

Frequently asked questions

What is PrEP?

Pre-exposure prophylaxis (PrEP) is an effective HIV prevention option. One tablet daily can protect any sexually-active person from getting HIV. The tablet consists of two anti-retrovirals (ARVs) - tenofovir (TDF) and emtricitabine (FTC).

Who should be considered for PrEP?

PrEP is for any sexually-active HIV-negative person who might be exposed to HIV through contact with HIV-infected body fluids. People at particular high-risk for HIV include men who have sex with men (MSM), transgender people, sex workers, adolescent girls and young women, those who have more than one sexual partner, those who inject drugs, those with a recent history of STI(s), those who recognise their own risk and request PrEP and those who have an HIV-positive partner and the partner's viral load is not suppressed.

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. The window period is the time between HIV infection and when the test will give you an accurate result
- Adolescents < 35 kg
- Adolescents < 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 (e.g. aminoglycosides)
- Someone who is unwilling or unable to return for 3-monthly monitoring visits or to adhere to daily PrEP

How long before PrEP is active?

When starting PrEP, it takes at least seven days before it will work. During this period other protective precautions such as condoms should be used.

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
- For males, consider medical circumcision
- 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 post exposure prophylaxis (PEP) as soon as possible, within 72 hours

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 (STIs) or pregnancy. The best protection against HIV, STIs and pregnancy is to take PrEP every day and use condoms consistently.

Can I stop PrEP?

You can stop PrEP during times with no risk for infection as long as you take it for 28 days after your last potential HIV exposure and you do not have hepatitis B. Always discuss with your health care provider if you want to stop PrEP and work out the best effective plan to suit your needs. PrEP can be restarted if your risk changes.

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. Starting PrEP should be postponed until your symptoms go away and a repeat rapid HIV test after 4 weeks remains negative.

Pregnancy and breastfeeding?

PrEP is safe for use in pregnant or breastfeeding women at risk of HIV infection.

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

You will be offered lifelong antiretroviral treatment.

What if I'm infected with hepatitis B?

It is safe to initiate PrEP in acute and chronic hepatitis B infection. TDF and FTC both have antiviral activity against hepatitis B. If a patient is hepatitis B surface antigen (HBsAg) positive, the patient should be further investigated. There is a potential risk in patients with chronic hepatitis B infection, to have a viral flare once PrEP is stopped and these patients require referral to a specialist for assessment.

Safety of PrEP

TDF and FTC is generally well tolerated. Mild side-effects may occur that usually resolve over time. Side effects include: nausea, diarrhoea, abdominal pain and headache. More serious side-effects are rare and may include kidney damage and a decrease in bone mineral density.

What if I miss a dose of PrEP?

Take the PrEP drug as soon as you remember and continue to take daily as before.

It is very important to take PrEP every day for it to work well.

PrEP info sheet and clinical tool

Version 2, Published October 2020

for PrEP-users and
prescribers

One tablet daily to prevent HIV

(Tenofovir 300mg + Emtricitabine 200mg)

Compiled by the National HIV & TB Health Care Worker Hotline (www.mic.uct.ac.za) and based on the National Department of Health Guidelines for the Provision of Pre-Exposure Prophylaxis (PrEP) To Persons At Substantial Risk of HIV Infection, 2019



MEDICINES
INFORMATION
CENTRE



health
Department
of Health
REPUBLIC OF SOUTH AFRICA

This publication was supported under funding provided by the Global Fund to Fight AIDS, Tuberculosis and Malaria through the National Department of Health of South Africa and the NDoH Pharmacovigilance Centre for Public Health Programmes. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Global Fund or the National Department of Health of South Africa

**Download our free App:
SA HIV/TB Hotline**



PrEP Screening and Initiation

Any person requesting PrEP should be screened for it

BASELINE INVESTIGATIONS AND MONITORING WHILE ON PREP

PRESCRIPTION

VISITS

EDUCATION/COUNSELLING

HIV TEST

Kidney function

Pregnancy screen (♀)

STI screen

Hepatitis B screen*

HIV rapid antibody test, as per National Testing Algorithm[#]

Serum creatinine and eGFR or CrCl
PrEP can be initiated on the same day if there is no clinical suspicion of renal dysfunction

Urine pregnancy test
If client not pregnant: offer contraception

Syndromic STI screening and treatment, if indicated

HBsAg*

PrEP can be initiated on the same day if there is no clinical suspicion of acute retroviral syndrome[#] or renal dysfunction. Ensure you have the contact details if initiating patient on the same day to follow up on laboratory results

Screening/Initiation of PrEP

Date: _____

- Determine if client is at substantial risk of acquiring HIV infection
- Pre- and post-HIV test counselling
- Physical examination to check for acute HIV[#]
- TB screening
- Risks, benefits and safety of PrEP
- Counselling on behaviour change that may reduce their risk of contracting HIV or STIs
- Contraceptive counselling (there are no drug interactions between hormonal contraception and PrEP)
- Willing and able to take PrEP as prescribed
- Counselling for mental health



Tick box when completed

If positive according to National Testing Algorithm, initiate ART

Cr = _____
eGFR = _____

If eGFR < 60 mL/min, DO NOT initiate PrEP Repeat in 2 weeks and if > 60 ml/min then start PrEP

Pos Neg

Repeat if indicated (missed menses)

STI screen and treatment, if indicated

Pos Neg

If HBsAg-negative: start PrEP and vaccinate if available
If HBsAg-positive: start PrEP and refer for management of hepatitis B infection and monitor liver function

Is client eligible to start PrEP today?

YES

NO

Date: _____
Advise to use condoms and lubricant.
Issue 1 month supply of TDF/FTC

Return Date:

Month 1 follow-up
Date: _____

Month 4 follow-up
Date: _____

Month 7 follow-up
Date: _____

Thereafter, 3-monthly maintenance visits:

- Same as for initiation visit

PLUS

- Assess tolerability and manage side-effects
- Adherence support
- Behavioural sexual risk reduction (see FAQ: How can I reduce my risk?)



-

-

Cr = _____
eGFR = _____

Repeat annually If eGFR < 60 mL/min then STOP PrEP

-

-

-

-

-

STI screen and treatment, if indicated

STI screen and treatment, if indicated

STI screen and treatment, if indicated

STI screen and treatment, if indicated

-

-

-

-

Prescribe 3 months of TDF/FTC. **Advise to use condoms and lubricant**

[#]If symptoms or signs of acute HIV infection are present, PrEP should be postponed until symptoms subside and a repeat rapid HIV test after 4 weeks remains negative; *HBsAg - hepatitis B surface antigen; Hepatitis B infection is not a contraindication to PrEP, but will require monitoring of liver function. Discontinuation of TDF and FTC in patients with HBV requires referral to a specialist because of a risk of a hepatitis flare