEP to women living in areas of high HIV incidence – such as the Bronx, Central Brooklyn, Upper Manhattan, Southeastern Queens or the North Shore of Staten Island.
4. Use local epidemiology to inform your clinical strategy to prevent HIV infections in women. In New York City, 90 percent of newly diagnosed women are Black or Latina.
5. When offering PrEP, discuss condom use and emergency PEP (post-exposure prophylaxis) as HIV prevention options, and reproductive health needs when appropriate.

Revised: February 28, 2018

Dear Colleague,

[More than 500 women](#) were diagnosed with HIV in New York City in 2016 – a five percent increase from 2015. [PrEP](#) is a powerful daily pill regimen to prevent HIV infection. Although PrEP use has [steadily increased](#) among men who have sex with men, [few women](#) are aware of PrEP and far fewer are taking PrEP. Identifying cisgender and transgender women at risk of exposure to HIV, and encouraging them to consider PrEP, has the potential to greatly reduce the burden of HIV among women.

[New York State PrEP guidelines](#) indicate that women diagnosed with an anogenital sexually transmitted infection (STI) in the past year are prime candidates for PrEP. Diagnosis of gonorrhea and syphilis (in its primary, secondary or early latent stages) is a particular concern. Among HIV-negative women in New York City, these STIs are predominantly diagnosed in women living in neighborhoods with high rates of HIV diagnosis (many of which are also characterized by high HIV prevalence and high poverty).

Obstetricians, gynecologists and other medical providers should take a comprehensive social and [sexual history](#) to determine if their patients are good candidates for PrEP. [New York State guidelines](#) recommend that providers discuss PrEP with HIV-negative women who:

- Have a sexual partner living with HIV (whose viral load is unknown or not consistently suppressed)
- Have multiple or anonymous sexual partners
- Have sex for money, drugs, housing or other goods or services
- Have been prescribed PEP and are at continued risk of HIV infection
- Use stimulant drugs that increase the risk of HIV exposure
- Inject drugs
- Have sexual partners who inject drugs, have multiple partners or exchange sex for money

Additionally, the Centers for Disease Control and Prevention [identifies](#) women as being at increased risk for HIV if they have a male partner who also has sex with men or if they have experienced [intimate partner violence](#).

Discuss PrEP with all women at risk of HIV – whether this risk is based on their own or their partner’s practices – while also considering local epidemiology. Prioritize the offer of PrEP to women who reside in [areas of high HIV diagnosis among women](#), such as the Bronx, Brooklyn, Upper Manhattan, Southeastern Queens or the North Shore of Staten Island. Bear in mind that [in New York City](#) 90 percent of women newly diagnosed with HIV are Black or Latina and more than half are 40 years of age or older.

PrEP counseling is an opportunity to have frank conversation about a patient’s HIV and STI risk – and the possibility of future exposure. Women who request PrEP but are reluctant to discuss their HIV risk should also be considered for initiation, as fear of [provider judgment](#) may create barriers to disclosure. During PrEP-related counseling, discuss other HIV prevention options, including [condom](#) use and [emergency PEP](#), and discuss [reproductive health care](#) when appropriate. Note that not all women use condoms or can insist that their partners use them consistently; some may benefit from a prevention method that they control, like PrEP. Advise patients starting PrEP that condoms protect against STIs and unintended pregnancy, and provide additional protection against HIV. For women on PrEP, support adherence and [retention](#) and provide follow-up care per [New York State guidelines](#).

Make sure that cisgender and transgender women are aware that [PrEP](#) and [PEP](#) are highly effective HIV prevention options, and are available [even to the uninsured and underinsured](#). The New York City Health Department [PrEP and PEP Action Kit](#) offers resources for both providers and patients. For more information on PrEP for women – including how to obtain additional training and technical support – please contact prepandpep@health.nyc.gov. Increasing PrEP use among women will help reduce gender, racial and ethnic inequities in PrEP use and, in turn, HIV infection.

Sincerely,



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