What You Need to Know Before Starting PrEP

PrEP (Pre-Exposure Prophylaxis) is medicine that reduces the risk of HIV infection. If you are at risk of becoming infected with HIV, it can be one important part of your sexual health care and (if you inject drugs) of your drug-use health practices. It works very well if it is used as prescribed, as part of a spectrum of care to keep you healthy.

Be HONEST with your care providers about your sexual and/or drug-use practices, your HIV risks, and your likelihood of taking PrEP regularly—it’s the only way they can figure out if PrEP is likely to work for you, and it’s the best way to identify the right tools to keep you healthy.

Before PrEP

Your health care providers will talk with you and do lab tests to figure out if PrEP is appropriate for you. Here are some of the things they will do before PrEP:

- Discuss your sexual activity, injection drug-use practices, and your risks of HIV and other sexually transmitted infections (STIs); counsel you about reducing these risks
- Discuss your pregnancy intentions
- Test you for HIV
- Test for kidney problems, hepatitis B, and STIs
- For women, do a pregnancy test
- Advise you about the PrEP medications, including possible side effects and what to do if you get them, the importance of taking PrEP every day, symptoms of acute HIV infection, and the frequency of follow-up visits

Truvada®, the medication used for PrEP, is a combination of tenofovir and emtricitabine. It usually does not cause bothersome side effects. Some people, though, experience nausea, diarrhea, or headache when they first start it; usually these symptoms get better within a couple of weeks. Your provider will tell you about other uncommon side effects.

"It may take 1-3 weeks for Truvada® to become fully effective.

During PrEP

- It is very important that you contact your provider if you develop:
  - Symptoms that could signal that you have developed acute HIV infection—these include flu-like symptoms and rash
  - Side effects
- You will have clinic visits at least every 3 months. Your provider will:
  - Evaluate your recent sexual activity and HIV risks, and talk with you about reducing these risks
  - Retest you for HIV
  - Do STI tests (every 3-6 months, and if you have symptoms)
  - Do a pregnancy test, if indicated
  - Evaluate any side effects of PrEP
  - Evaluate your adherence and discuss this with you
  - Refer you for substance-use treatment, if appropriate

Stopping PrEP

If you would like to stop taking PrEP, try to discuss this in advance with your provider. Your provider will instruct you on the safest way to stop PrEP. In general, we recommend continuing PrEP for 4 weeks after your most recent sexual exposure.

Remember:

- PrEP only works if you are taking it!
  - It is crucial that you take your PrEP medication consistently, every day. You may have to think about ways to remind yourself to take it every day; your provider can help with this.
PrEP does not protect you against other STIs, or prevent pregnancy. We recommend you use condoms, both for extra HIV prevention and for protection against these other risks.

Go to your clinic follow-up visits.

Call your provider if you have symptoms of acute HIV infection.

Take good care of other aspects of your health.

For more information on PrEP, see handouts on:

- PrEP Overview for Patient

Resources

- U.S. Centers for Disease Control and Prevention (http://www.cdc.gov/hiv/prevention/research/prep/)
- Pre-Exposure Prophylaxis (PrEP) and Non-Occupational Post-Exposure Prophylaxis (PEP) (http://www.health.ny.gov/diseases/aids/general/prep/#prep)
- San Francisco City Clinic (Department of Public Health) (http://www.sfcityclinic.org/services/prep.asp)
- Project Inform (http://www.projectinform.org/prep/)