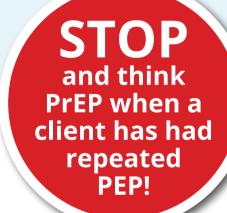
UNDERSTANDING ORAL PREP



- Both PrEP and PEP are HIV prophylaxis (prevention) medicines.
- **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.





WHO IS PrEP FOR?

It is recommended that a client receive PrEP when:

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?

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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