April **2019**

Clinical Implementation Guide

for PrEP Provision in Eswatini

ACKNOWLEDGMENTS

With this publication, the Ministry of Health (MOH) issues the first national clinical implementation guidance for PrEP provision in Eswatini. This guide has been developed through the collaborative effort of many individuals and organizations. The process—which included a review of documents from the World Health Organization (WHO) and other countries as well as the clinical guidance document used for the PrEP demonstration studies in Eswatini—was led and coordinated by the Ministry of Health through the Eswatini National AIDS Program (ENAP).

The Ministry of Health greatly appreciates the following organizations for their technical and financial support during the development of this document: WHO, U.S. President's Emergency Plan for AIDS Relief (PEPFAR)/United States Agency for International Development (USAID), Joint United Nations Programme on HIV/AIDS (UNAIDS), National Emergency Response Council on HIV and AIDS (NERCHA), Clinton Health Access Initiative (CHAI), FHI 360/LINKAGES, PACT, mothers2mothers (M2M), University Research Co., LLC (URC), ICAP, Elizabeth Glaser Pediatric AIDS Foundation (EGPAF), Population Services International (PSI), Médecins Sans Frontières (MSF), Kwakha Indvodza, HIV Response Coordination, Community Capacity and Communication-Breakthrough ACTION (HC4), Southern Africa HIV and AIDS Information Dissemination Service (SAFAIDS), House of our Pride (HOOP), Health Plus for Men, Rock of Hope, Voice of Our Voices (VOOV), and TransSwati.

We are grateful to the health care workers and implementing partners who were involved in the implementation of the PrEP demonstration projects for sharing their experiences and best practices, thus contributing to the revision of this document.

Special compliments go to the core writing team who worked tirelessly to make this a reality. The team includes Sindy Matse (ENAP), Dr. Mopo Radebe (WHO), Dr. Busi Msimanga (WHO), Nomthandazo Lukhele (WHO), Dr. Neway Fida (USAID), Laura Muzart (FHI 360/LINKAGES), Anita Hettema (CHAI), Jill M. Peterson (FHI 360), and Dr. Rudo Kuwenga (ENAP).

Thanks also go to all the other people who contributed to these guidelines:

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FOREWORD

Eswatini has made major strides in its HIV response. Because we have sustained the HIV response over several years, new HIV infections have been reduced by about 44% in five years. Despite these achievements, the epidemic has shifted from what was known traditionally as a generalised epidemic to micro-epidemics affecting different groups, specifically some populations with very high vulnerability to HIV, such as adolescent girls and young women (AGYW), sex workers (SWs), and men. Different vulnerability levels, social risk factors, high-risk sexual practices, and limited access to appropriate HIV interventions influence HIV incidence among these populations.

This contextual understanding of the HIV epidemic is critical to developing and implementing effective HIV interventions. In its trajectory toward ending AIDS as a public health threat, the country has introduced pre-exposure prophylaxis (PrEP) as an addition to existing HIV prevention interventions. Expanding access to PrEP can encourage more people to learn about their HIV status, provide an opportunity to discuss individual risks, and increase clients' understanding of risk—thereby providing more opportunities to expand access to HIV prevention services and, if a person tests positive, to treatment services.

This document has been written to provide health care workers with a reference tool for PrEP implementation and to support staff with clinical decision-making related to this new HIV prevention method. The Ministry of Health expects the implementation of these guidelines to help fast-track PrEP scale-up in the country in order to reach epidemic control, and I would therefore like to call upon all actors in the fight against HIV in Eswatini to support successful implementation of these guidelines.

Dr. S. V. Magagula
Director of Health Services

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Acronyms

3TC	Lamivudine
ADR	Adverse drug reaction
AHI	Acute HIV infection
ALT	Alanine aminotransferase
ANC	Antenatal care
APRI	Aminotransferase to platelet ratio index
ART	Antiretroviral therapy
ARV	Antiretroviral
AST	Aminotransferase
BMI	Body mass index
EC	Expert client
FP	Family planning
HBsAg	Hepatitis B surface antigen
HIV	Human immunodeficiency virus
HTS	HIV testing service
LFT	Liver function test
M2M	Mothers 2 Mothers
MO	Medical officer
PEP	Post-exposure prophylaxis
PMTCT	Prevention of mother to child transmission of HIV
PO	Per oral
PrEP	Pre-exposure prophylaxis
STI	Sexually transmitted infection
TDF	Tenofovir disoproxil fumarate

PrEP Basics

Introduction

Pre-exposure prophylaxis (PrEP) is an efficacious HIV prevention intervention involving the use of antiretroviral (ARV) drugs by people who are not infected with HIV to prevent acquisition of HIV. The World Health Organization has recommended that PrEP be offered to people at substantial risk of HIV infection as part of a combined HIV prevention approach. PrEP should not displace or undermine the use of other effective and well-established HIV combination prevention interventions. These guidelines are intended for health care providers involved in PrEP service delivery and should be read in conjunction with the *Eswatini 2018 HIV Integrated Management Guidelines,* the 2017 *Eswatini Core Package for HIV Prevention,* and the *PrEP National implementation Framework 2019.*

PrEP regimen

The recommended ARV regimen for use as PrEP in Eswatini is Tenofovir (TDF) 300 mg and Lamivudine (3TC) 300 mg, orally given as a fixed-dose combination.

PrEP use

PrEP is a pill that should be taken daily before, during, and after periods of substantial risk of HIV acquisition (Figure 1). PrEP becomes effective after seven days of continuous use. It can be stopped during periods of no risk, but in order for it to be effective it should be taken daily for at least 28 days after the last potential exposure.

FIGURE 1.
PrEP Use

Definition of terms

PrEP initiation	A client who initiates PrEP for the first time.
PrEP re-start	A client who re-starts/re-initiates PrEP after stopping PrEP for at least seven days. A client can re-start PrEP if confirmed HIV negative during a new period of substantial risk.
PrEP continuation	A client who continues PrEP without interruption for any period of ≥ seven days.
PrEP Stop	A client who stopped PrEP. Stopping PrEP can be due to a variety of reasons that include: ▶ Client no longer at risk (ideally not stopped before 28 days after last exposure) ▶ Persistent side effects ▶ Client prefers other prevention strategies ▶ Client seroconverted
Missed appointment	A client who missed a scheduled follow-up appointment by ≥ three days and < seven days.
PrEP lost-to-follow-up	A client with no documented STOP code who did not come for a scheduled appointment within seven days.

Getting started on PrEP

Indications for PrEP

PrEP is offered to eligible, HIV-negative individuals who are at substantial risk of acquiring HIV infection. The following eight populations will be prioritized:

- Adolescent girls and young women (16-25 years)
- Pregnant and lactating women
- Serodiscordant couples
- Sex workers
- Men who have sex with men
- Clients with sexually transmitted infections (STIs)
- Males (30-34 years)
- Transgender people

Prior to determining the risk level of the client we first need to determine if the client is sexually active. If they are please follow through with the following risk assessment questions, if not there is no need to continue with the risk assessment questions as the client will more than likely not benefit from PrEP.

Risk Assessment Questions

In the past SIX months:

Yes	**1.** Did you have sex with: [__] Men [__] Women [__] Both	
Yes	**2.** Have you had unprotected (condom-less) sex with partners who are HIV positive or whose HIV status you did not know?	**No**
Yes	**3.** Is selling sex part of your regular income?	**No**
Yes	**4.** Have you had a sexually transmitted infection (STI)?	**No**
Yes	**5.** Have you had sex under the influence of alcohol and/or drugs?	**No**
Yes	**6.** For women only: are you currently pregnant or lactating?	**No**
Yes	**7.** Have you experienced, or do you expect to experience, any situations that you consider to be risky for acquiring HIV? If yes, specify: _____	**No**

if yes to any
Discuss HIV prevention options, including counseling on the benefits of PrEP.

if no to all the person is not at high risk for HIV
Discuss HIV prevention as appropriate.

Risk Conclusion

For those at substantial risk, to determine eligibility to initiate PrEP, first rule out acute HIV infection (AHI).

Yes	Is the client at substantial risk?	**No**
Yes	Did the client accept the PrEP offer?	**No**

if yes to both
Complete the intra-facility referral tool to allow the client to be assessed for eligibility for PrEP.

if no to any
Discuss HIV prevention as appropriate.

Intra-facility referral tool

To help transfer clients within the facility the intra-facility tool was developed to help document that PrEP was offered and to capture priority population of clients that are eligible for PrEP. For this form it will be key to use the discussions that occurred during the Risk Assessment discussion to fill out this form.

Please provide this form to the client to share with the initiating health care worker.

PrEP offered	[__] Yes	[__] No
Priority population	[__] Yes	[__] No

If yes, tick all that apply:

[__] 1 [__] 2 [__] 3 [__] 4

[__] 5 [__] 6 [__] 7 [__] 8

AGYW (16-25) (1) based on Age provided, **Serodiscoradant (2)** based on discussions from question 2 from the risk assessment (Q2), **SW (3)** based on response for Q3, **MSM (4)** based on sex provided and response for Q1, **TG (5)** based on disclosure during discussion, **Pregnant (6)** based on response for Q6, **Lactating (7)** based on response for Q6, **Male 30-34 (8)** based on sex provided.

Ruling out acute HIV infection (AHI)

In the past SIX months:

Yes	In the past three days, has the client experienced any signs and/or symptoms of acute HIV infection (AHI)?	**No**
Yes	If client experienced signs and symptoms of AHI, has there been exposure to HIV in the previous 14 days?	**No**

if yes to both
Defer PrEP and make an appointment for repeat HIV testing in four weeks. Document appointment date on PrEP client card.

if no to either one
Determine if client is eligible for PrEP.

If you have determined the client is at risk, and ruled out AHI, determine if the client is eligible for PrEP.

Eligibility criteria for PrEP

- Age ≥ 16 years unless client is a mature minor ≥ 12 years old
- HIV-negative test on the day of PrEP initiation using the national HIV testing algorithm
- Absence of symptoms indicating AHI in combination with a exposure for HIV in the previous 14 days
- Client willingness to attend scheduled PrEP visits until 28 days after risk period
- No contraindication to use of TDF + 3TC
- Bodyweight ≥ 40 kg

Use the following eligibility checklist to ensure that the client is eligible to initiate PrEP.

In circumstances where a healthcare worker can not determine the risk for HIV infection but the client demands PrEP and meets other criteria, the client can still be initiated on PrEP.

Eligibility checklist prior to prep initiation

Yes	**1.** Client is ≥16 years (or mature minor >12 years)	**No**
Yes	**2.** HIV test is nonreactive on PrEP initiation day	**No**
Yes	**3.** Client is at substantial risk for HIV infection	**No**
Yes	**4.** Client is not suspected to have AHI	**No**
Yes	**5.** Client is ≥ 40 kg	**No**
Yes	**6.** Client is willing/able to come to follow-up appointments	**No**
Yes	**7.** Client has no contraindications to TDF or risk factors for abnormal creatinine	**No**

if yes to all
Initiate PrEP.

if no to any
Client is not eligible for PrEP.
Discuss other HIV prevention options.

Contraindications for PrEP

PrEP should **NOT** be provided to people with:

- Age less than 16 years unless the client is considered a "mature minor" ≥ 12 years old
- HIV-positive test on the day of PrEP initiation using the Eswatini national HIV testing algorithm
- Signs of acute HIV infection (Box 1)
- Client unwilling to attend scheduled PrEP visits until 28 days after risk period
- Contraindications for TDF + 3TC as described in the national guidelines
- Creatinine clearance less than 60 ml/min
- Body weight < 40 kg
- Contraindication use of nephrotoxic medication

PrEP minimum package

The PrEP minimum package of services includes:

- HIV testing and counselling, including index testing and couples testing
- Hepatitis screening, creatinine clearance monitoring
- Comprehensive HIV prevention, including risk reduction counselling and condom distribution
- Assessment of need for contraceptives and/or pregnancy testing
- STI screening, diagnosis, and treatment
- Screening for noncommunicable diseases, such as diabetes mellitus and hypertension
- Referral for voluntary medical male circumcision services

Box 1. Signs and symptoms of AHI

Flu-like symptoms i.e. anorexia, malaise, fever, sweats, sore throat, mouth ulcers, muscle or joint pains, rash, swollen glands and headache or diarrhea

- Referral for services for gender-based violence or mental health issues identified during counselling
- Adherence assessment and counselling, help identify possible barriers to good adherence

PrEP initiation and follow-up visits

Once you have determined that a client has met the eligibility criteria listed above, and does not have contraindications for PrEP, the client should undergo further testing and screening, as outlined in Table 1.

For most clients, PrEP can be initiated the same day. However, in some scenarios outlined in Table 1, it is recommended to defer PrEP initiation.

In the following special scenarios, clients can initiate PrEP with extra considerations and counselling.

For clients reached at the community level follow up should be made within three days of the deferred appointment date by the community outreach provider to ensure linkage. Good practice would include an appointment reminder.

For all clients that defer initiation they should still receive other applicable and available services.

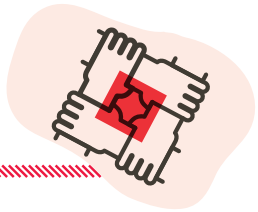
INITIATION STEP	PLAN OF ACTION	PROVIDER
HIV test **(HIV testing services [HTS] guidelines)**	HIV test needs to be performed on the day of PrEP initiation. If positive, client must not be initiated on PrEP, but should be immediately initiated on/referred for ART. If the test result is inconclusive, defer PrEP and follow the National algorithm until a definite HIV test result has been obtained for all clients who are not pregnant or lactating For pregnant and lactating women with an inconclusive HTS result, refer to Prevention of mother-to-child transmission (PMTCT) guidelines that advise putting the women on ART until the results are received. If the results come back positive, continue on ART and if the results are negative, switch from ART to PrEP drugs if client is still interested.	HTS counsellor Nurse Medical officer (MO)
Counselling	Conduct behavior risk assessment. Discuss combination prevention package and risk reduction, including counselling and demonstration of correct and consistent condom use. Educate about the benefits and limitations of PrEP, including what to do when experiencing side effects. Evaluate client's eligibility, willingness, and readiness to take PrEP. Discuss disclosure to partner/family. Offer family planning and safer conception counselling, if applicable.	HTS counsellor Nurse MO Expert Client (EC) Mothers 2 Mothers (M2M)
Clients at risk of AHI If client presents with signs and symptoms of HIV infection and possible exposure to HIV in the previous 14 days	Defer PrEP. Repeat HTS after four weeks. If negative, initiate PrEP.	HTS counsellor Nurse MO

INITIATION STEP	PLAN OF ACTION	PROVIDER
Serum creatinine A Serum Creatinine test is required prior to initiation for clients with the following risk factors: • Age >50 • Hypertension • Diabetes mellitus • Body Mass Index (BMI) < 18.5 • Other nephrotoxic medication • Any symptoms or signs suggestive of renal impairment	If risk factors of client require a serum creatinine test at initiation defer client until results are received. Calculate creatinine clearance. If creatinine clearance < 60 ml/min→ see management of creatinine elevation (page 15). If creatinine clearance ≥ 60 ml/min, initiate PrEP.	Nurse MO Counsellor/ Phlebotomist
Hepatitis B surface antigen	HBsAg negative: Offer hepatitis B vaccination if not previously completed at 0, 1, and 6 months (as per national hepatitis guidelines). HBsAg positive: See section on clients with a hepatitis B infection wanting PrEP (page 10).	Nurse MO Counsellor/ Phlebotomist
Syndromic screening for STIs	If syndromic, manage STIs as per STI standard treatment guidelines.	Nurse MO
Pregnancy testing	Determine last menstrual period; do pregnancy test if indicated. Confirm pregnancy in clients reporting amenorrhea. *(Remember, pregnancy is not a contraindication for PrEP).*	Nurse MO Counsellor/ Phlebotomist
PrEP initiation	Assess exclusion criteria for PrEP contraindications. If no contraindications, provide PrEP for 28 days	Registered nurse MO Counsellor/ Phlebotomist

Box 2. Symptoms and Signs suggestive of renal impairment include

Decreased urine output, fluid retention causing swelling of legs, ankles, feet, hands, or face, shortness of breath excessive drowsiness or fatigue, confusion, ausea and vomiting, general weakness, irregular heartbeat

Community-based PrEP services



Provision of PrEP through the community will be done through approved MOH community outreach providers. The two approaches to community-based PrEP services are noted below:

PrEP initiations and referrals for refills

- Client should be willing to be linked to a PrEP-offering facility of their choice.
- Order PrEP commodities from Central Medical Store (CMS) following MOH policies and procedures.
- Utilize a provider specific PrEP register.
- Ordering, storage and reconciliation of PrEP commodities will be done as part of routine CMS ordering and standard operating procedures.
- Initiated client will be entered into the PrEP register, documenting the client as an initiated and transfer out client with the referral serial number and referred facility noted in the notes section.
- Provide a referral to the client with the following information to the facility of the clients choice for PrEP. The referral letter should include the following information:
    - PrEP initiation date
    - Length of time on PrEP
    - Results of baseline laboratory tests
    - Contact information of a Community Outreach Provider nurse that can support any follow up questions.
- Provide the client with an appointment card for the next scheduled visit.
- When the client comes for their 1 month visit in the receiving facility; record as a transfer in and the referral serial number and referring organization/clinic should be noted in the notes section.
- PrEP reporting will be done monthly through existing regional reporting structures.

Community outreach provider PrEP initiations and refills

- Provide PrEP services monthly at the same outreach location to ensure clients can receive their refills. A three-month schedule will be available to support refill appointments.
- Order PrEP commodities from CMS following MOH policies and procedures.
- Utilize a PrEP register specific to that provider.
- Ordering, storage and reconciliation of PrEP commodities will be done as part of routine CMS ordering and standard operating procedures.
- Services need to be offered at the time of day that accommodates priority populations (including weekends and after regular business hours).
- Provide the client with an appointment card for the next scheduled visit.
- The appointment card should include all relevant information that might be needed for the client who may need to access a client due to side effects or other PrEP related issues between visits.
- PrEP reporting will be done monthly through existing regional reporting structures.

In the following special scenarios, clients can initiate PrEP with extra considerations and counselling:

Clients on post-exposure prophylaxis (PEP)

- If HIV-negative after 28 days of PEP, the client can initiate PrEP. Transition from PEP to PrEP does not need to have an interruption.

Clients previously on PrEP coming for re-initiation

- If a client wants to go back on PrEP after having been off for more than seven days, repeat all procedures conducted at the PrEP initiation visit. Hepatitis B screening should only be redone if the previous result was from more than one year ago. See PrEP initiation and follow-up visits (page 7 and 13).
- Continue with previously assigned PrEP client records and PrEP number.
- Document "re-start" in the PrEP client records if the client missed an appointment by more than seven days.

Clients with a hepatitis B infection wanting PrEP

- PrEP is not contraindicated in clients with hepatitis B infection; if the HBsAg result is positive, the client can initiate PrEP.
- Clients with hepatitis B infection will need monitoring with additional liver function and platelet tests in order to calculate the aminotransferase to platelet ratio index [APRI] score.
- Be cautious when stopping PrEP; there is a risk of viral rebound. Check liver function tests when stopping PrEP.
    - Refer to medical officer for continued management of hepatitis B infection when stopping PrEP.
- Liver function tests should be conducted for clients at baseline, every six months, and at drop-out/stop.

Clients with a hepatitis B infection not interested in PrEP

- Discuss benefits and limitations of TDF for hepatitis B infection.
- Take alanine aminotransferase (ALT), aminotransferase (AST), and platelets to calculate APRI score and assess need for treatment (See pages 107 and 218 of the *2018 Eswatini Integrated HIV Management Guidelines and Eswatini Hepatitis Management Guidelines*, respectively.)
- Clients with an APRI score greater than 2 should be given treatment for hepatitis B as a priority regardless of their HIV risk.

APRI score calculation

$$\text{APRI} = \frac{\left(\frac{\text{AST level}}{\text{AST upper limit of normal}}\right) \times 100}{\text{Platelet count } (10^9/\text{L})}$$

PrEP and other drug interactions

ARV drugs used for PrEP (TDF and 3TC) do not have any known interactions with contraceptive hormones, hormones used for feminization by transgender women, or hormones used for masculinization by transgender men.

There are no known interactions between PrEP medicines and alcohol or recreational drugs. However, if a PrEP user thinks that his or her use of alcohol or other substances is interfering with taking PrEP regularly, the PrEP provider should discuss possible behavior change with the client.

See *2018 Eswatini Integrated HIV Management Guidelines* for further guidance on potential drug interactions with TDF and 3TC.

Key counselling messages

Education and counselling

Education and counselling for clients considering PrEP, or clients already on PrEP, are important to ensure the drugs' effective use.

PrEP counselling should:

- Be client-driven, based on their needs, resources, and preferences; it is not prescriptive.
- Recognize that behavior change is not easy, and human beings are not perfect.
- Focus on the identification of small wins and achievable next steps in reducing risk and/or making pill-taking easier.
- Include the messages outlined in Table 2.

Table 2. Counselling and education for clients about PrEP

TOPIC	KEY MESSAGES
What is PrEP?	PrEP is one of several HIV prevention options and, should be used in combination with condoms. PrEP does not protect against other STIs or prevent pregnancy.
PrEP works if taken as prescribed	For PrEP to be effective, it must be taken every day and for 28 days after the last exposure. If you miss a dose, you must take PrEP as soon as you remember, and continue to take daily as before.
PrEP is not for life	You should take PrEP for as long as you are at substantial risk for HIV infection. Some clients may have intermittent need for PrEP while others have an ongoing need.
Starting and Stopping PrEP	Seven days of PrEP are needed before you achieve full protection from HIV. You can stop PrEP 28 days after your last exposure if you are no longer at a substantial risk. Ways to lower risk include: • Adopting safer sexual practices, including consistent condom use • When an HIV-positive partner in a serodiscordant couple has been on effective ART for six months, has an undetectable viral load, and remains adherent • Receiving voluntary medical male circumcision Clients are strongly encouraged to visit the clinic to formally stop PrEP to allow for a final HIV test to confirm HIV status.
Ways to support adherence	PrEP can be taken any time of the day, with or without food. Taking PrEP each day is easiest if you make taking the tablets a daily habit, linked to something you do every day without fail. For example, you could take PrEP when you brush your teeth (either in the morning or evening). If you forget to take a tablet, take it as soon as you remember, and continue to take it daily as before.
PrEP and alcohol or recreational drugs	There are no PrEP interactions with recreational drugs or alcohol. (Emphasize adherence and pill-taking reminders.)

TOPIC	KEY MESSAGES
PrEP, pregnancy, and breast-feeding	Pregnancy is not a contraindication for PrEP. You can use PrEP throughout pregnancy and breastfeeding. *(Assess family planning needs and offer as appropriate.)* PrEP does not prevent pregnancy. *(Offer PrEP to pregnant women at high risk of HIV as a priority after all the risks and benefits have been explained to the client.)*
PrEP and other drugs	PrEP is safe and effective, even when taken with hormonal contraceptives, sex hormones, or nonprescription drugs.
No STI protection other than HIV	PrEP does not prevent any other STIs. Condoms used in every act of sexual intercourse provide protection against many of these infections.
Side effects	Approximately ten percent of people experience mild side effects, including: • Gastrointestinal symptoms (diarrhea and nausea, decreased appetite, abdominal cramping, and flatulence) • Dizziness • Headaches Most of those symptoms will disappear within one month. However, your health care provider can help you manage these side effects. (Symptom management will help clients adhere to PrEP.) Major side effects are rare and include renal toxicity, metabolic complications, and decreased bone mineral density (all of which are reversible upon stopping PrEP).

Examples of good counselling messages:

"You've decided to use PrEP as a way to protect yourself and that's great."

"Pill-taking isn't easy and takes some practice, especially if you aren't used to taking pills."

"Remember, for PrEP to work, you have to take it every day."

"I'm here to help by working with you to figure out a way to make taking your pills easier so that you get the most protection you can."

Risk reduction counselling

PrEP counselling should include messages about risk reduction. Risk reduction counselling is a behavioural intervention that attempts to decrease an individual's chances of acquiring HIV and other STIs. It includes counselling about HIV prevention, sexual and reproductive health, and family planning and should be provided at all follow-up visits for PrEP users.

The main objective of risk reduction counselling is for clients to assess individual risk and set realistic goals for behaviour change that could reduce their risk of contracting HIV and other STIs, as well as prevent unintended pregnancies. This counselling, which is most effective when nonprejudicial and user-centred, can be provided by any trained health care provider and should:

- **Explore** the context of the client's specific sexual practices and psychosocial status and help the client recognize any of his or her behaviours that are associated with higher risks for HIV infection or unintended pregnancy. Health care providers should also be aware that clients might not always perceive their own risk or may be in denial about it.
- **Identify** the sexual health protection needs of the potential PrEP user and reflect on what his or her main concerns appear to be.
- **Strategize** with the client about how he or she can manage these concerns or needs.
- **Agree** on which strategies the client is willing to explore and provide guidance on how to implement them.

Client follow-up

Clients are asked to see a provider for regular follow-up visits one month after initiation, three months after initiation, and then every three months thereafter. Follow up visits can be done by nurse assistants, registered nurses and MOs with support from HTS counsellor, ECs, Phelobotmists and M2Ms. Table 3 outlines the procedures for each of those visits. These visits are the minimum number of visits a PrEP client will require, however, visits can be more frequent (and refills shorter) if PrEP is integrated with another service (e.g. Antenatal care (ANC) visit or Family Planning (FP) visit) should be aligned as much as possible.

Table 3. Client follow up visit procedures

AT SCHEDULED FOLLOW-UP VISITS:

• Confirm HIV-negative status (if positive, refer for ART).
• If there are signs or symptoms of AHI at any follow-up visit, continue PrEP while waiting for test results.
• Provide risk reduction counselling.
• Provide adherence assessment and counselling. Identify possible barriers to good adherence.
  • If adherence has been good, issue appropriate supply of PrEP medication.
  • If adherence has been poor, identify barriers to good adherence and provide support as appropriate. Emphasize the limitations of PrEP if not taken daily and discuss other prevention methods.
• Assess tolerability, side effects, and effective use.
• Actively manage side effects.
• Assess for pregnancy status.
• Assess need for contraceptives.
• Provide STI screening and treatment.
• Review baseline laboratory results (if not done previously).
• Provide appropriate refill. Refills can be provided by Registered Nurse, Medical Officer and Nursing Assistants trained on PrEP.
• Schedule next visit.

IN ADDITION TO THE ABOVE, CONDUCT THE FOLLOWING:

Provide the client with an appointment reminder 48 hours prior to the schedule appointment. (optional)

- Follow up with clinic within 5 days of the scheduled appointment to see if client came to the appointment.
- If client has attended the scheduled appointment the client has successfully been linked to the clinic.
- If the client has not attended the scheduled appointment the client will need continued follow up and documentation of status in the Community Outreach Provider PrEP register (STOP, LTFU, etc).

At three months:

- Creatinine clearance test, thereafter annually for clients with normal results.
- Bodyweight (in order to calculate the creatinine clearance)
- Unscheduled visits: as per need.

Stopping PrEP

Advise clients to inform the service provider when they want to discontinue PrEP. The duration of PrEP use may vary, and individuals are likely to start and stop PrEP depending on their risk assessment at different periods in their lives, including changes in sexual relationship status, behaviors, and ability to adhere to a PrEP maintenance program. Health care workers should discuss the options of when to discontinue PrEP with their clients. PrEP can be stopped for the following reasons:

- Positive HIV test
- Client request
- Safety concerns, such as persistent creatinine clearance <60ml/min
- No longer at substantial risk
- Persistent side effects

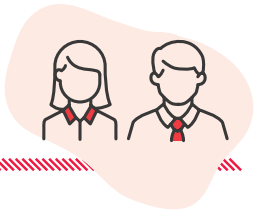
Be sure to adequately document the reason for stopping PrEP, and if PrEP is discontinued at request of the client, do not be judgmental. Remember, PrEP is a personal decision.
Be sure to:

- Explore risks and alternative prevention/risk reduction strategies.
- Advise client that an HIV test is required to re-start PrEP.
- Remind client that PrEP should be continued for 28 days after the last risky exposure.
- Encourage ongoing links to appropriate HIV prevention services and contraceptive services, as well as the use of other HIV prevention strategies, as needed.
- See also “Clients with a hepatitis B infection not interested in PrEP” (page 10).

Restarting PrEP

Advise clients that, at a minimum, an HIV test is required before restarting PrEP. When clients re-start PrEP after missing more than seven days, they are treated as a re-start client. Providers should follow normal PrEP initiation procedures. Enter the client on a new line in the register in a new cohort and indicate that the client is a re-start. Indicate if the clients discontinued PrEP for ≤12 months or >12 months.

Management of clients in specific situations



This section outlines management of clients in specific situations outside of regular client follow-up.

Management of creatinine elevation

- Approximately 80 percent of creatinine elevations are self-limiting (without stopping PrEP) and are caused by dehydration, exercise, diet, diabetes mellitus, hypertension, liver failure, or hepatitis C virus or may be a false-positive test result. Rule out and manage other causes of elevated creatinine.
- Serum creatinine is not a good marker of kidney function. Calculate creatinine clearance as per Cockcroft-Gault formula.
- If the calculated creatinine clearance is:
    - < 50 ml/min: Stop PrEP and refer to MO immediately.
    - 50-60 ml/min: Repeat serum creatinine within two weeks. If repeat sample gives creatinine clearance < 60 ml/min, stop PrEP and consult with MO for further investigation and management.

Management of clients with inconclusive HIV test result during follow-up visit

- For non-pregnant or lactating clients:
    - Discontinue PrEP.
    - Follow the national HIV testing algorithm for clients with an inconclusive result.
    - Only after a confirmed HIV negative result, can the client continue with PrEP.
    - Strongly emphasize the importance of condoms use during the period with inconclusive HIV test results (e.g. new infection is highly infectious).
- For clients that are pregnant or lactating:
    - For pregnant and lactating women with an inconclusive HTS result, refer to Annex 2 which outlies guidance from the PMTCT guidelines. Management of HIV seroconversion.
- If a client seroconverts while on PrEP:
    - Document seroconversion and possible reason for seroconversion (non-adherence, stopped taking PrEP, or PrEP failure, i.e., breakthrough infection while adherent to PrEP).
    - Offer ART immediately (as per ART guidelines).
    - Management of side effects and adverse drug reactions (ADRs).
- Minor side effects are relatively common but are mild and self-limiting and often do not require discontinuation of PrEP. These include nausea and/or vomiting, diarrhea and/or flatulence, dizziness, headache, and weight loss. Side effects should be managed symptomatically, and counselling should be provided.
- Major toxicities (including renal toxicity and metabolic complications) associated with TDF and 3TC are rare in PrEP exposure to date. Consult MO if these occur.
- Any side effects should be recorded in client records and ADR form, regardless of severity.
- Complete the national ADR form as per standard operating procedures.
- If PrEP will be discontinued, record the outcome in PrEP register.

Classification and management of interruption of PrEP

- Missed appointment: appointment missed three to seven days.
    - Efforts should be made to reach the client and remind him/her about the appointment.
- PrEP discontinued: **This is a final outcome for the current course of PrEP.** If these clients reinitiate PrEP, they are "restarting" PrEP. Use the same PrEP ID, if still HIV negative, still at risk, clinically eligible, and willing to restart. This outcome is given for the following:
    - Client formally stops PrEP as per "Stopping PrEP" section above.
    - When followed up by phone/home visit etc., client who missed appointment indicates that he/she has stopped.
    - Client has discontinued PrEP for more than 7 days

Management of clients requesting a transfer out

- If a client wants to move and is motivated to stay on PrEP, inform the client of other facilities that offer PrEP.
- Complete the national referral tool and include PrEP client number, Client Management Information System number, start dates, regimen, date of last HIV test, and other laboratory investigations.
- Record outcome as "Transfer Out" in the PrEP register and national referral tool.
- Put one copy of referral tool in the facility referral file, send one copy to the receiving facility, and give one copy to the client to take to the receiving facility.

Management of clients transferring in

- Place MOH referral letter in the facility referral file.
- Indicate original PrEP start date in the client register and use the same PrEP client number.
- Enter client details in original cohort in PrEP register.
- Write transfer-in date and original facility in comment section.
- Continue with routine PrEP follow up schedule

Documentation and data management

Documentation

Documentation of PrEP initiation should be done in the PrEP register and the client PrEP appointment card.

PrEP job aids

Job aids (Table 4) are available from the MOH to help providers assess PrEP risk and eligibility.

Table 4. PrEP job aids

JOB AID	PURPOSE	COMMENTS
PrEP risk assessment	To identify clients at substantial risk for acquiring HIV infection	• Tool can be used by HTS counsellors or other health care workers performing HIV testing or post-test counselling to HIV-negative clients. • The tool can be used to initiate a discussion about individual risk. • Tool can be used by HTS counsellor or other health care workers performing counselling on the priority population status
PrEP eligibility assessment	To ensure that clients are eligible for PrEP and have no contraindications	• Tool to be used by clinicians for clients identified as being at substantial risk for HIV. • Checklist to ensure that there are no contraindications for PrEP or reasons to delay PrEP initiation.

PrEP data collection tools

The tools outlined in Table 5 are required for facilities providing PrEP.

Table 5. PrEP data collection tools

TOOL	PURPOSE	COMMENTS
PrEP Intra-facility	To support intra-facility referrals and to document priority population of clients that are eligible for PrEP	• Who ever conducts the HIV Risk Assessment questions should then note the priority population on the tool.
PrEP register	To monitor PrEP continuation and outcomes of all PrEP clients	• Every client initiating PrEP or re-starting PrEP should be entered in PrEP register. • Record clients' follow-up HIV testing and PrEP status at 1, 3, 6, 9, 12, 15, 18 months. • Register will be used to complete monthly summary forms.
PrEP monthly summary form	To monitor uptake, continuation and adverse events of PrEP aat the facility level	• Complete within five working days of new month. • Submit to Regional Strategic Information Department to provide feedback to the Region and ENAP
PrEP client appointment card	To remind client of next appointment date	• Write PrEP ID number on card. • Write PrEP start date. • Indicate follow-up visit

Additional indicators to be collected/tracked and for reporting for community based PrEP initiations:

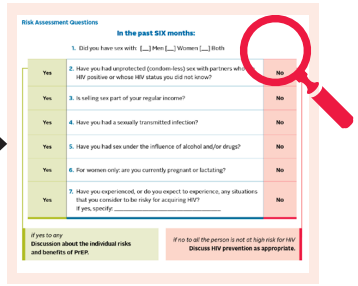
In addition to the indicators that are collected/tracked and for reporting at the national scale, custom indicators can and should be established to capture the efforts and work completed at the community level to support PrEP uptake and retention for clients that are not continuing PrEP services at the community outreach post initiation.

PrEP_NEW_LINK: Number of clients who were referred and linked to a facility and were initiated on PrEP at the facility level.

PrEP_CURR_LINK: Number of clients who were initiated at the community level and were referred and linked to a facility for subsequent follow up visits.

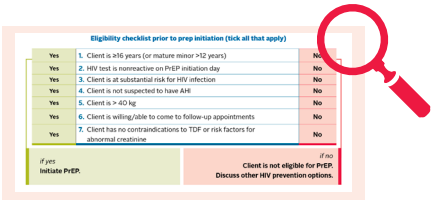
Annex: Algorithm for PrEP initiation

HIV negative test result



Assess HIV risk profile and offer HIV combination prevention package

Counsel on benefits and limitations of PrEP for clients identified at substantial risk and accepting PrEP offer



Assess PrEP eligibility criteria

Client has no risk factors for abnormal kidney function

- Take baseline HBsAg test
- Confirm HIV negative test (if not tested on initiation day)
- Same day PrEP initiation

Provide 1 month PrEP drugs and book a follow up appointment in 28 days

Client has risk factors for abnormal kidney function

(Age >50, HPT, DM, Low BMI < 18.5, Other nephrotoxic medication, any symptoms or signs suggestive of renal impairment)

Take serum creatinine test

Book a follow up appointment for when creatinine results are expected to be available.

Calculated CrCl ≥ 60 ml/min

Calculated CrCl cl < 60 ml/min

- Do not initiate PrEP
- Discuss and offer other HIV prevention methods
- Repeat serum creatinine test and re-assess in 2-4 weeks