

Chapter 6

PrEP for Specific Target Groups

Providing PrEP and counseling services needs to match the risks of social and psychological sensitivity of (sometimes) marginalized groups. This is important because group identity may be linked to unprotected behavior which can affect the decision to start taking PrEP, and/or the motivation to continue taking it. Providing services that reduce social harm is therefore important in offering PrEP services and PrEP counseling. This version of the guidelines provides group-specific guidance for the following six groups:

6.1 Discordant couples

6.2 MSM

6.3 TGW

6.4 Adolescents

6.5 Pregnant women

6.6 PWID

6.1 Discordant couples

'Discordant couple' refers to a couple in which one partner is HIV+ and the other is HIV-negative.

A key point for discordant couples in the provision of PrEP services is the promotion of couple counseling to strengthen the relationship between the two people without focusing on the cause of the partner's infection, but instead promoting communication for skillful coexistence.

(1) Couple counseling

Pair counseling involves talking to PLHIV and their partner who has tested negative for HIV. The first step is to understand the relationship between the two individuals, the context, attitudes, perceptions, knowledge of HIV prevention, and the decision-making process about PrEP.

PLHIV

- Build confidence to not be afraid to reveal one's serostatus to one's partner. If the PLHIV takes their ARVs regularly, they can suppress their viral load until it is not detected in the blood – and that means the PLHIV is not infectious.

People who are HIV-negative

- You can choose to use PrEP if you feel you are at risk, or have a partner who is at risk, or may be worried and uneasy about having sex with a partner who is HIV+.

- PrEP is not necessary if the partner has successfully received and is taking ART.

Guidelines for counseling in discordant couples

- Assess risk behaviors while in a discordant couple relationship. Assess using couple counseling skills to create a mutual understanding of sexual behaviors. How much is the risk? Is the protection being used appropriately or not?
- Provide counseling on the importance and benefits of PrEP for the HIV-negative member of the pair. Suggest that PrEP is an effective alternative to preventing transmission to one's partner while the PLHIV is still on ART but their viral load is detectable. Another reason for PrEP is if the couple is not using condoms effectively, and the couple agrees that they do not want an HIV transmission to occur.

- The couple has a shared responsibility for HIV prevention; the counselor should focus on the decision of the couple to take a course of action.
- Counseling should focus on appropriate preventive measures that best suit the couple to reduce anxiety and address their lingering doubts.
- Counseling should provide comprehensive information on HIV prevention as follows:
 - Condoms: Promote negotiating skills for using condoms; emphasize that condom use prevents HIV, STIs, and unwanted pregnancy
 - Water-based lubricants: Use with condoms, especially in case of anal sex
 - Use ART until the viral load is not detected in the blood to minimize infectiousness
 - Comprehensive information on taking PrEP
- In the event that a person with a negative blood test cannot be confident that they can protect themselves at all times (e.g., the client cannot use a condom for every sex or they have unprotected sex with a PLHIV who is unable to take ART regularly), the provider may consider offering PrEP as an additional precaution. To build confidence, emphasize that there is no concern about being infected with HIV.
- PLHIV may still feel rejected, have feelings of guilt, self-stigma, or fear of being rejected when wanting to have sex. This can adversely affect sex life and the relationships between the members of a couple. PrEP can be promoted as a way to improve the sex life of the couple, and help them have a more normal relationship.
- In the case of heterosexual couples, PrEP is used as an incentive for discordant couples who wish to have children, and that can have a positive effect on the relationship and have the potential to improve social acceptance of the couple.

(2) U=U

Currently, there is scientific evidence that ART is the best prevention (treatment as prevention) of HIV transmission. If a PLHIV's viral load is undetectable in the blood, they are virtually non-infectious, even if having unprotected sex. This is called, in shorthand, as U=U (undetectable = untransmittable). To achieve that status, PLHIV must ensure that they are able to take their ARVs regularly, consistently, and on time. Therefore, in discordant couples, if it is certain that the PLHIV can suppress the virus at all times, then there is no need for PrEP. It is important to encourage the HIV+ member of a discordant couple to strictly adhere to ART until there is viral suppression to prevent HIV transmission to their HIV-negative partner.

(3) Discontinuation of PrEP

In general, in new acceptors of ART, HIV will become undetectable in the blood three to six months after initiating ART. Therefore, if the HIV-negative partner is confident that their HIV+ partner has suppressed their viral load, then they can stop taking PrEP. Generally, undetectable viral levels in the blood are less than 50 copies/ml.

6.2 MSM

A key point for MSMs in organizing PrEP services is to understand lifestyles and infection risks in the context of being an MSM.

(1) Counseling on risk behavior

- To prevent HIV infection during the window period
- Discuss and ask about the frequency of sex in one day or one week, in detail,
- Ask about the type of sex partners or number of sex partners in the last month and week, and the level of trust in the couple's sex life.
- To raise awareness of the risks in the high-risk clients undergoing PrEP, ask them to consider the following:
 - have had group sex
 - have had multiple sex partners
 - have been treated for syphilis or had gonorrhea
 - have not always used condoms
 - have used sexual stimulants (chemsex)
 - have used injection drugs

(Tip: have the client review past risk behaviors, especially if there is the sense that the client is covering up past sex risk behavior.)

(2) Recreation

Those going out partying at night, drinking alcohol and engaging in drug use, etc., may need to carefully plan the time to take PrEP because substance abuse may prevent regular intake of PrEP. Substance abuse can cause you to forget to take PrEP.

(3) Taking a history of taking other medications as part of assessing kidney function

In the case of being an MSM discordant couple, use the same guidelines as in 6.1.

6.3 TGW

The important issue for the TGW group in the provision of services is to understand the TGW's gender and sexual lifestyle.

(1) Gender identity

Providers should be trained on gender identity sensitivity. The provider must be able to make the client feel safe, i.e., does not threaten the TGW identity. This sensitivity causes many TGW to refrain from going for needed health services. Issues to be sensitive about include how to address the TGW, using a gender-neutral term to address them, using respectful words, and letting them decide which bathroom to use.

(2) Sexual history taking

Many providers may be inexperienced with physical exams and sexual history taking. This may stunt their ability to assess the real risk in sexual history taking with a TGW. This enquiry should include taking a history of transgender surgery and sexual behaviors that may affect the risk of acquiring HIV. For example, TGW who have undergone transgender surgery and have a new vagina (neovagina) lack natural lubricants. Therefore, there is a greater risk of vaginal tearing, which heightens risk of

STIs and HIV. People who engage in unprotected sex are at risk of STIs. People who share needles and syringes to inject drugs also have risk of HIV. Use of mood-altering substances, e.g., stimulants/chemicals to enhance sex, (chemsex etc.), increases risk. PrEP should be taken to prevent the risk of HIV infection in any or all of these situations.

(3) The use of female hormones in TGW

- Some TGW may be concerned about thin bones, particularly those who have had scrotal removal surgery. They should be advised to maintain bone mineral density, eat well, exercise, refrain from smoking, reduce alcohol consumption, and consult a specialist in the use of transgender hormones. Many TGW are concerned about the interaction of PrEP with sex hormones. This issue must be discussed in order to promote correct understanding, as it may lead to intermittent PrEP intake, making prevention ineffective. PrEP does not affect the use of sex hormones for transgender use. This is because the sex hormone is excreted from the body through the liver while PrEP is excreted from the body through the kidneys. The iFACT study found that when using hormonal drugs for transgender people, tenofovir levels were reduced by twelve percent, but there is no data on how much of a protective effect is retained with regular use.

(4) Irregular PrEP intake in the TGW group

PrEP is beneficial with TGW when used as directed on a daily basis. In the iPrEx study, 339 TGW subjects were not infected with HIV if they continued taking four or more PrEP tablets per week. However, PrEP adherence of TGW was less when compared to other groups, and the study did not take into account the effects of hormone use for TGW.

In the case of a TGW in a discordant relationship, use the same guidelines as in 6.1.

6.4 Adolescents

According to WHO, adolescents are those persons in the second decade of life. This means that individuals aged 10-14 can be grouped as 'early adolescents,' while those aged 15-19 as 'late adolescents.' Both the WHO and the US CDC do not set a minimum age for receiving PrEP, but do require that persons under age eighteen must be HIV-negative, be at high risk of getting HIV, and weigh thirty-five kg or more to be eligible for PrEP. Taking into account the potential benefits of PrEP, the Thai PrEP guidelines do not set a minimum age for acceptors, but recommend that criteria be based on their likelihood of getting HIV, their risk behaviors, body weight, and other clinical criteria according to Chapter 3.

Trends in HIV in Thailand show an increasing proportion of infections among persons under the age of twenty-five, accounting for approximately fifty percent of all new infections. In the past, agencies in the public, private, and civil society sectors collaborated to provide PrEP services to adolescents who are at high risk of getting HIV. Initially, services were in the form of pilot projects, model development, and special services. The information from those small studies helped assess the safety and efficacy of PrEP for adolescents. The data on adolescents' PrEP service behavior also provided academic evidence for Thailand to consider formalizing approval of PrEP for adolescents. From 2017 to 2021,

data from the PrEP Monitoring and Evaluation Unit (PrEP M&E) indicate that there were 1,188 persons under twenty-five years old who received PrEP, or twenty-nine percent of all clients (of these, 100 acceptors were under eighteen years of age, or two and a half percent of the total).

Special considerations for providing PrEP among adolescents

1. Adolescents have a need for comprehensive services covering adolescent health issues such as pregnancy, STI screening and prevention, mental health care, management of substance abuse, and hormone exposure (among adolescents in the TGW group).
2. Many adolescents are vulnerable and have special sensitive issues, such as the case of LGBT adolescents who have not disclosed their sexual orientation to their families, adolescent students who are pregnant while still enrolled in school, adolescents who use drugs, or adolescents who have depression or anxiety. These issues should be discussed and taken care of through standard mental health care. Providers should be aware of sensitive issues that adolescents cannot disclose to their parents.
3. Adolescents who are still developing a sense of identity and independence need freedom of decision-making and dislike being forced. But, at the same time, a counselor is needed who can talk and provide support with an understanding and acceptance of the adolescents' evolving identity.
4. Most adolescents do not have access to prevention services because they don't know about the services or believe that they are ineligible, especially free services such as birth control, HIV testing, PrEP/PEP, screening for STIs, condoms, etc. Adolescents should be educated about PrEP/PEP services and the efficacy of both drugs.
5. Most adolescents do not have sufficient funds and income to pay for reproductive health services. Both medical and travel costs are part of the barrier that hinder access to preventive services. Therefore, there must be increased publicity of free services and increased travel subsidies for adolescents to access essential health care.
6. Most adolescents have limited access to health services due to competing demands for their time at school and/or work. This deters continuous service and can undermine the attentiveness required to take medication regularly. The agencies responsible for the health services of adolescents need to implement more adolescent-friendly services, such as the provision of faster and more compact service times, flexible hours, and opening times on certain days that are after regular hours.
7. Adolescents have a high rate of STIs (as of March 2021, the rate of STIs among adolescents was 132.2 per 100,000 population). The main obstacle to bringing down the high rates of STIs is the limitation of adolescents to afford access to services and care.

Basic package of services for adolescents in need of PrEP

In 2014, the Thai Medical Council set out the following guidelines for physicians on HIV: *"People who come for HIV testing under the age of 18 do not need parental permission if the client is able to understand the infection and the meaning of the blood test"*. Along with this, the 2019 MOPH regulations on the types of facilities and actions for the prevention and treatment of unplanned pregnancy among adolescents state the following: *"Adolescents aged 15 years and over have the right to decide for themselves in receiving reproductive health services"*, where PrEP as an element of HIV

prevention is part of the health service. According to MOPH, adolescents can make their own decisions about PrEP services.

The decision-making rights of adolescents are also stated in Prevention and Response to Teen Pregnancy Act (2016), Section 1, Article 5, which reads: *“Adolescents have the right to make their own decisions and the right to information and knowledge, and receive reproductive health services confidentially and privately, and receive equal social welfare and no discrimination, and enjoy any other rights which is for the benefit of this Act, correctly, completely and sufficiently”*.

The main components of the PrEP package for adolescents are as follows:

1. Combination HIV prevention services

- HIV testing services with rapid results, such as screening with rapid test kits.

It is recommended that adolescents come in for HIV testing every three to six months.

Free post-exposure ARV (nPEP) for emergencies should be given in at-risk cases no more than 72 hours after risk. This nPEP visit is often the starting point for continued PrEP for high-risk adolescents. PrEP dosing should be adequate for one to two months, with screening for hepatitis B and C infection at first dose and renal function testing according to Chapter 3.

- STI screening and treatment services should have the client screened for syphilis and gonorrhea whenever symptoms are present, and consider checking every three to six months even if there are no symptoms. There should be involvement of adolescents' partners for HIV and STIs testing. There should be provision of enough condoms to fill the need, and emphasize the need to use condoms at all times to prevent STIs.

- Birth control pills.

2. Initial counseling for adolescents on risk reduction: General adolescents' health and concerns may be addressed through telephone calls or other online channels, and this is the most important aspect of helping adolescents to continue receiving services.

3. Reproductive health services topics include pregnancy prevention, contraception, alternative counseling, prevention, repeat pregnancy, or referral for antenatal care (ANC).

4. Assessment of physical, mental and social readiness (HEEADSSS) is needed to prepare adolescents for PrEP services because each adolescent may have different vulnerabilities, and that can affect the effectiveness of prevention and health care of different sexes.

Other important services

There may be an additional service in the clinic or a referral as necessary such as:

- Immediate referral for ART when a positive HIV test result is known.
- Mental health services: Mental health screening should be done. The Patient Health Questionnaire for Adolescents (PHQ-A) may be used in conjunction with a team to look after the adolescents' mental health, as adolescents are more likely to experience mental health problems such as depression. When there are gender acceptance issues among adolescents, being an MSM or TGW, there is always a risk of suicide, screening guidelines and care should be available in the event of an emergency.

- Prevention and treatment of substance abuse
 - Helping victims of violence or those who have been harassed, clinical case managers may use referrals to network clinics on a case-by-case basis along with other necessary welfare experts, such as competent officials in child welfare and welfare protection or children's homes in the area. They need to have up-to-date information on the service network/welfare services for adolescents in the area.

Elements and considerations for organizing PrEP services for adolescents

The adolescent-friendly PrEP service model should place adolescents at the center (adolescent-centered) and be a youth-friendly service. The elements and considerations for organizing PrEP services for adolescents are as follows:

1. Provide quality counseling and let adolescents make their own decisions

Based on the experience of many projects, adolescents who have had enough time in the initial consultation and have made their own decisions about risk reductions will be aware, trust the provider, and cooperate with continuous service compliance.

Staff can enhance services by the following:

1.1 Building trust and “*building a sense of belonging*” by giving enough time to consult, especially at the first meeting, and listening more than speaking. Staff may use open-ended questions to encourage adolescents to expand on their perceptions and risk of HIV, and their concerns.

1.2 Do not be judgmental, criticizing or lecturing. Try to understand the context of adolescents, especially adolescents who exhibit delinquent behavior in some situations such as substance abuse, prostitution, or repeat-pregnancy.

1.3 Offer viable options: Allow adolescents to make their own choices without pressure or persuasion. This is a great way to empower adolescents, show acceptance and confidence in the adolescents' identity, and influence good follow-up rates. Service providers must provide comprehensive information such as the following:

- Holistic HIV prevention information in all its forms. Offer frank information about both the good and the bad, and let the adolescents choose the method that suits them best.
- Detailed description of the medication. How to take the pills and what are the side effects.
- Invite positive dialogue, instead of intimidation, to make the client feel empowered and in charge of their own health care.
- Explore adolescents' chances of getting HIV and contextual facilitating factors to determine options and details of service using the HEEADSSS assessment.

1.4 Build confidence that the personal information of adolescents will be kept confidential. The issue of privacy protection is the most important factor for adolescents and youth. If there are any further issues that should be discussed with the teacher or parent, service providers must plan in advance with the adolescent to talk to the adults involved, and wait for the voluntary consent of the adolescent before doing so.

1.5 Continuing the HEADSSS assessment, officials must explore the likelihood of the adolescent client being stigmatized or subjected to bullying by peers, which may include sexual stigma. All forms

of negative HIV stigma can adversely affect continued medication adherence and discipline in taking medicine.

- The counselor should assess the adolescent's well-being and family conditions, and ascertain to what extent they have disclosed information to their parents. Does the family accept the sexuality of the adolescent?
- Assess the likelihood of social stigma for HIV. Some adolescents may be concerned when receiving PrEP services that they may be stigmatized that they have HIV.

1.6 The service provider may need to provide counseling through other contact channels, such as an online chat program, with a set period of time for answering questions (e.g., if asked after 22.00, the response will be provided the next day). This anonymous form of contact will reduce the concerns of adolescents in the event of an urgent problem, and is convenient for both adolescents and the service provider, as it fits with the current digital lifestyle of Thai youth.

2. Using a case manager approach

Experience with several PrEP programs for adolescents have shown that having a staff member who contacts adolescents regularly, helps to arrange follow-up appointments that are conducive to school schedules. This approach also helps to reduce the waiting process, and answering questions in a chat format is an important factor to reach and retain adolescents in the care system. Having a case manager plays an important role in building trust and good relationships among adolescents, promoting safe behaviors, and helping adolescents return to service despite travel obstacles. The key feature of a case manager is confidentiality. This includes protecting adolescents' privacy, and not using adolescents' personal information to determine the identity of the adolescents who come in for service. In addition, the case manager should have an overview of the facility and be able to provide comprehensive care for adolescents. This is essential for individuals who come for regular follow-up, as well as those who are likely to be infected and must be re-tested for HIV.

3. Provide friendly and flexible service

3.1 Organize an off-hours clinic, especially after 4 p.m. or on weekends as adolescents often have competing school schedules, work demands, and social activities that can affect both follow-up and discipline in taking medications. Government clinics have obstacles to opening outside of daily hours. An off-hours clinic for adolescents may be arranged one day per week with a case manager to assist in scheduling the adolescents' appointment.

3.2 Informal clinics, such as private clinics or CSO clinics: These are often more flexible than government clinics and add a more friendly option for adolescents to access more services.

3.3 Reduce the cost of health care services and reduce the number of trips to the clinic. Most adolescents are students who have no income. Therefore, assistance with travel expenses may be required. There can be outreach service or a community clinic. Some projects have begun to experiment with a service model that reduces the number of visits to the clinic by using online counseling (telemedicine) systems and sending HIV test kits and medicines by mail. This is feasible once the test kit has been registered by the Thai FDA.

3.4 Consider taking PrEP orally only before and after sex (on-demand PrEP), which is suitable for adolescent MSM who have fewer sex sessions or are able to plan ahead. The client needs to be reminded of the importance of using condoms at all times to prevent STIs. If, in the future, Thailand

approves the registration of injectable PrEP that is effective long-term, this option should be offered to adolescents as it will reduce adherence problems and help make PrEP service more client-friendly.

4. Choose a non-invasive specimen collection method

Clinics can increase their friendliness to adolescents by reducing anxiety from the process of collecting specimens, for example:

4.1 Procedures should be taken to draw blood only once but provide enough sera to test for HIV, hepatitis B and C, kidney function, and syphilis. Service units can streamline the process by obtaining consent from adolescents first.

4.2 Collect gonorrhea and chlamydia specimens in a client-friendly way; allow adolescents to collect the specimens themselves for privacy.

4.3 Another option for adolescents is to use the HIV Self-Test Kit (HIVST) instead of intravenous blood sampling. This can reduce the anxiety from blood testing, and improve user satisfaction by the rapid test results. The kits are easy to use.

5. Always screen for STIs

High rates of STIs in adolescents are a consistent finding in most of the pilot PrEP projects for adolescents. Therefore, adolescent clinics should screen for STIs for all adolescents, especially those adolescents who are sexually active, even if there are no symptoms of an STI.

- Service providers should focus on questioning any abnormal symptoms such as burning urination, purulent discharge from the vagina or the tip of the penis, and genital or anal lesions in both the adolescent client and their partners.

Because most adolescents are incomeless, screening for asymptomatic STIs should be free if possible, or have adolescents pay a portion of the cost, such as 30 percent of the actual cost.

- Service units that cannot detect infection in-house, or if there is a long wait time for test results, are at risk of losing clients to follow-up. If an adolescent has a history of STIs, then presumptive treatment should be considered, in addition to medicines for the sexual contacts of adolescents.

6. Comprehensive services for female adolescents

Based on the experience of the PrEP adolescents program by Siriraj Hospital and Bangkok Health Hub Clinic, a small proportion (twenty-five percent) of participating adolescents were female, but they were among those with high likelihood of getting HIV, such as already having STIs or working as a sex worker. According to the project, the results of receiving PrEP services for female adolescents differ from male adolescents as follows:

6.1 Adolescent females have less discipline in taking PrEP drugs, but due to biological factors, female adolescents need more PrEP than male adolescents for the drug to be effective.

6.2 Adolescent girls have fewer peer support groups than adolescent MSM.

6.3 By social context, female adolescents are more likely to have limited access to health services than male adolescents. Females are more likely to face judgmental societal values that limit gender equality in seeking health care.

These vulnerabilities highlight the need for comprehensive services for female adolescents, including contraception, STIs case management, HIV prevention, and reproductive health counseling. There need to be more groups that support health care for female adolescents.

7. There is a peer support system to support treatment compliance

To establish discipline in taking medication and practicing sustainable risk-reducing behavior, a group of friends is needed to support morale and motivate healthy behavior. The peer support group is a space for adolescents to consult, and exchange information and experiences. The group of friends will have to accept each other's identity, and maintain confidentiality. Having a good group of supportive friends will help reinforce PrEP services more efficiently.

However, the service program may need to be careful when using peer-to-peer methods. Otherwise, such an approach could turn into peer pressure to have adolescents receive PrEP unnecessarily. This will affect compliance with follow-up appointments in the future. Therefore, the service may use a peer leader system or 'opinion leaders' (influencer/idol of adolescents) to spread information and campaign for positive attitudes towards PrEP and access to testing for HIV, as well as other preventive services. The staff will need to spend time in counseling on the first attempt to allow the adolescent to reflect on their needs, assess their chances of getting HIV, and decide on a method that is truly suitable for them without the burden of peer pressure.

There should be an adolescents' health network, and adolescents and general society should be encouraged to know more about PrEP by using online media to reach adolescents and to involve adolescents in service design. The adolescents' health network, in addition to being a resource for finding youth in need (Reach and Recruit), is also a referral source for treatment (Treat). CSO clinics, private clinics, or school networks of teachers can be a link in this system. However, network referral or follow-up must be based on the voluntary and informed consent of adolescents.

Today's Gen Z Thais (those born after 2001 or under the age of twenty) tend to spend more than ten hours online each day, according to adolescent health behavior surveys. Understandably, online research is the number one resource that adolescents use for reproductive and sexual health information to assess their chances of acquiring HIV. They also seek recommendations from other adolescents directly regarding health services. Programs should use the existing digital platform network for adolescents, or the platform of specific groups and online influencers that adolescents follow, to recommend the adolescents' HIV testing or PrEP services.

Representatives of adolescents and youth reflect that the majority are unaware of PrEP, even among those who are likely to be exposed to HIV and should receive PrEP. The comprehensive sexuality education curriculum of many schools has no information on PrEP for adolescents. It is proposed that service providers boost awareness about PrEP through campaigns targeting adolescents, as well as the general public. In addition to promoting health literacy about PrEP, services can encourage

adolescents to participate in service design, as that is consistent with the principle of adolescents as the center. It also helps build sustainable health awareness among adolescents and young people.

For more information on monitoring PrEP services for adolescents, see Appendix F.

6.5 Pregnant women

An important issue for pregnant women is the provision of PrEP when in a sero-discordant relationship. Couples should be counseled to reduce risky behavior both for those who are planning a pregnancy and already pregnant women. For pregnant women, this version of the national guidelines refers to a situation where the pregnant woman is HIV-negative and her partner/husband is HIV+.

The benefits of PrEP for an HIV-negative pregnant woman include its safety and ability to reduce the risk of getting HIV from an infected partner. If the drug is taken continuously and regularly, the effectiveness of prevention is almost 100 percent, and the couple should be encouraged to use condoms as well. Condoms will reduce the risk of HIV infection if PrEP is taken intermittently during pregnancy or breastfeeding. They also offer protection from other STIs.

The PrEP service provision for pregnant women can be divided into 3 phases: Phase 1, pregnancy planning; Phase 2 during pregnancy; and Phase 3, after childbirth and lactation.

6.5.1 Provision of PrEP Services for Pregnancy Planning (Preconception)

If a discordant couple wishes to have children, they should be counseled on the use of PrEP and options for fertility planning.

- 1) Discordant couples wishing to have children and planning a pregnancy should consult a specialist to provide guidelines for its implementation suitable to the couple. The important thing to be aware of is that the HIV+ partner should be treated with ART until viral suppression is achieved (less than 50 copies/ml).
- 2) Discordant couples should be screened and treated for STIs before preparing for pregnancy.
- 3) PrEP is recommended for people who are not infected with HIV. When choosing to have sex without a condom on the day of ovulation to cause pregnancy, there are still concerns about risk for infection.
- 4) If there is still a risk of HIV infection, for example, the infected person is taking ARV intermittently or if their viral load is still high etc., having sex without condoms on the day of ovulation is not recommended as a strategy to get pregnant.

Table 6.1 Guidelines after known HIV test results for planning pregnancy for discordant couples before pregnancy and fertility planning

Not Infected with HIV	HIV+
<ol style="list-style-type: none"> 1. Screening and treatment of STIs before preparing for pregnancy 2. Health Assessment Screening before taking PrEP according to guidelines 3. TDF/FTC should be taken for at least seven days before sexual intercourse 4. Continue to take PrEP until no risk behavior is found 	<ol style="list-style-type: none"> 1. PLHIV should receive ART until viral suppression is achieved (less than 50 copies/ml). 2. Screening and treatment of STIs before preparing for pregnancy

6.5.2 PrEP service provision during pregnancy (Antenatal Period)

HIV-negative pregnant women whose partner is HIV+ should be cared for according to the risk behaviors assessed as follows: 1) there is a risk of infection by the partner (i.e., the HIV+ partner took ART but still hasn't suppressed the viral load to undetectable level, and there was unprotected sex in the past one month); 2) the partner is suspected of being infected but is in the window period. In such cases, the provider should consider the gestational age and the time period at risk of last exposure as shown in Table 6.2 and Figure 6.1.

Table 6.2 Guidelines for the care of HIV-negative pregnant women who have an HIV+ partner and are classified as being at risk of infection as assessed at the time of last exposure.

Last Risk Episode	Advice	Drug Regimen
1. Last unprotected sex with PLHIV within 72 hours.	Administer nPEP by oral administration until four weeks and receive care similar to those receiving nPEP	TDF/3TC/DTG or as appropriate
2. Gestational age less than 36 weeks and last unprotected sex more than 72 hours but less than four weeks.	<ol style="list-style-type: none"> 1. Immediate HIV testing should be performed using the fourth generation method 2. If negative, repeat test two weeks later; if still negative, repeat blood test at 28-32 weeks gestation 3. At labor, provide care according to the blood results; if the mother is found to be uninfected and still has risk, PrEP is recommended 	Consider PrEP if risky behavior persists
3. 36 weeks gestational age or more, and last unprotected sex more than 72 hours but less than four weeks	<ol style="list-style-type: none"> 1. Consider giving MTCT as any HIV+ pregnant woman; start ARV regimen and follow up on the mother's HIV status continuously until the window period is over. Treatment guidelines: 2. Abstain from breastfeeding 	Consider continuing PrEP in the mother to prevent infection from her HIV+ partner

	<p>3. If the mother's HIV test is negative after delivery, the mother's anti-HIV drug can be discontinued.</p> <p>4. Provide care for infant as if the mother was HIV+ and continue ARV drugs until the mother's window period is over and the ARVs can be stopped.</p> <p>5. If breastfeeding continues and the mother continues to have risky behaviors, it is recommended to abstain from sex for six weeks after giving birth. HIV-negative mothers should be given PrEP if assessed to be eligible and the mother has an understanding and readiness.</p>	
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Figure 6.1 Guidelines for caring for HIV-negative pregnant women during ANC or delivery whose partner is HIV+

Take history of the pregnant woman

- Check for risk behaviors in the past month, sex, and condom use
- Check for fever, enlarged lymph nodes, joint pain, muscle pain, sore throat, rash
- Take treatment history and viral load of the HIV+ partner

Certain there is low or no risk:

No sex in the past one month; partner viral load < 50 copies/ml

or

There is a risk[#]

Such as unprotected sex partner who is untreated or viral load \geq 50 copies/ ml, or not sure

If no risk:

- Repeat HIV testing at 28-32 weeks of gestation, during labor and every six months after birth
- Take care of mother and child as usual
- Breastfeeding is possible if the blood test is negative and there are no additional risks
- Advise protection using condoms

If there is risk in the past 72 hours:

- nPEP* four weeks
- Continuous HIV follow-up according to the nPEP* guidelines.
- If not infected with HIV, but still at risk, consider PrEP**

If there is risk in past three days to one month and < 36 weeks pregnant:

- Immediate follow-up for HIVAb blood test (4th gen) (if first was a 3rd gen test). Repeat test two weeks later if negative, repeat at 28-32 weeks gestation and at labor
- If the pregnant woman is uninfected but continues to engage in high-risk behaviors without protection, consider PrEP**

If there is risk in past three days to one month and \geq 36 weeks pregnant:

- Provide protection against MTCT of HIV, just like an HIV+ woman, for the benefit of protecting the newborn because the mother may be infected and in the window period
- Abstain from breastfeeding and follow up on mother's blood test results as mentioned above (take blood before starting medication)
- If the mother's blood results are negative after delivery and the window period (four weeks) has passed, the mother's ART may be discontinued
- If the mother is not infected and continues to engage in high-risk behavior without protection, consider PrEP** in the mother
- Provide care for the infant just as an infant born to a mother at high risk of HIV infection until the expiration of the window period (four weeks) after the mother was exposed to the last risk and was able to stop taking the drug but should refrain from breastfeeding
- If breastfeeding continues after delivery and is still at risk, consider PrEP** for the mother

* HIV non-occupational Post-Exposure Prophylaxis (nPEP) as soon as possible after exposure (within one to two hours) and at the latest within 72 hours. After exposure, it must be taken for four weeks.

** Pre-Exposure Prophylaxis (PrEP) is effective in preventing infection in discordant couples; adherence is the most important factor for PrEP effectiveness.

Note: HIV DNA or RNA (Qualitative) testing in pregnant women may be considered where they are available to assist in the early diagnosis of infection

PrEP counseling for pregnant women

Among pregnant women who are offered PrEP services for HIV prevention during pregnancy, some may have a partner or husband who is HIV+, or has risky behavior. Counselors should consider psychosocial issues. Appropriate counseling services in this situation can be a sensitive issue for both the pregnant woman and her husband/partner. The key issues are as follows:

- 1) Communication between a pregnant woman and her husband: Counselors should assess the relationship between the couple. For example, does the husband know or understand about taking PrEP? How best to promote cooperation and decision-making about taking PrEP, including continued intake for effective protection? Couple counseling will help the couple understand each other better.
- 2) Concerns about taking PrEP: Most pregnant women who decide to take PrEP have various concerns. Counselors can provide information to build understanding and confidence for pregnant women by using the counseling process as summarized below:

Issue of Concern	Counseling Tips
1. Will taking PrEP affect the fetus or not?	PrEP is a drug that pregnant women can take without affecting the baby. It is taken for the benefit of HIV prevention only when it is needed, and under the close supervision of the attending physician
2. Effectiveness of PrEP in case of sex during pregnancy	Taking PrEP while pregnant is as effective as when not pregnant.
3. If her husband/partner is HIV+, the pregnant woman may be worried about his prognosis and the future of their children	Counselors can provide information about ART for the HIV+ husband or partner so that they can be treated promptly and continually. That will help him have good health and quality of life, and he can live to help take care of the child as closely as other families



(3) The counselor should be open to discussing PrEP prevention and continued use after childbirth, as in the case with discordant couples that focus on prevention and regular PrEP intake.

Figure 6.2 Guidelines for HIV pre-test counseling during ANC at a couples' clinic

Consent to blood test		Do not consent to blood test	
Couple planning to have a child or a couple who have a pregnancy already			
Refer for HIV VCT			
Pre-test counseling			
Both are HIV+	Discordant	Both are HIV-neg.	Give counseling on blood testing to care for the fetus
			Still insist on no blood test (one or both)
PMTCT/HIV care	Suggest Prep	If in window period	Provide ANC as usual
PMTCT and continue ART		Continue to follow-up in case they decide to test	
		Post-partum at any CD4 level	

- If there is a risk in the window period, consider repeating the blood test after one month according to the guidelines
- Focus on preventing the transmission of HIV between the couple; promote consistent condom use; consider PrEP in indicated cases
- Screening for STIs

6.5.3 PrEP services in the postpartum period and during lactation (postpartum and breastfeeding)

If a postpartum woman has a negative HIV blood test during ANC or delivery, but the husband/partner is HIV+, take the following history:

- 1) Treatment history, adherence to the ART regimen, and partner's viral load over the past three months
- 2) History of risk behaviors such as having sex with husband/partner or others (multiple partner) without protection
- 3) History of symptoms of acute HIV infection such as fever, enlarged lymph nodes, joint pain, muscle pain, sore throat, rash, etc.

Table 6.3 Guidelines for the care of postpartum and lactating HIV-negative women with HIV+ husband/partner

Risk	Advice for care of the mother	Advice for care of the infant
The risk of infection from the male partner is low, including all of the following: <ul style="list-style-type: none"> • Husband takes ART regularly • Husband's viral load \leq 50copies/ml in the past one year 	Care for the mother as usual; no need for PrEP	<ul style="list-style-type: none"> • Take care of infant as usual • OK to breastfeed; if the mother is unsure of the risks or is worried, she should stop breast-feeding
A high risk of infection from a partner includes any of the following: <ul style="list-style-type: none"> • Husband has not received ART or is unsure about the regimen, or is still unable to suppress the virus (viral load greater than 50 copies/ ml) • Having multiple sexual partners • Husband viral load \leq 50 copies/ml but not sure about drug adherence or has a blood viral load measurement that is older than one year 	Prescribe PrEP for the mother	<ul style="list-style-type: none"> • If the mother receives PrEP, she can care for the infant child as usual and be able to breastfeed. If the mother is unsure of the risks or is worried, she should stop breast-feeding. • If the mother does not receive PrEP, she should abstain from breast-feeding as if she was an HIV+ mother who does not receive ART -- until the mother's window period is passed, then stop taking PrEP

In terms of the safety of taking PrEP in women who are breastfeeding, studies have shown that TDF and FTC are excreted through breast milk in very low amounts (0.3-2 percent) of therapeutic drug levels in infants). Currently, there are no reports of safety concerns in infants among women lactating and taking PrEP. However, there are concerns that mothers may not be taking the medication regularly because of the burden of raising their newborn. Therefore, emphasis must be placed on taking medication regularly. If the mother is unable to avoid, or is unsure of, risky behavior, she should stop breastfeeding. This is because the infant may be at greater risk of infection through consuming the breastmilk than the danger of ingesting PrEP. If a pregnant or lactating woman shows symptoms of acute HIV infection, always use a condom during sex and stop breastfeeding along with consulting a doctor for confirmation of acute HIV infection.

6.6 PWID

PWID refers to users of all types of narcotics by injection in the past twelve months. Users of other addictive substances/methods such as inhalation, eating, and consumption of other mood-altering drugs may also be at risk for HIV infection. Therefore PrEP services are important for all substance abusers.

A key issue for PWID in providing services is access to substance abuse and discussion of the potential risks of HIV transmission. Substance abusers are one of the most at-risk groups of getting and transmitting HIV through blood when they share contaminated needles and syringes with other drug users. Access to clean needles and syringes is difficult as a result of the crime suppression environment and policies that do not view drug addiction as a health problem. This phenomenon may come from the negative attitude of society toward substance abusers. When having unprotected sex, drug users, like any other sexually active person, have the opportunity to receive and transmit HIV as well. Taking PrEP is another way to prevent transmission. Psychosocial factors the counselor should consider when discussing PrEP with PWID include the following:

- 1) Encourage drug users to assess the feasibility of taking PrEP and make plans for continued and consistent use of the PrEP drug regimen.
- 2) Discuss prevention using clean needles and syringes
- 3) Use condoms at the same time concurrently with PrEP
- 4) Discuss potential situations and resolve issues such as being arrested for drug use

PrEP service in the PWID Group

Substance abusers are a vulnerable and hard-to-reach population. This makes it difficult for them to access health services or be available for outreach. Thus, organizing and delivering PrEP services in this group is not easy. Therefore, proactive service measures must be taken to locate and access these PWID groups. Certain CSO and networks of local substance abusers know who the drug users are and where to find them. Their staff has direct experience and specific skills in this regard. Thus, they can often organize services more efficiently than government staff. CSO services are client-friendly and more seamless. Members of the PWID group often serve as volunteers to access and refer friends to receive services. They can also provide on-site services in drop-in centers or as volunteers in static clinics. They know the gathering points for fellow drug users, and

that way can guide harm reduction services to the community where the drug users are. They can also help to follow up in the event that the drug user is lost to follow-up or misses a resupply appointment or check-up.

There is a process for organizing PrEP services for PWID under the concept of harm reduction, as shown in Figure 6.3

Figure 6.3 Steps in providing PrEP for PWID

PrEP service provision for PWID

Proactive service/coordination with civil society groups or agencies

- Study the context / gathering place of the target group
- Get to know and build relationships with target groups
- Provide preventive equipment, education and referral

PrEP service in the public health care unit

Walk-in client

Advise about PrEP

Assess psychological readiness for PrEP

No psycho-contraindications

Attending another clinic, e.g., drug, disease with risk of HIV

If person has mental health disorder symptoms, refer them to a MH practitioner.

Pre-test counseling for HIV, hepatitis B and C

Test for HIV, hepatitis B and C, and give harm reduction

Test positive

- Get ART and get medical care
- Have sex partner tested
- If a partner is negative, offer PrEP
- If hepatitis B, can prescribe PrEP
- If hepatitis C, receive UHC services for cure, stop PrEP

Takes PrEP

Continue with Prep unless test HIV+; then counsel to stop PrEP

Test negative

Pre-PrEP counseling

Declines PrEP

Provide risk reduction counseling; can start pre-PrEP counseling if they change their mind