

Chapter 5

PrEP Counseling

PrEP counseling is important in raising awareness and concern about prevention in people at risk of acquiring and transmitting HIV, including the initial decision to take PrEP. PrEP counselors should have knowledge of the correct PrEP medication and regimen, and have the skills to understand the context and lifestyle of clients who are at risk of contracting HIV, as well as those who lack bargaining power to protect themselves.

HIV pre-exposure prophylaxis, or PrEP, is an HIV prevention option for high-risk people. If the counselor takes the daily lifestyle of the client into account when explaining how to take PrEP, the client will experience a boost in confidence that they can comply with the regimen and be able to protect themselves. The counselor needs to explain that taking PrEP is part of a person's health care. Good counseling encourages clients to take PrEP correctly so that the drug can be effective in preventing HIV infection.

Providers should communicate with clients to assess their risk of HIV infection. The counselor also needs to provide comprehensive information on other standard HIV prevention methods. Certain groups may have different lifestyles and sensitivities to services. The guidelines for the provision of PrEP services -- tailored for specific groups -- are further detailed in Chapter 6.

In the case where services are provided through a mobile VCT unit in the community, time and space for quality counseling may be limited. Still, the counselor must strive to provide adequate information about the range of HIV prevention methods (condom use and water-based lubricants, using clean needles and syringes when injecting drugs, etc.) including PrEP. Information about PrEP should be communicated to the client during the HIV pre-test counseling session, and then continued in the post-test counseling session in order to make the best use of limited time. The tests of kidney function and hepatitis may not be provided by a mobile unit. In that case, the provider should refer clients for the necessary diagnostic tests so that PrEP can be initiated in time.

5.1 Process of counseling

(1) The counselor

The trained counselor for PrEP should have comprehensive knowledge of PrEP, the management of laboratory screening services, pre-counseling and in-service counseling methods, ability to follow-up on PrEP, including side effects and results of taking drugs incorrectly, how to stop taking PrEP, and how and when to vaccinate against STIs, among other topics. The personnel involved in the PrEP counseling process include:

- Clinical personnel
- CSO personnel (i.e., person working in HIV/AIDS and who has passed the training on PrEP from a clinical facility or hospital)

Service provider features:

- Being a good listener and listening attentively
- Being able to protect the client's confidentiality
- Being friendly and compassionate

(2) Guidelines for counseling on PrEP

WHO recommends client-centered counseling. This emphasis is on speaking in terms of the present, and then planning for the future. The counselor should use motivational techniques (i.e., motivational interview strategy), identify viable options, and tap into the client's motivation to practice a healthy lifestyle.

Providers also have a responsibility to counteract negative stigmatization of the client. A study in discordant couples found that some clients did not go for PrEP because of concerns about stigma. Their central fear is being negatively labeled as a PLHIV. Women are also afraid of being perceived as promiscuous. Thus, when counseling discordant couples, it is important to explain the benefits of PrEP for both parties in the relationship, as that will increase PrEP uptake for those in need and promote adherence to the regimen.

(3) Procedures for counseling PrEP

PrEP counseling begins with explaining to the client that PrEP is available as a pre-exposure prophylaxis against HIV. If the client has risky behaviors and is interested in taking PrEP, the client will go through the counseling process. There are three steps in PrEP counseling:

- Counseling before starting medication
- Counseling during PrEP intake
- Counseling when the clients wants/needs to stop PrEP

5.2 Information about PrEP

(1) Methods of taking PrEP drugs, focusing on building understanding of the process of taking PrEP through counseling.

- Daily PrEP (all populations)
 - PrEP (TDF/FTC or TAF/FTC) one tablet daily for seven days before sexual intercourse.
 - MSM can start with two TDF/FTC tablets at the same time (double dose) for the first time to shorten the time the drug becomes effective to only two hours.
 - Other groups can start taking two tablets as well, but there is no clear evidence how much more effective it is regarding when the drug begins to be effective.
 - After that, continue taking one PrEP tablet daily.
- On-demand PrEP (only MSM who are not infected with hepatitis B virus)

- Start taking two TDF/FTC tablets at the same time 2-24 hours before sexual intercourse.
- After that, take one tablet a day at the same time as the first dose. Take it for up to two days after sex. This ends the 2-1-1 regimen.
- If the client has had sex for several days in a row, take one tablet daily for up to two days after their last intercourse.
- If the client wishes to start On-demand PrEP within seven days of the last dose, then start with one tablet instead of a double dose.

See more details in Figure 3.1 in Chapter 3

(2) Use condoms and a water-based lubricant along with taking PrEP because PrEP only prevents HIV infection. Using a condom along with taking PrEP helps prevent infection from hepatitis B and C and other STIs, in addition to unwanted pregnancy. The client must be careful to apply and remove the condom carefully to prevent leakage and breaks.

(3) PrEP drug properties

PrEP is a pre-exposure combination of two ARVs: tenofovir disoproxil fumarate (TDF) or tenofovir alafenamide (TAF) plus emtricitabine (FTC) or lamivudine (3TC).

If taken as prescribed, PrEP will prevent nearly 100 percent of all HIV infections. PrEP's mechanism operates in the white blood cells in the blood and tissues of the body, including lymph nodes, and routes of entry of HIV into the body, such as the vagina, cervix, anus, and mucous membranes of the male reproductive organs. When HIV enters the body through such channels, the virus is neutralized by the PrEP drugs before it can reproduce, thereby, preventing infection.

5.3 Offering PrEP service and counseling

Offering PrEP in the counseling session before and after the HIV test (VCT) lets the client know how to prevent HIV, including using condoms and other standard prevention techniques. This overview can help the client decide whether to take PrEP.

In the case of a mobile VCT service unit in the community/outside a health facility

Space and time are limited when PrEP counseling occurs in conjunction with a mobile HIV VCT outreach unit. The counselor can first mention PrEP in the pre-test counseling session, and then continue in the post-test session (if the HIV test is confirmed to be negative).

In the case that the client comes to receive the VCT service and wishes to take PrEP

After the client is tested for HIV and has a confirmed negative test result, in the post-test counseling session the counselor should assess or review the client's knowledge of PrEP. If the client has knowledge of PrEP, the counselor can proceed to pre-PrEP counseling.

5.3.1 Counseling before starting PrEP

Pre-PrEP counseling services consist of screening before PrEP, counseling to initiate PrEP, and follow-up appointments during the period of taking PrEP.

(1) People considering taking PrEP must always undergo a laboratory test prior to initiating the drug. The examination will help to know which conditions might pose a health risk that may require close monitoring by considering the following guidelines for Thailand:

Test for HIV -> Results should be obtained within seven days of the pre-PrEP assessment.

Test for kidney function (CrCl) -> Results should be obtained within six months of the PrEP assessment (Only for those at risk of abnormal kidney function).

Test for hepatitis B (HBsAg) -> Results should be obtained within one year of the PrEP assessment. The test may be done in conjunction with anti-HBs testing. If the anti-HBs testing is negative, hepatitis B vaccination is performed because, if not vaccinated, the person will continue to be at risk in the future.

Consider screening for HBsAg every year.

Test for hepatitis C, anti-HCV -> An anti-HCV test is not a requirement for PrEP, but screening for it is recommended, especially for high-risk groups, including MSM, TGW, and PWID.

Test for STIs -> Screening for syphilis, gonorrhea, and chlamydia is recommended for all cases, even when there are no overt symptoms. Any case with an STI should be treated, including their sexual partners, in tandem with the initiation of PrEP.

(2) In the case that the service recipient has been referred from another place to receive PrEP:

- Check VCT history and confirm a negative HIV test result within seven days prior to initiating PrEP from the dispatching staff, referral slip, NAP program, etc.
- Determine whether the client has had the necessary laboratory tests before starting the drug, and provide counseling before starting the drug.
- PrEP should be started by the date of referral.

(3) Counseling should take place to initiate PrEP after a health assessment in order for the service recipient to take the medicine properly and achieve maximum effectiveness in prevention.

Table 5.1 Checklist of topics and main discussion issues before initiating PrEP

Topic	Issues for discussion
Assess for acute HIV infection	Recent exposure to HIV recently, e.g., not wearing a condom, condom breakage/leakage, symptoms similar to the flu.
Possible initial side effects of PrEP	- Some people have side effects in the first 1-2 weeks of PrEP - Suggest ways to deal with side effects.
Taking PrEP as prescribed	PrEP should be taken correctly and as a preventive measure. If you forget a dose, take it as soon as you remember. If it is almost time for the next tablet (< 6 hours), skip the missed tablet and take the next scheduled dose. No need to double dose as compensation.
PrEP need not be taken permanently	You can stop taking PrEP when there is no risk, and then re-start PrEP when you are at risk of contracting HIV.
PrEP, condoms and lubricant	When on PrEP, also use condoms and lubricant to prevent STIs, hepatitis B and C; condoms help prevent HIV in the event of a missed dose of PrEP.
Opiate substitutes, clean needles and syringes	PrEP has no effect on people taking opioid substitutes. The use of clean needles and syringes is to prevent the transmission of HIV.
Hormonal contraception, sex hormones	Hormonal contraception and sex hormones can be taken as usual during PrEP.
Potential for violence; relationships between the couple or in the family	Consider assessing history or trends of violence, such as scolding, hitting, threatening. - If risk of violence is found, consider referral to service providers who provide violence assistance. - Prepare clients for carrying medicines and taking PrEP
Health check-ups while taking PrEP	Make an appointment to get tested for HIV and STIs and other diseases according to a schedule.
Vaccines for related illnesses	Recommend vaccines for hepatitis A and B, as well as for HPV.

Precautions that the client should know about

- Do not allow others to take the client's PrEP. Close the PrEP container tightly and keep out of reach of children
- If the client has symptoms of acute HIV infection, such as fever, headache, sore throat, enlarged lymph nodes, rash, flu-like symptoms -- immediately see a doctor to check for HIV infection.
- If you are taking medications other than PrEP, such as vitamins, dietary supplements, sex hormones, regular medications, or herbal medicines, inform your provider.

5.3.2 Follow-up counseling during PrEP

(1) Test for HIV infection 1 month after PrEP and every 3 months, including the following laboratory tests:

- Kidney function (creatinine and CrCl) for groups at risk of abnormal kidney values.

- Hepatitis B vaccination. Test for hepatitis C every 6-12 months and follow up with medical appointments.
- Screening for STIs (syphilis, gonorrhea, chlamydia) every 3-6 months.
- Always check for pregnancy if pregnancy is suspected in women of childbearing age.
- Monitor side effects of PrEP at every follow-up visit.

(2) counseling to assess risk behavior and taking PrEP regularly

Figure 5.1 Counseling during PrEP

Counseling topic	Points for discussion
1. Assess the completeness of taking medicines and restrictions on taking medication	<ul style="list-style-type: none"> • Inquire about the medication intake and whether it is complete and consistent. • Is there missing medication or stopping medication during what period? Together with the client, try to find causes, problems, obstacles and solutions.
2. Assessing unprotected risk behaviors or in the PrEP-deficient phase	<ul style="list-style-type: none"> • Ask questions about suspected acute HIV infection. • Immediate HIV testing. • If HIV infection is found, consult and refer to ART as soon as possible.
3. Regularly assess the motivation for taking the drug	<ul style="list-style-type: none"> • This is for clients who have been on PrEP for an extended period of time. The motivation to take the drug may be reduced for a number of reasons. • Building a good relationship between service providers and service recipients will help identify the obstacles in taking medication and optimizing protective behaviors. • Allow time to discuss comprehensive protection attitudes and goals with each client. There are potentially different health care motives in each individual.
4. Prevention counseling	<p>Assessing risk behaviors and prevention to understand how to prevent HIV, such as:</p> <ul style="list-style-type: none"> • Using condoms. In the event that the service recipient lacks the skills to use condoms, the counselor should demonstrate and have the client practice proper use. • Inviting couples for HIV testing, prevention, and treatment, if HIV infection is detected. • In case of lack of skill in negotiating the use of condoms, have the client practice negotiating. • Using clean needles and injection equipment.

5.3.3 Counseling before stopping PrEP

(1) In case the client wishes to stop taking PrEP, or the provider considers that the client should stop, provide counseling so that the client understands the procedure involved in stopping the drug, as follows:

- Assess the causes and factors of the need for drug discontinuation.

- Explain the reason for the need to stop taking the drug if the provider considers the need to stop the drug, such as abnormal kidney function.
- Medication and HIV testing prior to discontinuation.
- Risk reduction and prevention of HIV infection.
- Ability to start taking PrEP again when needed, and prevention by ARV drugs.

(2) If the client assesses that they are no longer at risk, either by sex or injection drug use, the client can consult the provider to stop PrEP.

o The counselor should inquire as to the timing of the last risk behavior and recommend continuing the medication for at least seven days after the last risk (MSM two days) and testing for HIV infection before stopping PrEP. If HIV infection is detected, consult an expert and refer to ART immediately. If the client is not infected with HIV, PrEP can be stopped.

o If hepatitis B infection is found before or during PrEP, consider concurrent hepatitis B treatment.

- If the doctor considers stopping the medication, the counselor explains the reason for the need to stop the medication, and at the discretion of the physician,
- Explains how PrEP can be resumed when it is necessary. Even after PrEP has been discontinued, the client can resume PrEP by starting with an assessment of suitability and various criteria, including being screened in accordance with established PrEP service guidelines.

