PrEP | CENTRAL LUZON

Prepare.
Protect.
Prevent.

Pre Exposure Prophylaxis (PrEP)

Background

In 2015, WHO recommended the use of oral pre-exposure prophylaxis (PrEP) containing tenofovir disoproxil fumarate (TDF) as an additional prevention choice for people at substantial risk of HIV infection as part of combination HIV prevention approaches.

Background

PrEP is the use of antiretroviral (ARV) drugs by people who do not have HIV infection in order to prevent the acquisition of HIV. PrEP works when taken consistently, has an excellent safety profile, has low risk for drug resistance.

Who will benefit most from PrEP?

HIV-uninfected individuals with substantial risk of HIV infection will benefit most from PrEP. Examples of substantial risk are:

- Being a sexual partner of a PLHIV who may not be virally suppressed
- Had unprotected anal/vaginal/neovaginal sex in the past 6 months with more than one partner
- Sexual partner of a person with one or more HIV risk factors in the past 6 months

Who will benefit most from PrEP?

- History of any STI in the past 6 months
- Used drugs or alcohol for sexual pleasure in the past 6 months
- People who injected drugs in the past 6 months
- Exchanged (received or given) sex for money, valuables, drugs or favors in the past 6 months

Who cannot take PrEP? (Contraindications)

Clients who:

- Are HIV infected or suspected to be in the window period
- Are having symptoms of Acute Retroviral Syndrome
- Have low creatinine clearance (below 60 mL/min)

Who cannot take PrEP? (Contraindications)

- Have allergy or contraindications in the PrEP regimen (either TDF, or FTC)
- Are HBsAg positive*
- Weigh less than 35 kg (77 pounds)

- **Not an absolute contraindication but these clients must be closely co-managed with a Specialist.*

Who can safely take PrEP?

PrEP can be safely given for most people including:

- pregnant and breastfeeding women
- women on hormonal contraception
- transgender persons on hormone therapy

PrEP has minimal drug-drug interactions and generally safe with commonly prescribed medicines.

What topics need to be covered during PrEP pre-initiation counseling?

Counselling for those interested in PrEP should focus on increasing awareness of PrEP as a prevention choice and helping the client to decide whether PrEP is right for them.

Recommendation 2015

Oral PrEP (containing TDF) should be offered as additional prevention choice for people at substantial risk of HIV infection as part of combination prevention (condom use)

Duration of taking (prior to exposure):

Vaginal Sex: 3 weeks

Anal Sex: 1 week

Duration of taking (post exposure):

28 days

Recommendation 2019

Event-Driven PrEP is recommended ONLY for MSM

Schematic of how to take ED PrEP (the 2+1+1)

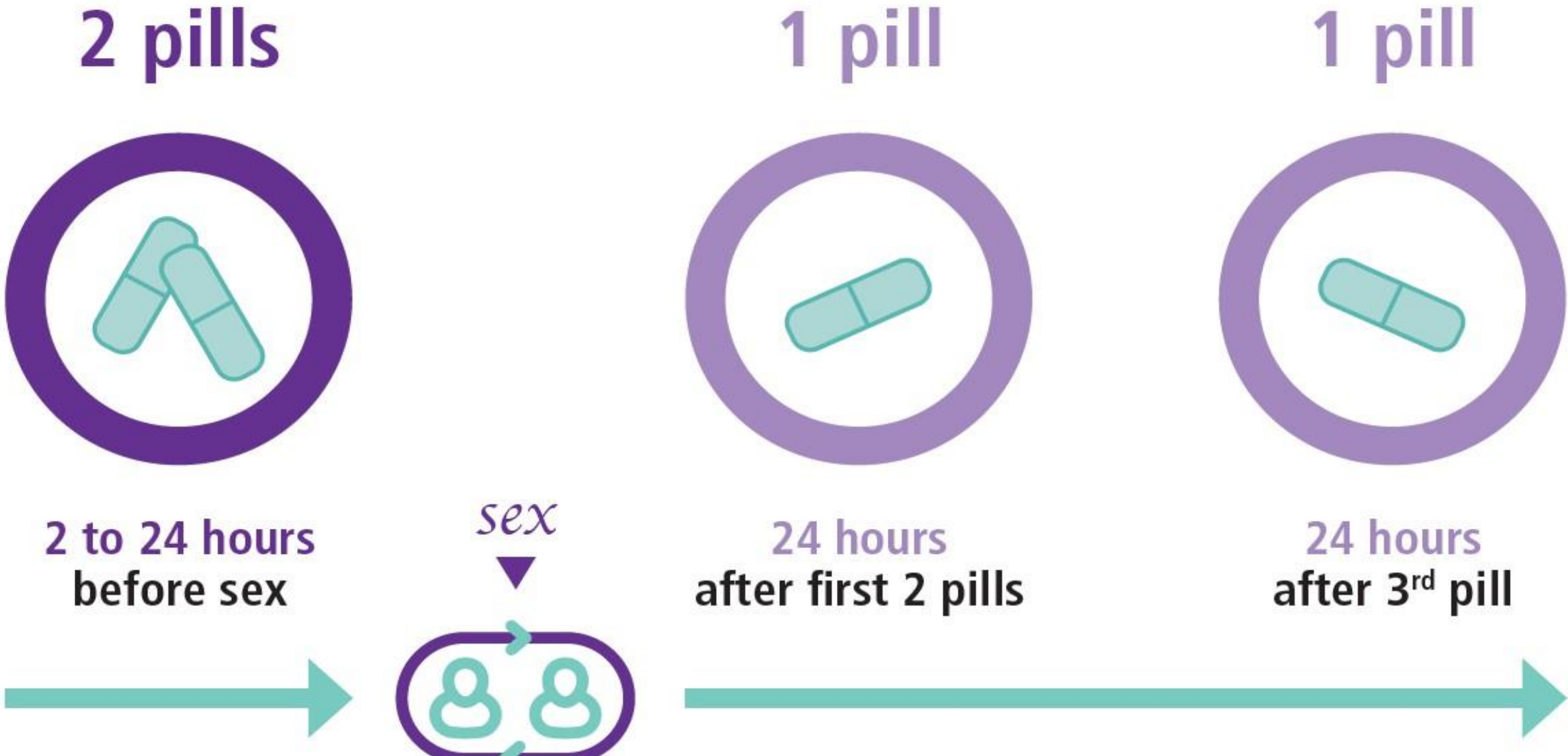
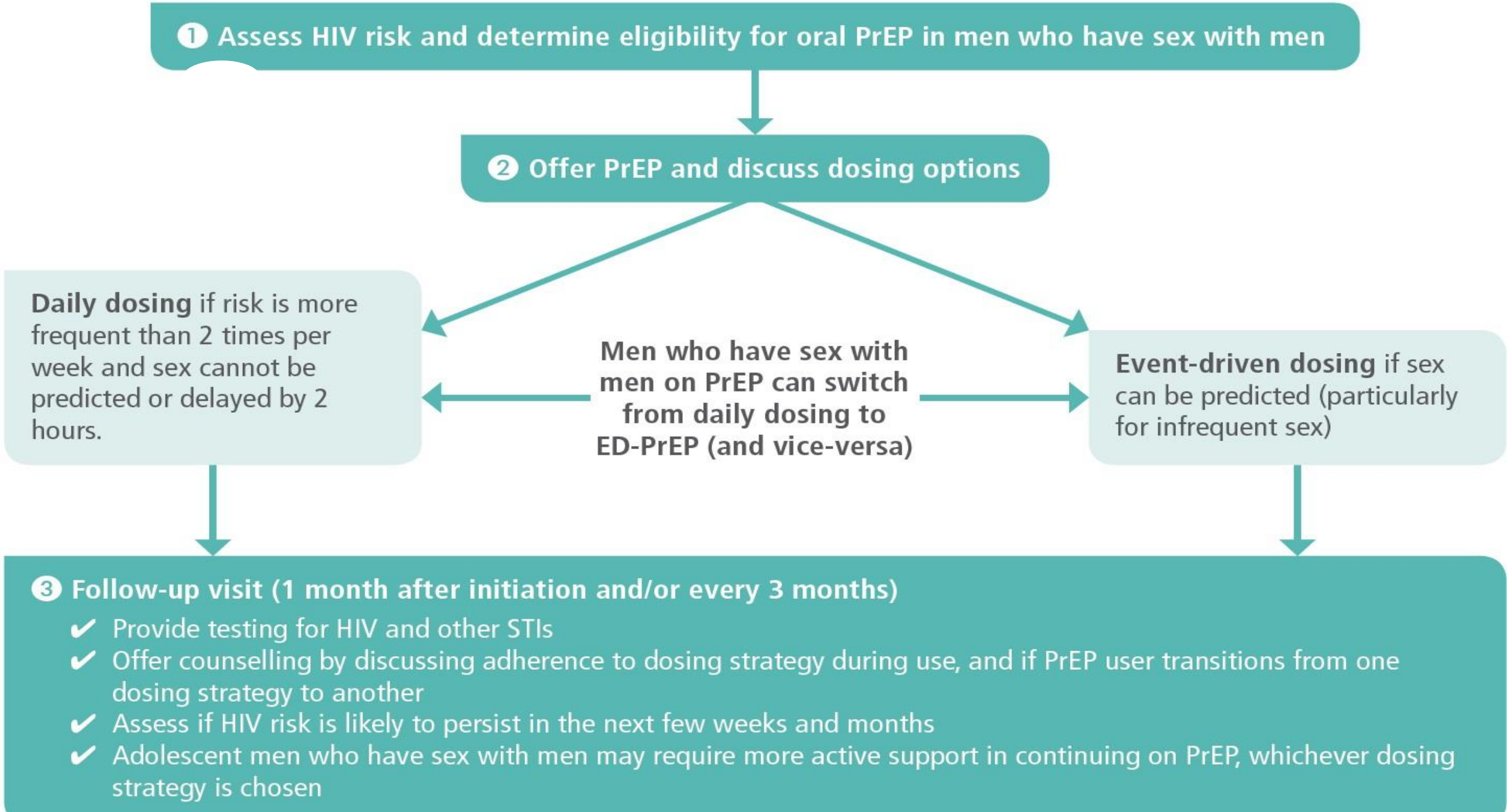


Fig. 2. Proposed algorithm for PrEP providers when considering how to offer ED-PrEP



When ED-PrEP could be considered

For Whom is ED-PrEP appropriate?	For Whom is ED-PrEP **NOT** appropriate?
A man who has sex with another man:	Cisgender women or transgender women
Who could find ED-PrEP more effective and convenient	TGs men having vaginal/frontal sex
Who has infrequent sex (for example, sex less than 2 times per week on average)	Men having vaginal or anal sex with women
Who is able to plan for sex at least 2 hours in advance Or can delay sex for at least 2 hours	People with chronic hepatitis B infection