



UNDERSTANDING ORAL PrEP

- Both PrEP and PEP are HIV prophylaxis (prevention) medicines.
- **PrEP** = **Pre-Exposure Prophylaxis**: this is medicine taken regularly by an HIV-uninfected client to help prevent them from getting HIV.
- **PEP** = **Post-Exposure Prophylaxis**: this is medicine taken by an HIV-uninfected 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.

**STOP
and think
PrEP when a
client has had
repeated
PEP!**

? WHO IS PrEP FOR?

It is recommended that a client receive PrEP when:

1. **Repeated exposure to HIV is likely:**
 - Present for PEP repeatedly
 - Are HIV uninfected 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-uninfected.
 - When first starting PrEP, it needs to be taken consistently for 20 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-infected 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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