

STOP

and think

PrEP when a client has had repeated

PEP!

UNDERSTANDING ORAL PrEP

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- Both PrEP and PEP are HIV prophylaxis (prevention) medicines.
- PrEP = Pre-Exposure Prophylaxis: this is medicine taken regularly by an HIV-negative client to help prevent them from getting HIV.
- **PEP** = Post-Exposure Prophylaxis: this is medicine taken by an HIVnegative client following a high-risk HIV exposure to help prevent them from contracting HIV. It must be started within 72hrs and taken for 1 month following exposure to ensure full protection.



It is recommended that a client receive PrEP when:

- 1. Repeated exposure to HIV is likely:
 - Present for PEP repeatedly
 - Are HIV-negative and have a sexual partner/s with HIV or whose HIV status is unknown (including those trying to conceive)
 - Have multiple sexual partners
 - Use condoms inconsistently or never at all
 - Have had a recent sexually transmitted infection (STI)

2. They are at increased risk of acquiring HIV:

- Men who have sex with men (MSM)
- People who use drugs (PWUD)
- Sex-workers or partners of sex workers
- Transgender clients
- People in prisons or similar closed contexts.
- Anyone who reports that they are at risk of HIV and may benefit from PrEP

HOW DO YOU PROVIDE PrEP?

1. Ensure the client understands what oral PrEP is:

- Explain the difference between PrEP and PEP and counsel them on their risk of HIV exposure.
- PrEP *is not* treatment for HIV. Before starting PrEP, the client should test for HIV and be HIV-negative.
- When first starting PrEP, it needs to be taken consistently for 7 days before it provides its full protection.
- It is safe, even in pregnancy and breastfeeding.
- PrEP does not prevent other STIs or pregnancy. Condoms and condom-compatible lubricant, and reliable contraception must still be used.
- They may experience mild side effects (such as nausea, headache, tiredness) when first starting PrEP but these are not likely to last long.

- 2. Ensure the client knows how to take PrEP correctly and when to return:
 - Take the medication daily. It is important that it is taken *consistently, every day* to provide full protection.
 - Initially, 1 month's supply of tablets will be provided. Thereafter, 3 month's supply will be provided.
 - For blood results that are not available on the same day, they will be contacted by phone or provided these at follow-up. If not, they can ask for them.
 - Regular HIV testing is recommended. If they become HIV-positive they will need to stop PrEP immediately and start HIV treatment instead.
 - They can return at any time if they feel unwell or need more information.

3. Ensure the client is ready to take PrEP:

- They have received appropriate counselling and screening, want to start, and know when to return.
 - They have the appropriate prescription. Most commonly, this will be a fixed dose combination tablet of tenofovir and emtricitabine (TDF/FTC) 300mg/200mg to be taken orally once daily.

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