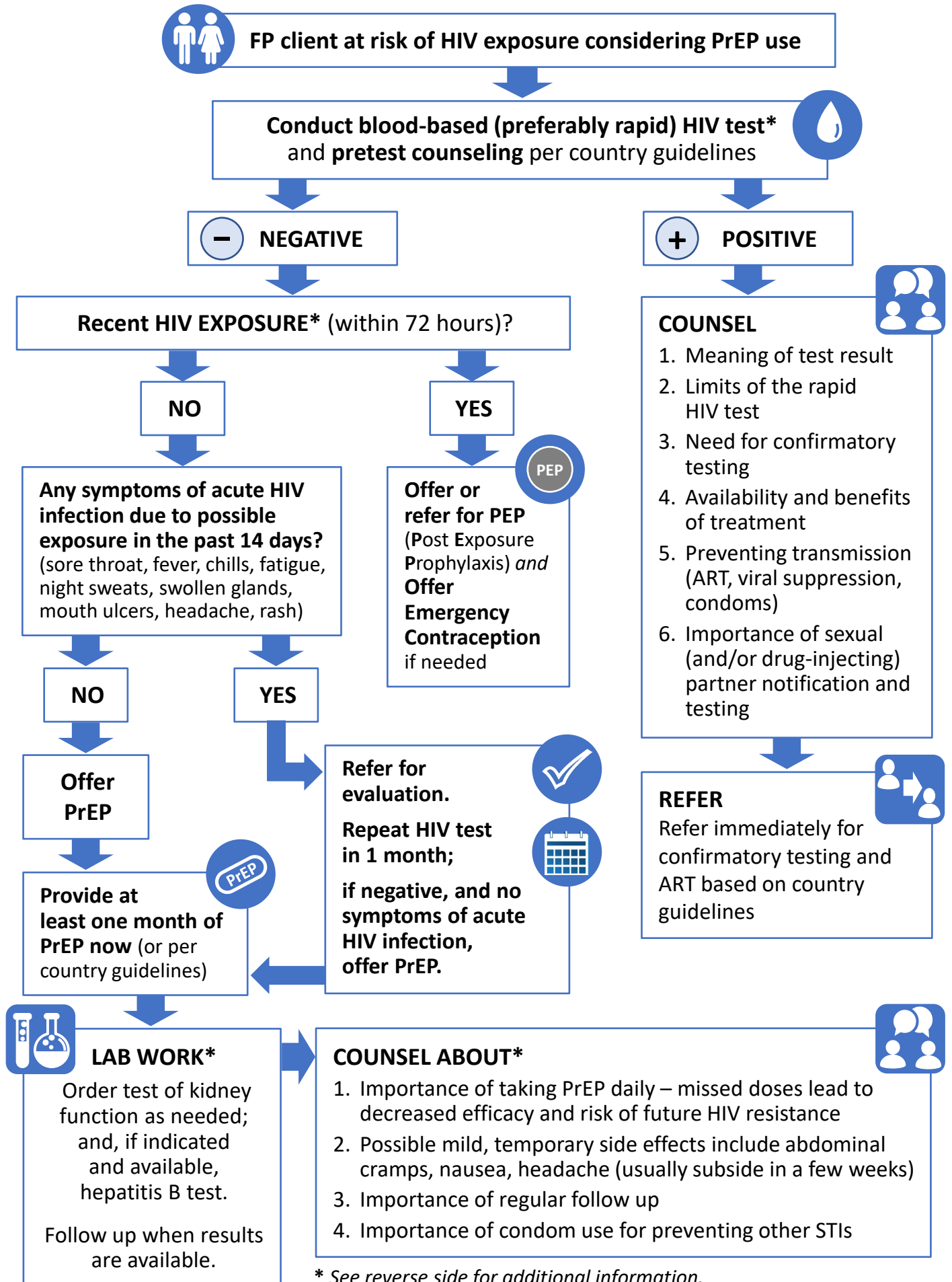


Initiating oral PrEP in family planning (FP) settings: A job aid for FP providers



* See reverse side for additional information.

ADDITIONAL GUIDANCE and KEY MESSAGES

Testing for HIV

Negative blood-based HIV test result should (ideally) be obtained on the day that PrEP is started.

- If test result is inconclusive, defer PrEP, refer for confirmatory test following the national guidelines, and provide risk-reduction counseling.
- If the client has symptoms suspicious for acute HIV infection due to possible HIV exposure within the past 14 days, defer PrEP, refer for evaluation if needed, and repeat rapid HIV test in one month.

Recent HIV Exposure

Counsel that post-exposure prophylaxis (PEP) can prevent HIV if taken within 72 hours of possible exposure. Explain that:

- PEP is a regimen of anti-retroviral (ARV) medications taken for a period of 28 days.
- Blood-based HIV test will be repeated after PEP regimen is completed and if negative, PrEP can be started immediately.

If needed, offer emergency contraception (EC). Reassure that EC remains safe and effective if taken with PEP.

Lab Work

Monitoring Kidney Function

Counsel that a very small number of people may not be able to use PrEP because they have problems with their kidneys.

- Test for kidney function (either creatinine clearance or estimated glomerular filtration rate [eGFR]) is not required on the day of PrEP initiation but should be done within 1-3 months of taking PrEP in clients of any age with health conditions that may affect kidney function (e.g., diabetes, hypertension) or those aged 50+ years. For clients with no kidney-related health conditions, test is optional if they are younger than 30, and optional but recommended within 1-3 months of PrEP initiation if they are aged 30-49 years.
- When referring for testing (or sending blood), provide a record of the client's age, weight, and sex (*for transgender persons, use sex assigned at birth unless more than 3 months on hormone therapy*) so creatinine clearance (or eGFR) can be calculated.
- Those with a creatinine clearance <60ml/min or eGFR <60mm/min per 1.73 m² should undergo a repeat test on a different day and stop PrEP if creatinine clearance is confirmed to be <60ml/min or eGFR <60mm/min per 1.73 m². If creatinine clearance (or eGFR) normalizes within 1-3 months, PrEP can be restarted.

Assessing for Chronic Hepatitis B Virus (HBV)*

Ask if the client was ever diagnosed with chronic HBV.

- If yes, explain that it is safe for people with chronic HBV to use daily PrEP, but they may experience flare-ups of the infection after PrEP is stopped.
- If HBV status is unknown and testing is available, consider HBV testing now or within 1-3 months:
 - If tested negative for HBV surface antigen (HBsAg), offer HBV vaccination.
 - If tested HBsAg positive, chronic infection is likely. Refer for assessment for HBV treatment eligibility.
- Offer PrEP regardless of HBV status or if HBV status is unknown and testing is unavailable.

* Additionally, if a client may be at high risk of infection with the hepatitis C virus (HCV) and HCV testing is available, offer it now or within 1-3 months of PrEP initiation. Lack of HCV testing should not be a barrier to PrEP initiation or use. Oral PrEP can be safely provided to clients with HCV infection; PrEP services provide an opportunity to screen for HCV infection and provide linkages to care.

Key Counseling Messages for Oral PrEP Initiation

- PrEP is a very effective way to prevent HIV infection.
- PrEP is not immediately effective. Use additional preventive approaches (e.g., condoms, abstain from vaginal or anal sex) for the first 7 days of taking PrEP.
- If you forget to take a PrEP pill, take it as soon as you remember. Missing pills may decrease PrEP efficacy and increase the risk of HIV becoming resistant to some HIV treatment regimens (if such treatment is needed in the future).
- One out of 10 PrEP users may experience side effects including nausea, abdominal cramps, and headache. These effects are mild and usually diminish within a few weeks.
- Taking PrEP with food or before going to sleep may prevent nausea. Over-the-counter pain killers can help with headaches.
- Minor loss of bone density may occur. It does not increase the risk of fractures and usually returns to normal after stopping PrEP.
- Less than 1% of PrEP users (1 in 200) may experience a decrease in their kidney function which requires stopping PrEP for a set period of time or indefinitely.
- Return for follow up in 1 month and every 3 months afterwards. PrEP refills will be provided during these visits if you remain HIV-negative.
- You can stop PrEP anytime you feel there are no more potential exposures to HIV. To stop PrEP safely, you should continue taking PrEP for 7 days after your last possible exposure to HIV.