

Treatment with PrEP to prevent HIV infection

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PATIENT DATA

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Have any questions?

Ask your treating physician or nurse.



What is PrEP?

PrEP stands for 'pre-exposure prophylaxis'. HIV PrEP is an effective treatment for preventing HIV infection.

If you take the PrEP medication correctly in accordance with your doctor's instructions, protection against HIV is virtually 100 per cent. However, PrEP does not offer protection against other sexually transmitted infections (STIs), which is why using condoms remains important.

By taking PrEP, you are taking responsibility for your sexual health and that of your partner. PrEP can save society a great deal in healthcare costs and prevents the need to take HIV antiretrovirals for the rest of your life.

Currently, HIV PrEP in Belgium consists of a tablet that you take orally. It is sold under the generic name Emtricitabine 200 mg + Tenofovir disoproxil 245 mg (formerly known as TRUVADA®).

Who is eligible for PrEP?

PrEP can only be prescribed to **HIV-negative** people **aged 16 and over**.

People who are at higher risk of HIV are eligible to protect themselves using PrEP:

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

- Have had unprotected anal sex (penetrating or receptive) with at least two people in the past six months;
- Having had at least two STIs (e.g. syphilis, chlamydia, gonorrhoea, etc.) in the past twelve months;
- Have required PEP (post-exposure prophylaxis) more than once in the past twelve months;
- OR using chemo (drugs) during sexual activities.

2. Other people at high risk:

- People who work as sex workers or clients of sex workers who have unprotected sex;
- People who travel to countries where HIV is widespread and have unprotected sex there;
- Partners of an HIV-positive person with a detectable viral load;
- People who inject drugs and share needles or syringes.

Starting PrEP



During the **initial consultation**, we **will listen** to your needs and explain the correct use and possible side effects of the medication. For example, PrEP may cause diarrhoea, stomach ache, tiredness and headaches when you first start taking it. In very rare cases, you may be allergic to the medication. It is also important to monitor your liver and kidney function, as PrEP medication can put a strain on these organs. We will check which medication you are already taking, as PrEP should not be taken in combination with anti-inflammatory drugs (such as diclofenac – e.g. Voltaren – ibuprofen and naproxen).

Before PrEP medication can be prescribed, a blood test and a urine sample are required to ensure that you do not have HIV or any other sexually transmitted infections. If you are **HIV-negative** and **no other abnormalities** have been detected (such as kidney or liver problems), the **certificate** will be **automatically** sent online to your health insurance fund. Once approved by the health insurance fund, you can **start** taking the **medication**.

You may be asked to have another blood test two weeks after starting the medication (this can be done at your GP's surgery) to check that no toxic side effects have occurred.

Thereafter, **samples (blood and urine)** are **taken every three months** at the laboratory to screen for, amongst other things, HIV, syphilis, hepatitis C, liver function and kidney function. If any symptoms arise, an STI screening is also carried out. A **consultation** is scheduled to discuss the results, and checks are made to ensure the medication is being taken correctly and to identify any side effects. Vaccinations are also discussed, such as those against hepatitis A and B, HPV, etc. In addition, there is an opportunity to ask questions or seek any additional support, such as psychological counselling or a referral to a sex therapist for sexual problems or issues relating to chemsex. In the event of an STI, we assess whether specific treatment is required. Finally, we provide **prescriptions** for PrEP medication to last until the next check-up.

PrEP use

Generally speaking, PrEP should be taken during periods when there is an increased risk of HIV infection and can be stopped when there is no longer any risk.

PrEP can be taken in two ways: **daily or on an event-driven (intermittent)** basis. The intermittent schedule is not suitable for everyone.

Always take the tablets at **the same time** of day, preferably with food and within a **two-hour window** (from two hours before to two hours after the exact time). If you vomit within 30 minutes of taking a tablet, take another one.

Tip: Choose a time when you're less likely to forget, both on weekdays and at the weekend. Set an alarm if necessary.

When taking PrEP daily, it is important not to miss a dose or stop taking it. Missing a dose or skipping doses can increase your risk of contracting HIV and may make you resistant to the medicine if you do become infected with HIV.

Cost of PrEP

It is important that you are closely monitored whilst taking PrEP medication. This involves regular consultations and blood tests.

The costs therefore consist of:

- The patient contribution for the consultation
- The co-payment on the laboratory costs for the samples (blood, urine and any swabs for STI screening)
- For the medication, you only need to pay the co-payment if you are eligible for reimbursement (12.50 euros for 30 tablets or 15.50 euros for 90 tablets). If you are entitled to an increased subsidy, you pay less.

PrEP regimen

Depending on your sexual activity, you can choose which regimen you prefer: **daily, or before and after each sexual encounter.**

Please note: The 2+1+1 periodic PrEP regimen is intended exclusively for cisgender men (born male). Women and transgender people taking female hormones should follow the daily regimen or a regimen in which at least two doses of PrEP are taken two hours before high-risk contact and continued for up to seven days after sexual contact.

On the last page, you will find a visual representation of the two types of event-driven regimens: the 2+1+1 and 2 + 7x1 regimens.

→ Regimen for cisgender men (born male)

1 tablet daily	Event-driven: 2+1+1 (see illustration on p. 14)
• To start: take 2 tablets the first time, no earlier than 24 hours in advance and no later than 2 hours before having sex. • After that, take 1 pill every day at the same time. • You'll be protected 2 hours after taking the second pill.	• Take 2 tablets, no earlier than 24 hours beforehand and no later than 2 hours before having sex. • Then take 1 tablet at the same time each day for a further 2 days. • You'll be protected 2 hours after the second pill.
How do you stop taking PrEP?	
• Always discuss this with the doctor who is treating you • You can stop the treatment by taking one pill a day for a further 2 days after your last high-risk contact (receiving anal sex or penetrative vaginal/neovaginal/anal sex).	

→ Regimen for cisgender women (born female):

1 tablet daily	Event-driven: 2 + 7x1 (see diagram on p. 15)
- To start: take one tablet a day for 7 days. - After that, take one pill every day at the same time. - You are protected from day 8 onwards.	- Take 2 tablets (double loading dose) no later than 2 hours before sexual contact (but no earlier than 24 hours before sexual contact). - After that, take one pill at the same time each day for a further 7 days. - You'll be protected from day 8 onwards.
How do you stop taking PrEP?	
Always discuss this with the doctor who is monitoring your treatment - You can stop the treatment by continuing to take 1 tablet daily for 7 days following the last high-risk sexual contact (involving receptive vaginal or neovaginal sex).	

→ Regimen for trans/gender-diverse people on female hormone therapy (exogenous oestrogen-based hormones) and trans/gender-diverse people born female

Some studies show that the high doses of feminising hormones prescribed to trans women lead to a reduction in activated tenofovir diphosphate levels in rectal tissue. In addition, it takes longer for PrEP to become sufficiently effective in vaginal tissue in women.

1 tablet daily	Event-driven: 2 + 7x1 (see diagram on p. 15)
- To start: take one tablet a day for 7 days. - After that, take one tablet every day at the same time. - You are protected from day 8 onwards.	- Take 2 tablets (double loading dose) no later than 2 hours before sexual intercourse (but no earlier than 24 hours before sexual intercourse). - Then take 1 tablet at the same time each day for a further 7 days. - You will be protected from day 8 onwards.
How do you stop taking PrEP?	
Always discuss this with the doctor who is monitoring your treatment - You can stop taking the tablets by continuing to take 1 tablet a day for 7 days after your last high-risk sexual contact (involving receptive vaginal or neovaginal sex).	

→ Regimen for trans/gender-diverse people born male who are not taking hormone replacement therapy:

1 tablet daily	Event-driven: 2+1+1 (see diagram on p. 14)
- To start: take 2 tablets the first time, no earlier than 24 hours in advance and no later than 2 hours before having sex. - After that, take one pill every day at the same time. - You are protected 2 hours after taking the second pill.	- Take 2 tablets, no earlier than 24 hours beforehand and no later than 2 hours before having sex. - After that, take one pill at the same time each day for a further 2 days. - You'll be protected 2 hours after the second pill.
How do you stop taking PrEP?	
Always discuss this with the doctor who is treating you - You can stop the treatment by continuing to take one pill a day for a further 2 days after your last high-risk contact (receiving anal sex or penetrative vaginal/neovaginal/anal sex).	

Forgotten to take a pill?

Daily schedule:

- Have you missed more than one pill? Contact your doctor, as you may be less well protected against HIV.

Event-driven schedule:

- Have you taken fewer than 1 pill before or fewer than 1 pill after the high-risk contact? Contact your doctor, as you are not adequately protected against HIV.
- Similarly, if you had sexual contact less than 2 hours after taking the two pills, you are not protected against HIV. Contact your doctor.

Exceptional cases in which you should not use event-driven PrEP :

- People being treated for **chronic hepatitis B**:
 - Daily intake of PrEP is required for hepatitis B
 - If you wish to stop taking PrEP, the doctor will first assess whether further treatment for hepatitis B is required
 - It is also necessary to check that there is no flare-up of hepatitis B after you stop
- People with certain **gastrointestinal problems or a history of gastrointestinal surgery** (sleeve gastrectomy, gastric bypass):
 - In these individuals, PrEP may be absorbed less effectively, which could result in lower levels of the medication in the blood.
 - Therefore, PrEP must be taken daily, closer monitoring is required, and additional precautions alongside PrEP are recommended.

People using oral PrEP to prevent HIV infection through **injecting drug use** should follow the daily regimen or the 2 + 7x1 event-driven regimen. PrEP can be stopped by taking one tablet daily for a further 7 days after the last high-risk exposure.

If you wish to stop taking PrEP, you can also **be monitored** in an alternative way if you so wish. This allows us to offer you further support and screen you regularly for other STIs if you no longer wish to take PrEP.

What is HIV PEP?

PEP (post-exposure prophylaxis) is an **emergency treatment** with antiretroviral medicines that must be **started within 72 hours of exposure to HIV**.

For someone who is not taking PrEP and thinks they may have been exposed to HIV, it is important to act quickly. Treatment with **antiretroviral medicines (PEP)** **reduces the risk of HIV infection**.

For people taking PrEP, it is important to follow the schedule carefully and not to miss any doses. PEP may only be necessary in exceptional cases, as it merely reduces the risk of HIV infection and is an intensive (4-week course) and expensive treatment.

What is DoxyPEP?

DoxyPEP is a specific use of the antibiotic doxycycline in combination with PrEP. It involves taking 200 mg of doxycycline (doxy) no later than 72 hours after unprotected sexual contact (PEP or post-exposure prophylaxis). This significantly reduces the risk of infection with chlamydia and syphilis. It is not effective against gonorrhoea.

DoxyPEP is not recommended in Belgium for the following reasons:

- **Antibiotic resistance:** the bacteria in your body become accustomed to doxycycline, meaning it will no longer be effective if you fall ill later on (doxycycline is often prescribed to treat infections of the respiratory tract, skin, intestines and genitals). However, it can also cause resistance to other types of antibiotics, making it difficult, for example, to treat gonorrhoea.
- It remains an antibiotic that can cause **side effects** such as diarrhoea, vomiting, skin rashes and sensitivity to sunlight.
- Taking doxycycline regularly can **disrupt** the **gut flora**.
- Finally, there are also concerns about the risk of **misdiagnosis or delayed diagnosis of syphilis**.

The potential individual benefits of DoxyPEP therefore do not outweigh the risks for MSM and the potential long-term disadvantages. In exceptional cases, it may be discussed on an individual basis.

Sexually transmitted infections and screening

To prevent other STIs, using a condom is recommended, as is getting tested promptly if you have symptoms and seeking treatment. **Partner notification** also plays an important role in treatment. This involves informing your sexual partners upon diagnosis of an STI, so that they too can get tested and, if necessary, treated.

There are many sexually transmitted infections (STIs). Some STIs are caused by bacteria, others by a virus or parasite. The symptoms also vary, as do the methods used to detect and treat them.

Bacterial STIs are caused by bacteria and can be treated with antibiotics. Some bacterial infections do not require treatment. In other cases, however, it is important to treat the infection as it can potentially lead to inflammation of the ovaries or uterus, or inflammation of the prostate, epididymis or testicles, and may ultimately result in fertility problems.

Viral STIs are caused by a virus. These infections are more difficult to treat, or may be untreatable, but it is important to detect them in order to protect others.

For more information on bacterial and viral STIs, please visit the Infectious Diseases Service's website: www.yperman.net/SOA

Screening

If you have symptoms that may indicate a STI, you can undergo STI screening. To do this, you must take the swabs correctly and submit them to the laboratory.

- **Urine sample:** 'first-void urine' refers to the first urine passed. Only the first 20 ml of the urine stream should be collected in a sterile urine container; the rest of the urine should be passed into the toilet.
You must not have urinated in the two hours prior to the sample collection (so preferably morning urine = the first urine upon waking). If a first-void morning urine sample is not possible, the urine may also be collected on site, provided that you have not urinated in the last two hours.
- **Throat swab:** the swab should be swabbed along the uvula, the left and right posterior walls and the tonsils whilst you look upwards with your mouth wide open and your tongue pushed downwards. Break off the cotton bud into the container at the black break line and screw the lid on. Mark the lid of the container with the letter 'K'.
- **Anal swab:** For this, it is best to stand upright with one leg resting on a chair or the toilet. The anal swab must be inserted at least four centimetres deep. It may help to hold the swab at that height above the tip so that your fingers touch the body once the swab has been inserted deeply enough. Use one hand to lift a buttock so that you can easily access the anus. Now insert the swab 4 cm into the anus. Move your fingers away from your body so that you have a better grip on the swab. Gently rotate the swab for 30 seconds. Continue these twisting movements as you withdraw the swab. Break off the cotton bud in the container along the black break line and mark the lid with the letter 'A'.
- **Vaginal swab:** The swab should be inserted to a depth of approximately 5 to 8 cm. It may help to hold the swab at that height above the tip (at the break line) so that your fingers touch the body once the swab has been inserted deeply enough. After inserting the swab, it should be rotated for at least 15 to 30 seconds. Ensure that the swab definitely touches the vaginal wall so that any fluid present there is absorbed by the swab. Break off the cotton bud into the pot along the black break line and screw the lid on. Mark the lid with the letter 'V'.

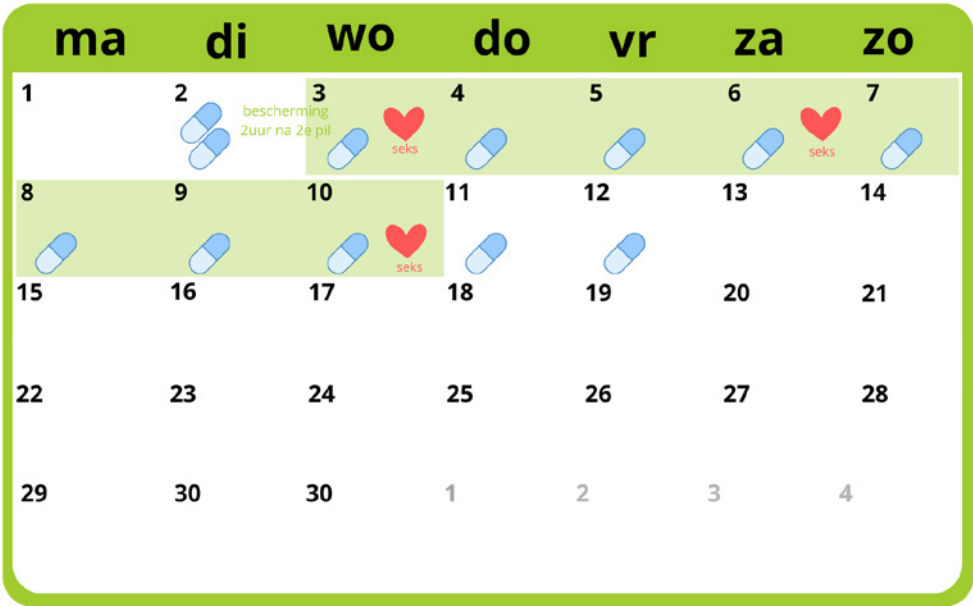
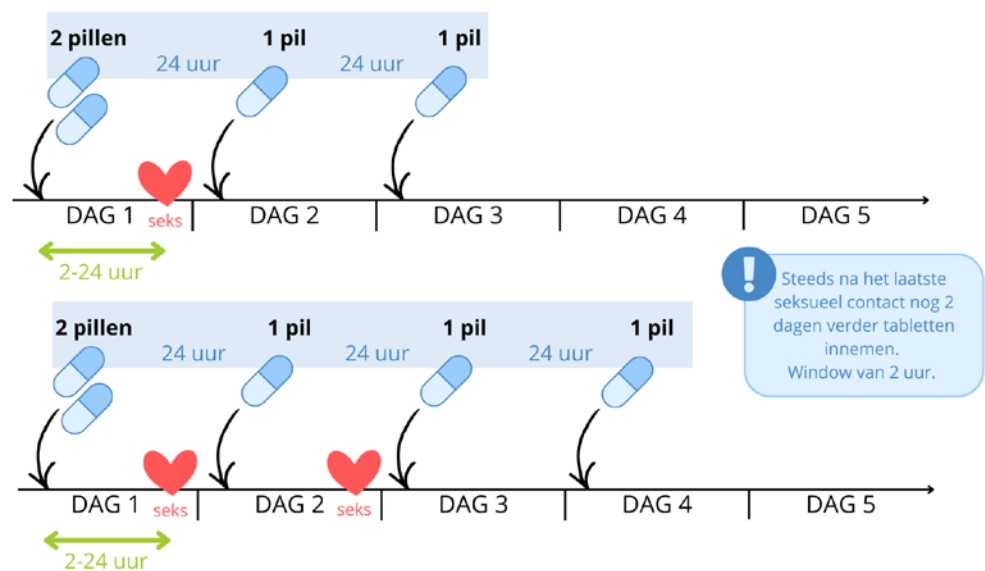


Watch the instructional video too:

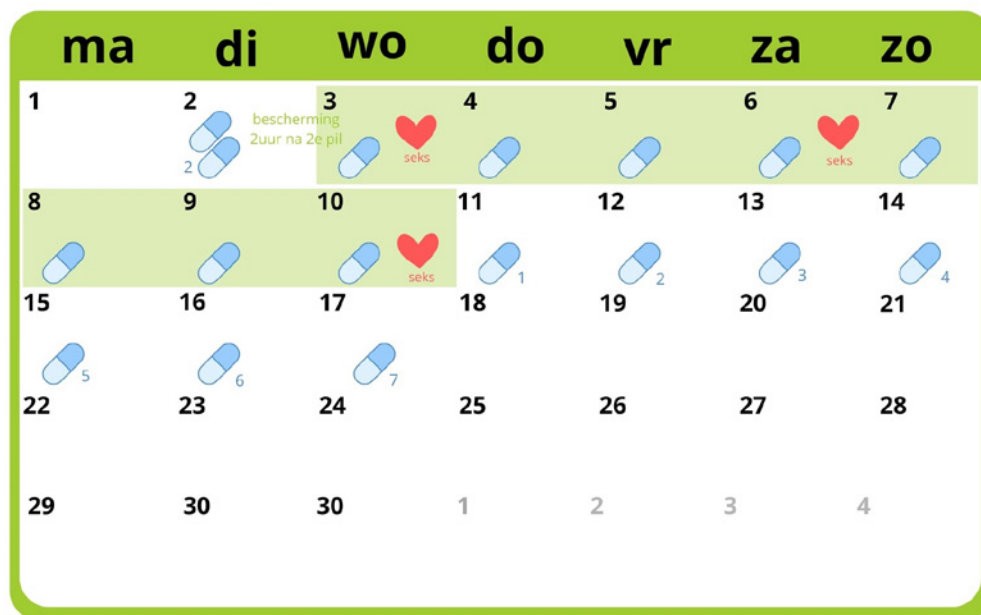
<https://www.youtube.com/watch?app=desktop&v=bn7bU8G-YiE>

Visual representation of event-driven PrEP regimens

2+1+1 regimen



2 + 7x1 regimen



Contact

Secretariat Infectious diseases

Opening hours:

Monday to Friday: 8 a.m. - 5 p.m.

Follow route 91

More information: infectieziekten.yperman.net

Want to find out more about HIV?

Visit:

- hiv.yperman.net
- www.inwendige.be
- www.sensoa.be
- www.allesoverseks.be

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