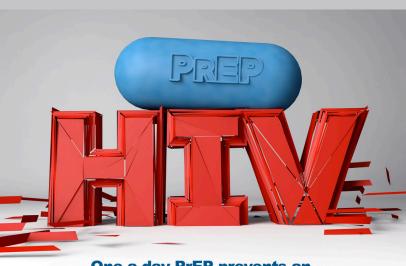
PIEP



Jamaica AIDS Support For Life
Love. Action. Support



One-a-day PrEP prevents an HIV negative person from contracting the virus

SEND US A DIRECT MESSAGE FOR INFORMATION ON HOW TO START TODAY!



#BePrEPared

What is Pre-Exposure Prophylaxis (PrEP)?

Pre-Exposure Prophylaxis, also called PrEP, refers to the daily use of antiretroviral medication by people who are HIV-negative but at risk of infection. It is a daily medication which will lower an individual's chances of getting HIV if they are exposed.

Truvada is the brand name of the medication used for PrEP in Jamaica.

How well does PrEP work?

PrEP efficacy is highly dependent upon adherence to the medication. When taken as prescribed, *PrEP reduces the risk of acquiring HIV by more than* 90%. Protection from HIV diminishes progressively with lower levels of adherence.

Who is PrEP for?

PrEP is primarily intended for people who are HIV negative and at significant risk of acquiring HIV infection. Based on studies from Centers for Disease Control and Prevention (CDC), these groups include:

1. Men who have sex with men (MSM) who:

- Engage in condom-less anal sex outside of a mutually monogamous relationship with an HIV-negative sexual partner, or
- Have multiple sex partners
- Have been diagnosed with a sexually transmitted infection in the last 6 months,
- Have been give post exposure prophylaxis more than once in the past 6 months.



2. Individuals with an HIV-positive sexual partner:

■ A serodiscordant relationship, also known as mixed-status, is one where one partner is infected by HIV and the other is not. PrEP provides an additional barrier of protection.



3. Transgender Women

■ The HIV positivity rate among the transgender community in Jamaica stands at over 51%.

Many trans women are victims of intimate

partner violence and are not comfortable accessing public healthcare due to the stigma and discrimination they may encounter.

4. Women as victims of gender-based violence

Research has established a strong relationship between violence and HIV as women who are in abusive relationships are often unable to negotiate condom use, when, where and how they have sex. As a result, they are predisposed to HIV exposure.

5. Injection drug users, especially those who share injection needles

6. Sex Workers



IS PrEP safe?

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Will I need to use a condom if I am on PrEP?

PrEP users are still encouraged to use condoms. PrEP only stops the transmission of HIV.It does not stop the transmission of any other sexual transmitted infections including syphilis, gonorrhea, and herpes.



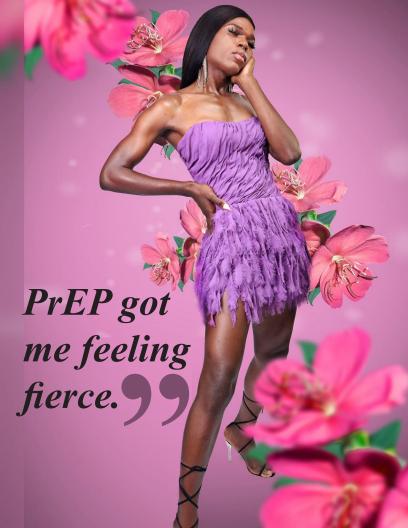
How can I get on PrEP?

PrEP should only be prescribed by a licensed medical practitioner. To learn more or get on PrEP contact Jamaica AIDS Support for Life. JASL will offer a screening process to ensure that PrEP is right for you.

Is PrEP affordable?

For a nominal prescription fee, Jamaica AIDS Support for Life currently offers PrEP to persons at substantial risk of contacting HIV.





What is Post-Exposure Prophylaxis (PEP)?

refers to the use of antiretroviral medication for 28 days following an exposure to HIV infection, such as a condom-less sexual encounter with a person known to be HIV-positive. PEP is often given to rape victims and persons in the medical field who get exposed to HIV-infected fluids through needlestick injuries.

PEP must be administered within 72 hours of the exposure. Patients who are prescribed PrEP and are adherent, do not require PEP if they have a known exposure to HIV.



How to prescribe and monitor PrEP?

Three steps are required for PrEP management:

1. Determine eligibility:

Clinicians will:

- a. Document risk of HIV infection and assess the patient's ability and willingness to adhere to treatment.
- b. Confirm that the patient is HIV-negative and has no symptoms of acute HIV infection before starting PrEP.
- c. Screen patient for normal kidney function using blood creatinine levels.
- d. Assess for Hepatitis B infection. Both tenofovir and emtricitabine are active against Hepatitis B and the decision to stop PrEP in a patient with Hepatitis B may impact their condition. Consultation with a specialist prior to starting PrEP is warranted if the patient has chronic hepatitis B. Hepatitis B vaccine should be offered to clients who have a negative test.

- e. Assess pregnancy status in patients with childbearing potential.
- f. Screen for sexually transmitted infections.
- g. Assess for mental health/substance misuse issues.

2. Prescribe PrEP:

Clinicians should prescribe the once-daily, oral fixed-dose combination tablet of TDF-FTC consisting of 300 mg of tenofovir disoproxil fumarate and 200 mg of emtricitabine. The national guidelines recommend prescribing a one-month supply, followed by a clinical evaluation; and then prescribing 3-month supply with clinical follow up.

3. Monitor:

- HIV screening test at least every three months. If there is suspicion for acute HIV infection at any point, an HIV RNA test should be performed.
- a. Check pregnancy status every 3 months for those of childbearing potential. There are no

known safety concerns with PrEP use in pregnancy; however, data on this subject are limited.

- b. Check a serum creatinine after 3 months and, if stable, every 6 months thereafter.
- c. Perform STI screening every 6 months.
- d. Counsel about adherence and risk reduction at every visit.
- e. Reassess the need for PrEP at least once per year.
- f. To discontinue PrEP, continue for 28 days beyond last risky exposure, if the patient has Hepatitis B, consult a specialist before stopping.

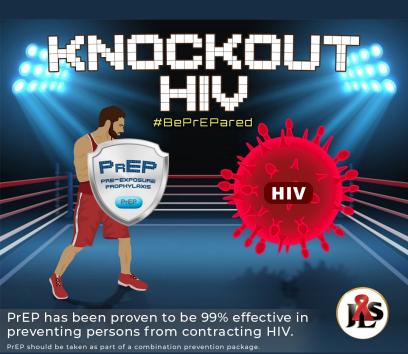




PrEP should be taken daily as part of a **combination prevention package.** To get on PrEP remember to contact **Jamaica AIDS Support For Life** at (876) 925-0021



#BePrEPARED





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For more information about PrEP contact: **Jamaica AIDS Support For Life** 876-925-0021/2







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