

A HEALTH CARE WORKER'S BOOKLET

JIPENDE
JI PrEP



Let's talk about PrEP





What is PrEP?

PrEP is a form of HIV prevention in which a HIV negative person at high risk of HIV infection takes daily oral antiretroviral agents to prevent HIV infection.



Who can take PrEP? (indications/ Eligibility for PrEP)

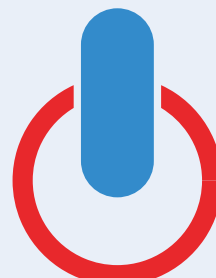
PrEP is recommended for HIV negative persons at substantial ongoing risk of HIV infection such as:

- In a HIV serodiscordant relationship where the sexual partner with HIV has not been on effective (suppressive) therapy for the preceding 6 months, or HIV serodiscordant couples trying to conceive
- Pregnant or breastfeeding women whose sex partners are HIV positive or at high risk of HIV infection
- Sexual partner/s of unknown HIV status and is/are at high-risk for HIV infection (has multiple sexual partners, has had STIs, engages in transactional sex, injects drugs, or from high HIV burden settings)
- Engaging in transactional sex
- Recent sexually transmitted infection
- Recurrent use of post-exposure prophylaxis
- History of sex whilst under the influence of alcohol or recreational drugs as a habit
- Inconsistent or no condom use or unable to negotiate condom use during intercourse with persons of unknown HIV status
- Injection drug use where injection equipment is shared



What are the Contraindications to PrEP?

- × HIV infection (confirmed HIV positive)
- × Signs and symptoms of acute HIV infection or probable recent exposure to HIV
- × Renal impairment - as shown by creatinine clearance < 50 ml/min
- × Lack of willingness to adherence to daily PrEP and associated follow-up schedule
- × Adolescents weighing < 35kgs or age < 15 years
- × Allergies to medication in the PrEP regimen



How do you initiate PrEP?

- Initiated only after thorough behavioural risk assessment and clinical & laboratory evaluation.
- PrEP should be prescribed for 30 days to allow for follow-up visits to assess adherence, tolerability and commitment to continue with PrEP.
- Clients should receive adequate adherence and ongoing risk reduction counselling.



What are the recommended PrEP medications?

Preferred

- TDF/FTC (300 mg/200 mg) as FDC once daily

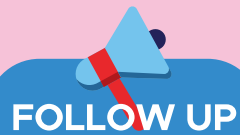
Alternative

- TDF
- TDF/3TC (300 mg/300 mg) as FDC once daily



How should you use PrEP for it to be effective?

- After initiation PrEP will be effective after a minimum of 7 days of consistent daily intake
- Take one pill at the same time every day
- Used as part of combination prevention which include;
 - Risk reduction counselling
 - Safer sex practices
 - Consistent & correct condom use
 - VMMC (where indicated)
 - Prevention and treatment of STIs
 - Substance abuse treatment
 - Prevention of gender-based violence (GBV)
 - Adherence to PrEP - efficacy of PrEP is dependent on adherence.
 - Effective ART for HIV+ persons (Treatment as Prevention)



FOLLOW UP

How should you Follow-up PrEP clients?

- Regular follow-up (initially at 1 month) then every 3 months thereafter as long as one is on PrEP (i.e. months 1, 3, 6, 9, 12, 15, 18 etc.) to monitor HIV status (every 3 months)
- Offer risk reduction counselling, adherence assessment and support, and assess for side effects.
- Obtain creatinine annually or earlier/more frequently if clinically indicated.



Is PrEP safe during preconception, pregnancy and breastfeeding?

- PrEP is safe in pregnancy and breastfeeding.
NOTE: The risk of HIV infection is higher during pregnancy and breastfeeding. It is also easier to pass HIV to the unborn or breastfeeding baby if HIV infection occurs during pregnancy or breastfeeding.
- PrEP does not interfere with male or female fertility.



How long should one take PrEP?

- PrEP is not a lifelong HIV intervention should be taken during periods when a person is at substantial ongoing risk of acquiring HIV.



When should PrEP be discontinued?

- In any of the following circumstances;
 - × HIV positive
 - × Change in risk (to low risk)
 - × Renal adverse effect (CrCl < 50 ml/min)
 - × Sustained non-adherence
 - × Sustained viral suppression in the HIV positive partner of a discordant couple
 - × Client request to discontinue.

NOTE: When stopping use of PrEP, the client should continue taking PrEP for 28 days after the last exposure



How should one deal with seroconversion?

- Confirm the HIV positive results.
- Take blood sample for Drug Resistance Testing (DRT).
- Initiate/ link to ART as soon as possible.



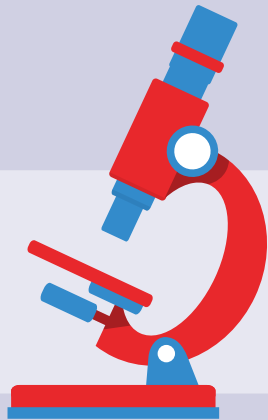
How should STI be screened and treated?

- Use of syndromic screening e.g. presence of dysuria, discharge, anorectal itching or pain, rash, or genital ulcers at every visit.

OR

- Diagnostic STI testing and treat as per the current STI guidelines 2018.

Which are the Baseline laboratory investigations for PrEP?*



HIV Testing

- Mandatory as per the HTS guidance

Serum creatinine and creatinine clearance

- If the baseline CrCl < 50 ml/min, PrEP is contraindicated.

Hepatitis B surface antigen

- If negative, consider vaccination against hepatitis B.

Hepatitis C antibody (especially in people who inject drugs, PWID).

- If positive, consider treatment for hepatitis C infection.

Urinalysis

- Proteinuria is an early indicator of TDF toxicity. An initial urinalysis helps to identify pre-existing proteinuria and risk of renal disease and therefore additional testing (creatinine) and closer monitoring after initiation.

Pregnancy testing (As needed)

- To guide antenatal care, contraceptive and safer conception counselling, and to assess risk of mother to child transmission. Pregnancy is not a contraindication to PrEP use.



What are the possible side effects of PrEP?

PrEP is generally safe and well tolerated. The side effects (S/E) may start in the first few days of PrEP use and last a few days and almost always less than 1 month. Possible S/E include;

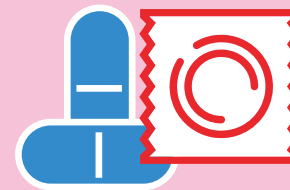
- Gastrointestinal symptoms are the most common. They include nausea, diarrhea, vomiting, decreased appetite, abdominal cramping or flatulence
- Dizziness and headaches.

NOTE: Advice your client to visit their health care provider if the side effects are severe or persist longer than one month.



What is the evidence that PrEP works?

- PrEP has been shown to work in rigorous clinical trials and also during demonstration 'real world' pilot projects
- However, the effectiveness of PrEP is dependent on adherence. Virtually no infections occurred in PrEP users who were adherent to the medication
- With poor adherence effectiveness is not assured.
- It takes 7 days of taking PrEP daily before exposure to be optimally protected and continued use daily as prescribed by the provider.



Should PrEP be used in isolation?

- PrEP does not prevent against STI and it is recommended that PrEP should be used with other HIV prevention methods.



MINISTRY OF HEALTH
NATIONAL AIDS & STI CONTROL PROGRAM

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