



Preparing for

PrEP

A guide for Health Care Providers

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Pre-exposure Prophylaxis

Additional Protection against HIV Infection

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What is PrEP:

PrEP is when someone without HIV takes antiretroviral (ARV) drugs before, during, and after engaging in behavior that may result in HIV acquisition.

Pre-

+

Exposure

+

Prophylaxis

Before

Activity that
can lead to
HIV acquisition

Treatment to
prevent infection
from happening

What is the difference between **ART** and **PrEP**?

Antiretroviral Treatment (ART)

Lifelong treatment for HIV

Requires high adherence
to suppress viral load

Pre-exposure Prophylaxis (PrEP)

Needed during periods of
substantial likelihood of
HIV acquisition

- Unprotected anal or vaginal intercourse
- Injection drug use

What can you do as health worker?

As a health worker, you can help reduce the spread of HIV by offering your clients especially those with high risk of exposure to have PrEP.

You should:

✓ **Screen your client**

who will benefit from PrEP the most?

✓ **Prescribe PrEP**

*How to talk about PrEP?
When is PrEP taken?
How effective is PrEP?
How to dispense PrEP?*

✓ **Monitor your client's status**

What to watch out for?

Information included in this job aid are from DOH Memorandum No. 2021-0017:

Interim Guidelines on Pre-Exposure Prophylaxis (PrEP) for the Prevention of HIV Infection in the Philippines



Screen:

Who will benefit best from PrEP?

You may offer PrEP to those with substantial risk and those who request for it.

Who has a substantial risk?

A client has a substantial risk if he/she/they:

- Has sex with a PLHIV who is not virally suppressed or whose results of viral load testing are unknown (e.g. HIV serodiscordant couples);
- Has condomless or unprotected anal, vaginal or neovaginal sex in the past 6 months with more than one partner;
- Has a history of sexually transmitted infection (STI) in the past 6 months (diagnosed, symptoms screened, or self-reported);
- Has used HIV post-exposure prophylaxis (PEP) for sexual exposure in the past 6 months;
- Has a sexual partner with one or more HIV risk factors in the past 6 months.

Who is eligible for PrEP?

A client must:

- Be HIV-negative
- Have good renal function
- Have no symptoms of Acute Retroviral

Syndrome (ARS)

- Weigh at least 35 kg
- Have no allergies to Emtricitabine and Tenofovir

While every client who requests for PrEP can be given PrEP, it is your role as a health care provider to ensure that the client is clinically eligible to take it.

Before enrolling the client to PrEP, your clinical assessment is needed because clients who wish to take PrEP as protection must:

- Be HIV-negative with no probable recent exposure to HIV
- If the client is reactive to HIV screening, they must be immediately linked to care
- If client has been exposed to HIV in the past 72 hours, consider Post-exposure Prophylaxis (PEP) and retesting after 28 days.
- If the client remains HIV negative after 28 days of PEP, PrEP can be started without a gap in between
- Not have symptoms of Acute Retroviral Syndrome (ARS)
- ARS is the early phase of HIV characterized by an initial burst of viremia. This usually develops within 2 to 4 weeks after acquiring HIV.
- Signs of ARS include flu-like symptoms and other symptoms such as neuropathy, lymphadenopathy, pharyngitis, oral lesions such as sores and thrush, skin rashes, fever, weight loss, malaise, and headache.
- A person with ARS can also be asymptomatic. Based on the client's history of HIV exposure, assess if there is a possibility that the client has ARS. If suspected, PrEP cannot be started.
- Have a good renal function

Prescribe:

What to highlight when talking about PrEP?

In prescribing PrEP, your pre-initiation counseling is important for the client to understand it well.

Highlight:

- If PrEP is taken correctly and at the right time, a person's risk of contracting HIV is greatly reduced.
- PrEP is recommended by the DOH, WHO, and used in many countries around the world to prevent HIV.
- PrEP does not protect you against other sexually transmitted infections so it does not mean that one can now have condomless sex when on PrEP.
- Taking PrEP is safe. In a demo study in the Philippines, no PrEP-related side effects were documented among participants. Any side-effects are usually mild and disappear after a few weeks of starting PrEP.
- PrEP can be used safely by most people including pregnant or breastfeeding women, women using hormonal drugs for contraception, and transgender persons on gender-affirmative hormone therapy

Advise:

- Baseline laboratory tests will be done to assess the liver, kidney, and other possible pre-existing medical conditions.
- Side effects like headache, dizziness and stomach discomfort maybe experienced by the client, but these symptoms are manageable and usually resolve within a few days.
- PrEP tablets should be kept in normal room temperature. Avoid direct sun exposure or storing in hot places (inside a car exposed to direct sunlight) or cold areas (inside refrigerator).
- Sharing of PrEP to peers without proper medical consultation should not be done because it may pose health risks to them as they did not undergo tests and not supervised by a medical doctor.

Prescribe:

When is PrEP taken?

Depending on the client's preference and sexual behaviors, PrEP can be taken in two ways: daily or event-driven PrEP. Daily PrEP is suitable for anyone eligible for PrEP. Event-driven PrEP is only suitable for men who have sex with men.

Type	Sexual Behavior	Prescription
Daily PrEP (recommended)	Frequent, unplanned sex	Emtricitabine 200mg/Tenofovir 300mg (FTC/TDF): - One tablet once a day - Can be taken with or without food - Maximum dose is 2 tablets per day
On-demand or Event-driven PrEP (EDP)	infrequent, planned sex, only for MSM engaged purely in anal sex	Emtricitabine 200mg/Tenofovir 300mg (FTC/TDF): • 2 pills, 2 to 24 hours prior to sex, • 3rd pill 24 hours after the first 2 pills, • 4th pill 48 hours after the first 2 pills Continue single pill daily as long as sex continues (may become daily PrEP***)



Prescribe:

How long does it take for PrEP to be effective?

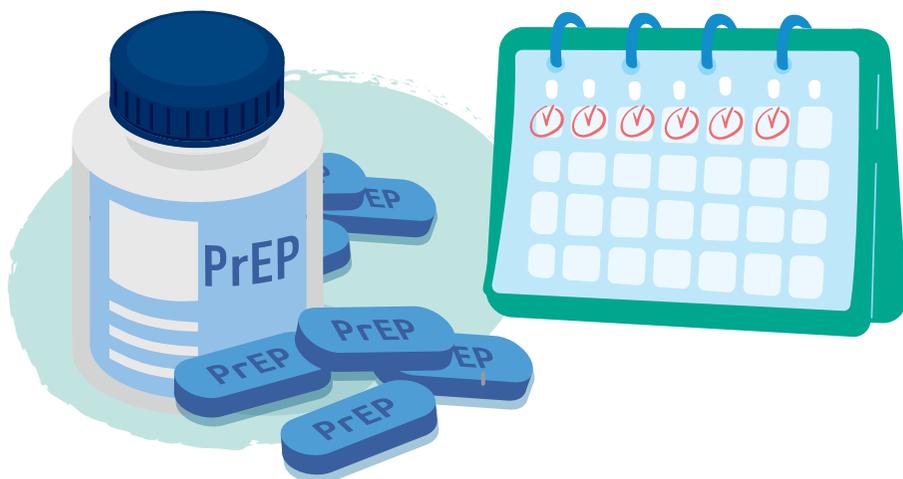
PROTECTION AFTER STARTING OR RESTARTING PrEP BEGINS:

For MSM with purely anal sex (Risk is only through anal sex)

- Effect starts after taking 2 pills 2 to 24 hours before sex

For everybody

- Five (5) to seven (7) days (for anal intercourse) and twenty (20) days (for vaginal intercourse) after starting PrEP
- Additional HIV prevention measures should thus be taken during this period such as using of condoms and lubricants when having sex.



Prescribe:

How to dispense PrEP



- Prescribe PrEP for one-month supply at first visit (30 tablets)



- Then two month's supply at second visit (60 tablets)



- Three month's supply thereafter (90 tablets)



- More than 3 month's supply can be prescribed-Based on compliance and other circumstances

Monitor:

What to watch out for?

- ✓ • **Follow up HIV screening to monitor status shall be scheduled after**

1 month of PrEP and at least every 3 months thereafter.

- ✓ • **Check for the following:**

- Signs and symptoms of acute HIV infection
- STI screening
- Early side effects
- Adherence vis a vis behavior
- Drug dispensing
- Client's questions or difficulties
- Check Serum Creatinine levels every 6 months or as indicated, especially if with conditions such as diabetes, hypertension etc.
- Discontinue PrEP if Crcl < 60ml/minute



Monitor:

What to watch out for?



Stop PrEP if:

- Client has an inconclusive HIV status (ARS or suspected window period) and advised to be retested after 14 days. Follow-up HIV screening was reactive (Seroconversion)
- Client may resume PrEP if the repeat test is negative.

What to do in case of HIV seroconversion?



Stop PrEP



Do HIV confirmatory testing and rapid linkage to care



Refer to HIV treatment facility for management



Secure a blood specimen for HIV drug resistance testing

FREQUENTLY ASKED QUESTIONS ABOUT PrEP:

In addition to what was written in this job aid, your client may have more questions about PrEP. Use the following when answering them:

Why is PrEP a good thing?

PrEP is an important additional HIV prevention option, along with information on risk reduction, access to condoms and lube, HIV testing, detection and treatment of sexually-transmitted infections (STIs), and healthy lifestyles. It is effective, discreet, safe, and does not interfere with sexual enjoyment. Since there are a lot of factors when it comes to contracting HIV, using PrEP greatly reduces the risk.

Is condom not enough?

Condoms when used with water-based lubricants provide protection against HIV, other STIs, and pregnancy, but they must be used correctly and consistently to be effective. If condoms are used with PrEP, HIV protection is greatly increased.

Who should use PrEP? Is PrEP for me?

Any HIV negative person can use PrEP but it is particularly recommended for people with substantial risks, for example: individuals with multiple sexual partners, who had an STI in the past six months, who use sex-enhancing drugs, and those who have sexual partner/s who are PLHIV but do not have an undetectable viral load yet.

Who should not take PrEP?

Anyone who is HIV positive is NOT eligible for PrEP but should take antiretroviral therapy (ART) for their own health and to reduce the chance of HIV transmission to others after achieving and maintaining an undetectable state. Remember that U=U: undetectable viral load means untransmittable virus.

What is the difference between PrEP, PEP and ART?

All three things involve taking antiretroviral (anti-HIV) drugs. PrEP is taken by HIV-negative people before exposure to prevent HIV infection, it also requires ongoing use as long as HIV risk exists. PEP (Post-Exposure Prophylaxis) is taken within 72 hours after exposure has taken place to prevent HIV infection, and is taken for 28 days. ART (anti-retroviral) drugs is daily, lifelong, combination treatment for people living with HIV, and is required to be taken with high adherence to achieve viral suppression.

FREQUENTLY ASKED QUESTIONS ABOUT PrEP:

In addition to what was written in this job aid, your client may have more questions about PrEP. Use the following when answering them:

I am a trans woman currently on hormonal therapy, is PrEP okay for me?

A medically-transitioning transgender woman can take PrEP in consultation with the clinician .

Can I mix PrEP with alcohol and other medications?

PrEP can safely be taken with alcohol, other drugs, and as well as contraceptives. Consult your clinician for more information.

Does PrEP start working right away after taking it the first time?

Depending on your circumstances, you may need to take additional prevention measures for a limited time before PrEP fully kicks in to protect you against HIV infection. Your healthcare provider/doctor will advise you once you discuss your circumstance.

Does PrEP have side effects?

Taking PrEP is safe. In a demo study in the Philippines, no PrEP-related side effects were documented among participants. Any side-effects are usually mild and disappear after a few weeks of starting PrEP.

Will anyone be able to know that I am taking PrEP?

There is no physical manifestation in one's body when someone is taking PrEP. Service providers of PrEP work to ensure client confidentiality

Does PrEP protect one from other sexually transmitted infections?

Being on PrEP does not mean you can have condomless sex. PrEP protects against HIV but not against other STIs. PrEP should still be used with condoms to prevent acquiring other sexually-transmitted infections such as hepatitis, syphilis, gonorrhea, chlamydia, warts, and others.

FREQUENTLY ASKED QUESTIONS ABOUT PrEP:

In addition to what was written in this job aid, your client may have more questions about PrEP. Use the following when answering them:

Can PrEP be stopped once I started using it? Do I have to take PrEP for life?

PrEP can be stopped if you think that you are no longer at risk of acquiring HIV infection. Consult a clinician first for advice on how to stop PrEP safely, especially if you have Hepatitis B infection as well.

Where can PrEP be accessed?

PrEP is becoming more widely available at public and private health facilities (Social Hygiene or Reproductive Health and Wellness Clinics, Primary HIV Care Clinics and HIV Treatment Hubs), and services led by community-based organizations.

How much will PrEP cost?

PrEP costs about PHP 1,200 for a one-month supply of 30 tablets. Some community-based organizations and other PrEP sites will be able to provide PrEP at no cost for those who are eligible.

Do I need to have any tests if I want to start PrEP?

The most important is an HIV test taken within 7 days of starting PrEP. The result must be HIV negative. Your clinician may recommend a repeat HIV test if you have been exposed to HIV risk in the past 3 days. You will also be advised to have a hepatitis test, a creatinine test, STI screening, and a pregnancy test (for cis-gender women and transgender men).

How long can I take PrEP for?

You should continue to take PrEP throughout the period during which you are at risk of contracting HIV.

If you are taking daily PrEP but are planning to stop, you should continue taking PrEP for 28 days after last sex.

If you are taking event-driven PrEP, you can stop 48 hours after last sex.

Do I need to be followed up if I am taking PrEP?

Yes, once you started PrEP, you will be advised to attend for a follow-up visit after one month, and then every three months thereafter.

What will happen during follow-up?

During the follow-up visit, you will be asked if you have experienced any problems while taking PrEP and if you have any questions or concerns. It will also determine if you will need follow-up HIV and other tests at regular intervals.

Summary:



Screen:

Who should have PreP?



Prescribe:

What to highlight when talking about PreP

When is PreP taken?

How effective is PreP?

How to dispense PreP?



Monitor:

What to watch out for?



Healthy
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Meeting Targets and
Maintaining Epidemic Control



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PROTECTS