

Frequently asked questions

What is PrEP?

Pre-exposure prophylaxis (PrEP) is a way to prevent the spread of HIV by taking one tablet daily. This tablet consists of two anti-retrovirals (ARVs) – tenofovir (TDF) and emtricitabine (FTC).

Who should be considered for PrEP?

PrEP is for people at risk of becoming HIV infected, and who have no contra-indications to the medicines. Persons at particular high-risk for HIV include men who have sex with men (MSM), sex workers, transgender persons, people who inject drugs and any person with multiple sexual partners.

How long before PrEP is active, and can I stop PrEP?

PrEP is most effective if taken daily. For HIV protection there must be enough medicine in the tissue before the HIV-exposure, and for 1 month following the exposure. It takes 7 days for anal/rectal, and 20 days for vaginal tissues to have enough medicine in them to protect you against HIV.

You can stop PrEP during periods with no risk for infection, for example: if a sex worker is going to visit family and taking a break from unprotected sex, or in time periods of abstinence from sexual activity. Always discuss with your health care provider if you want to stop PrEP, and work out the best effective medicine plan to suit your needs with your health care provider.

How can I reduce my risk?

- Avoid having unprotected sex by using condoms correctly with every exposure
- Know your and your partner's HIV status by taking a voluntary HIV test together
- If your partner is HIV positive, confirm that he/she is on ARVs and virally suppressed
- Do not use recreational or injectable drugs
- Avoid sex under the influence of alcohol and/or drugs
- If you have had unprotected sex and you're not taking PrEP, see your health care worker to investigate the need for PEP as soon as possible, preferably within 72 hours

Safety of PrEP

TDF/FTC has been well tolerated in PrEP studies. Mild side-effects may occur that usually resolve over time. Side effects include: nausea, diarrhoea, vomiting, flatulence, unintentional weight loss, headache, general feeling of discomfort or illness. More serious side-effects are kidney damage and a decrease in bone mineral density.

Who cannot use PrEP?

- HIV-positive people or those with unknown status
- Someone who tests HIV-negative but is suspected to be in the window period following a potential exposure
- Teenagers < 35 kg or < 15 years of age, who have not reached physical maturity (Tanner stage 3 or greater)
- People with poor kidney function (eGFR < 60 mL/min)
- People taking other medicines that may be harmful to the kidneys (aminoglycosides)
- Someone who is unwilling or unable to return for 3-monthly monitoring visits or adhere to daily PrEP

Pregnancy and breastfeeding?

There is very limited information on the use of PrEP during pregnancy and breastfeeding, therefore risk vs benefit should be discussed on an individual basis with your health care worker. Note: pregnancy in itself increases your risk of becoming HIV-infected.

Continuing condom use if on PrEP?

If PrEP is taken daily, it offers protection against HIV. PrEP doesn't protect against other sexually transmitted infections (STI) or pregnancy. The best protection against HIV, STIs and pregnancy is to take PrEP effectively and use condoms consistently.

What happens if I do become HIV infected while on PrEP?

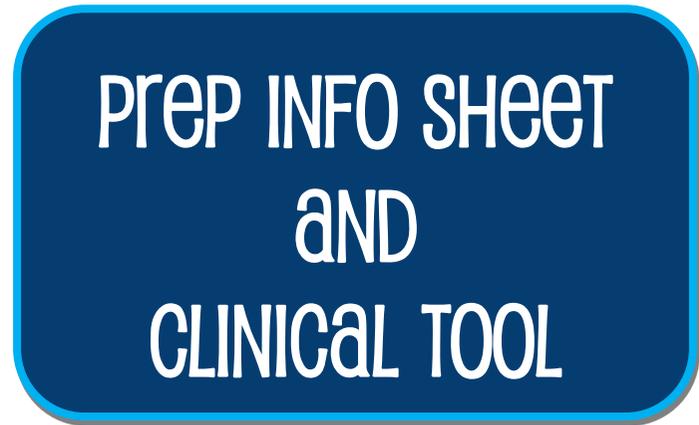
You should be offered lifelong antiretroviral treatment.

What if I'm infected with hepatitis B?

TDF and FTC both have antiviral activity against hepatitis B. There is a potential risk in patients with unidentified chronic hepatitis B infection, to have a viral flare once PrEP is stopped (hepatitis becomes active again). If a patient is hepatitis B surface antigen (HBsAg) positive, the patient should be investigated for hepatitis B. If the patient has chronic hepatitis B, then long-term PrEP should be considered to prevent HIV and treat hepatitis B.

Signs of acute HIV Infection

Signs and symptoms include (but are not limited to): a general feeling of discomfort or illness, loss of appetite, muscle pain, headache, sore throat, rash, fever, sweating, swollen and sore glands. If you think you may have acute HIV infection, report immediately to your health care provider. Your health care provider may then postpone PrEP until your symptoms go away and a rapid HIV test done at the 2-4 week follow-up visit remains negative.



**FOR PREP-USERS AND
PRESCRIBERS**

**One tablet daily to prevent HIV
(Tenofovir 300mg + Emtricitabine 200mg)**



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PrEP visits and procedures

Visits	Education/Counselling	Tests to do:					If patient is eligible for PrEP:
		HIV Infection	Kidney function	Pregnancy screen (♀)	STI screen	Hepatitis B screen	
		ELISA (preferred) or 4th generation rapid test <i>If positive, confirm HIV status and initiate ART</i>	Serum creatinine and eGFR <i>If eGFR < 60 mL/min, stop PrEP</i>	Urine pregnancy test <i>If positive, discuss risk vs benefit of using PrEP during pregnancy</i>	<ul style="list-style-type: none"> Symptomatic screen Urine dipstix for urethritis Rapid syphilis test Full STI panel if resources allow 	HBsAg* and HBsAb# <i>If HBsAg positive, investigate for acute infection. Provide vaccine if not immune, based on HBsAb</i>	
Screening visit Date: _____	<ul style="list-style-type: none"> Risks and benefits of PrEP HIV counselling Contraceptive counselling (There are no drug interactions between hormonal contraception and PrEP) 	<input type="checkbox"/>	Cr = _____ eGFR = _____	Pos/Neg	<i>Treat appropriately if screening reveals infection</i>	Pos/Neg	Advise to use condoms and lubricant
Initiation visit (within 28 days) Date: _____	<ul style="list-style-type: none"> Safety of PrEP Signs and symptoms of acute HIV infection Initiate an effective medication plan HIV counselling Discuss behaviours that promote bone health Contraceptive counselling 	<input type="checkbox"/>	-	Pos/Neg	-	-	Prescribe TDF + FTC (300/200 mg) daily for 1 month Advise to use condoms and lubricant
1-month follow-up Date: _____	<ul style="list-style-type: none"> As for initiation visit PLUS: Assess tolerability and manage side-effects 	<input type="checkbox"/>	Cr = _____ eGFR = _____	Pos/Neg	-	-	Prescribe TDF + FTC (300/200 mg) daily for 3 months Advise to use condoms and lubricant
4-month follow-up, and 3-monthly maintenance visits Date: _____	<ul style="list-style-type: none"> As for 1 month follow-up 	<input type="checkbox"/>	Cr = _____ eGFR = _____ <i>Repeat annually</i>	Pos/Neg	<i>Screen every 6 months</i>	-	
Date: _____		<input type="checkbox"/>	-	Pos/Neg	-	-	
Date: _____		<input type="checkbox"/>	-	Pos/Neg	STI screen	-	

*HBsAg - hepatitis B surface antigen; #HBsAb - hepatitis B surface antibody.