

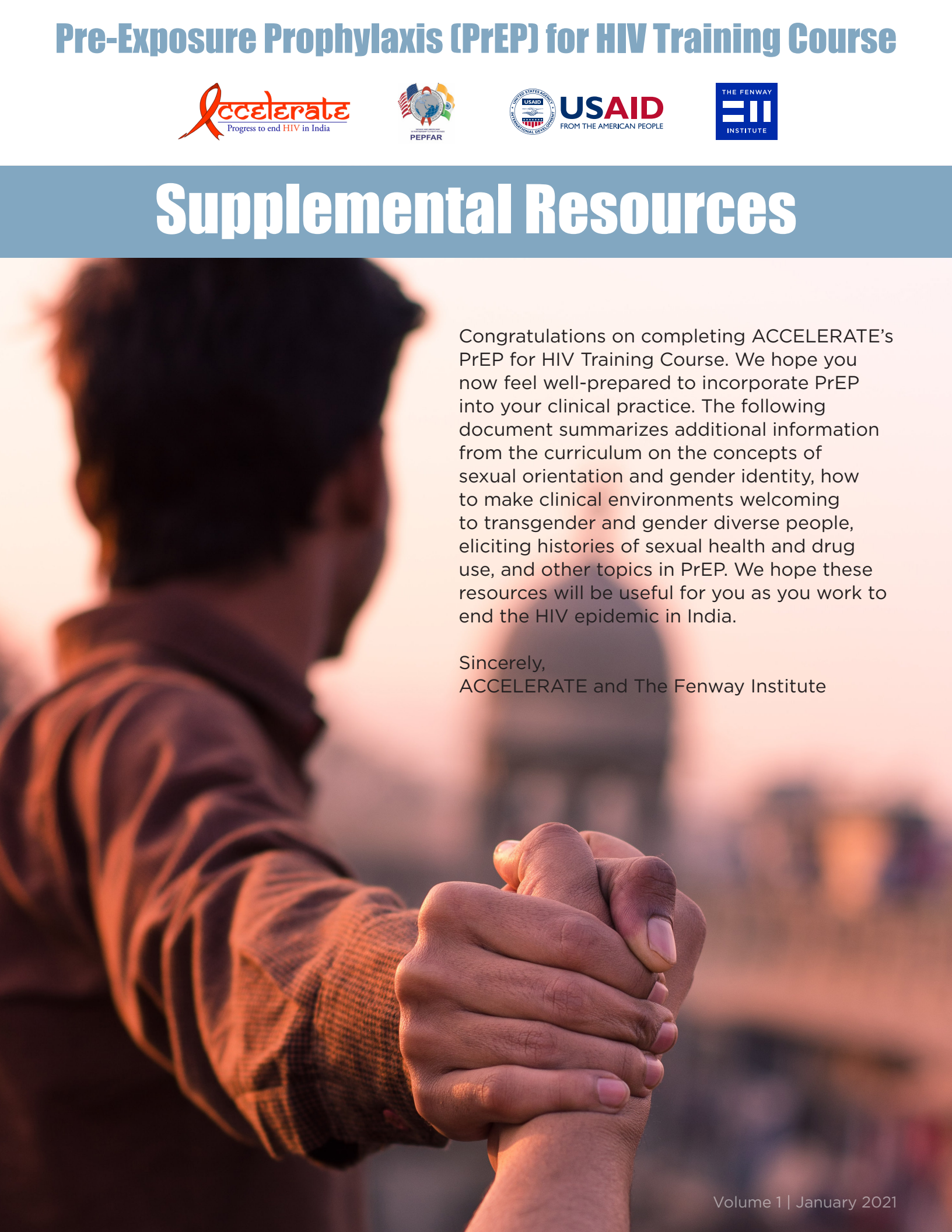
Pre-Exposure Prophylaxis (PrEP) for HIV Training Course



USAID
FROM THE AMERICAN PEOPLE



Supplemental Resources



Congratulations on completing ACCELERATE's PrEP for HIV Training Course. We hope you now feel well-prepared to incorporate PrEP into your clinical practice. The following document summarizes additional information from the curriculum on the concepts of sexual orientation and gender identity, how to make clinical environments welcoming to transgender and gender diverse people, eliciting histories of sexual health and drug use, and other topics in PrEP. We hope these resources will be useful for you as you work to end the HIV epidemic in India.

Sincerely,
ACCELERATE and The Fenway Institute

Contents

Supplemental Information

4

Sexual orientation and gender identity

5

Making clinical environments welcoming for transgender and gender diverse people

6

Eliciting histories of sexual behavior and drug use

8

Inquiring and counseling about PrEP adherence

9

PrEP and risk compensation

9

Undetectable = Untransmittable (U=U)

Emerging Topics in PrEP

10

On-demand PrEP prevents HIV among MSM

11

Long-acting injectable cabotegravir is superior to TDF/FTC for PrEP

PrEP is a rapidly-evolving field. Keep up with the latest news on PrEP at:
fenwayhealth.org/blog

Access the PrEP for HIV Training Course at:
accelerate-prep.com

“

Sexual orientation and gender identity are distinct concepts. All people have a sexual orientation and a gender identity, and these may change over time.



Sexual orientation and gender identity

Sexual orientation and gender identity are distinct concepts. All people have a sexual orientation and a gender identity, and these may change over time.

Sexual orientation refers to how a person characterizes their emotional and sexual attraction to others. Some people label their sexual orientation with words like gay, lesbian, bisexual, or straight, while some do not label their sexual orientation. We cannot necessarily predict the label a person uses for their sexual orientation based on their sexual behavior. For example, some men who have sex men (MSM) identify as heterosexual or straight, not as gay or bisexual.

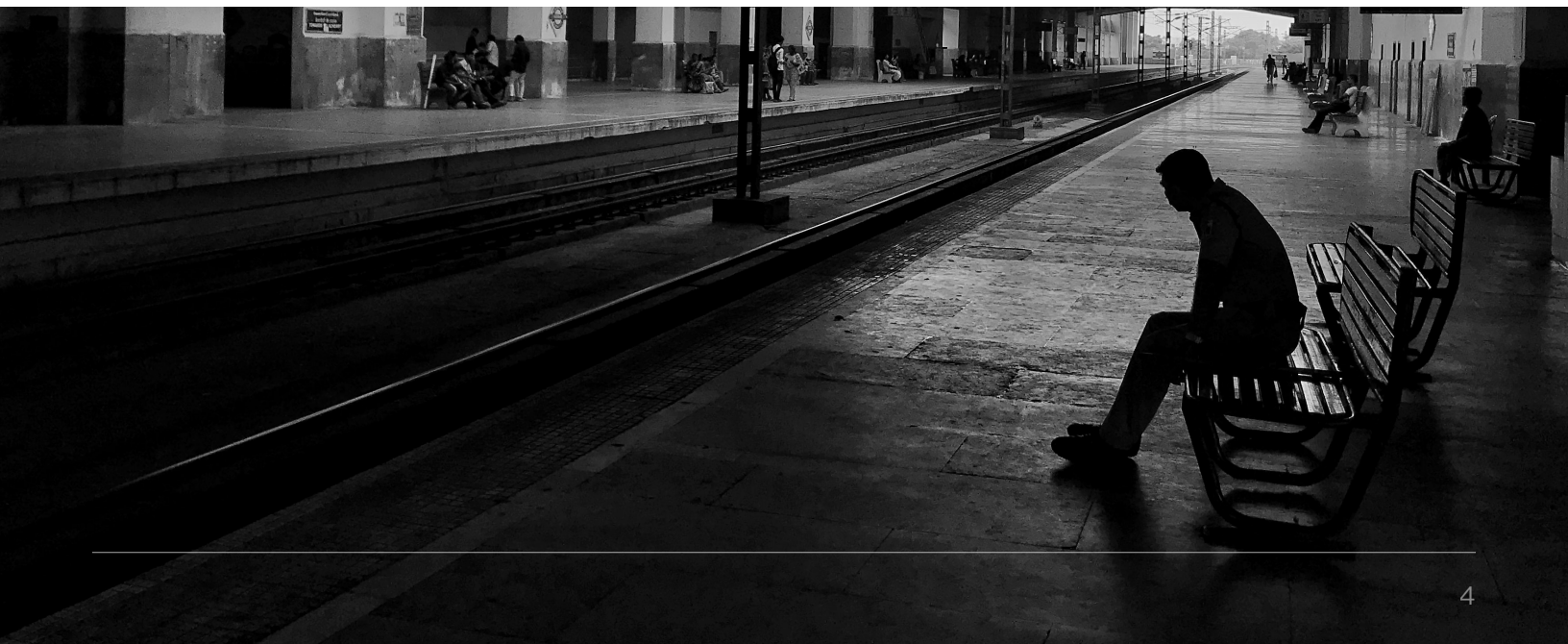
Gender identity refers to a person's inner sense of being a girl/woman, boy/man, something else, or having no gender.

The term **transgender** describes people whose gender identities do not correspond with society's expectations for the sex recorded at birth.

- **Trans feminine** refers to people whose sex recorded at birth was male and who identify more with femininity than masculinity. One example would be people who identify as transgender women.
- **Trans masculine** refers to people whose sex recorded at birth was female and who identify more with masculinity than femininity. One example would be people who identify as transgender men.

Non-binary people are those whose gender identities are beyond girl/woman or boy/man. They may or may not consider themselves transgender.

In India, transgender and gender diverse people may use a range of terms to describe themselves. These terms vary by location and may change over time. If you do not understand a term a patient uses, simply ask what the term means in a polite manner.





Making clinical environments welcoming for transgender and gender diverse people

Transgender and gender diverse people, in particular, may fear discrimination in healthcare settings due to prior experiences of bias.

To provide affirming care for transgender and gender diverse patients:

- Ask patients about their pronouns and names, and create a process for sharing this information with all staff members involved in each patient's care. Many transgender and gender diverse people use names that reflect their gender identity but are not necessarily those on official forms of identification.
- Incorporate images that reflect gender diversity in posters and brochures throughout the clinic.
- Provide transgender-related information, resources, and referrals.
- Address PrEP-related concerns that are unique to transgender and gender-diverse people, such as questions about drug-drug interactions between PrEP and hormone therapy.



Obtaining a comprehensive history of sexual and drug use behavior is a crucial step in determining who may benefit from PrEP.

Eliciting histories of sexual behavior and drug use

Obtaining a comprehensive history of sexual and drug use behavior is a crucial step in determining who may benefit from PrEP. Many sexual and gender minority people and people who inject drugs have faced stigma related to their identities and behavior, and they may not share important risk information with clinicians, unless clinicians convey an open and non-judgmental attitude in facial expression, posture, and words. The same approaches for communicating in an assumption-free manner apply to both the sexual and drug use histories.

Tips for eliciting sexual and drug use histories include:

- First greet the patient and help them feel comfortable. Sexual and/or drug use behavior should generally not be the first topic discussed in a clinical encounter, unless the patient brings it up first.
- Explain why obtaining the history is important for care. For example: “I would like to ask you some questions about your sexual behavior and drug use. This information will help me make the best possible recommendations for your health.”
- Begin with open-ended questions, and provide patients time to answer without interrupting.
- Normalize less-desired responses. For example: “Many people do not use condoms every time they have sex. How often do you use condoms?”
- Avoid leading questions, as these questions convey that there is a “correct” response and reduce the chance patients may report the truth. For example, instead of saying “You never share needles when you inject drugs, right?” say “How often do you share needles when injecting drugs?”
- Limit the use of medical jargon, which may not be understood by patients. For example, patients may not understand “insertive or receptive anal intercourse,” and you may need to use lay terms to describe these practices.



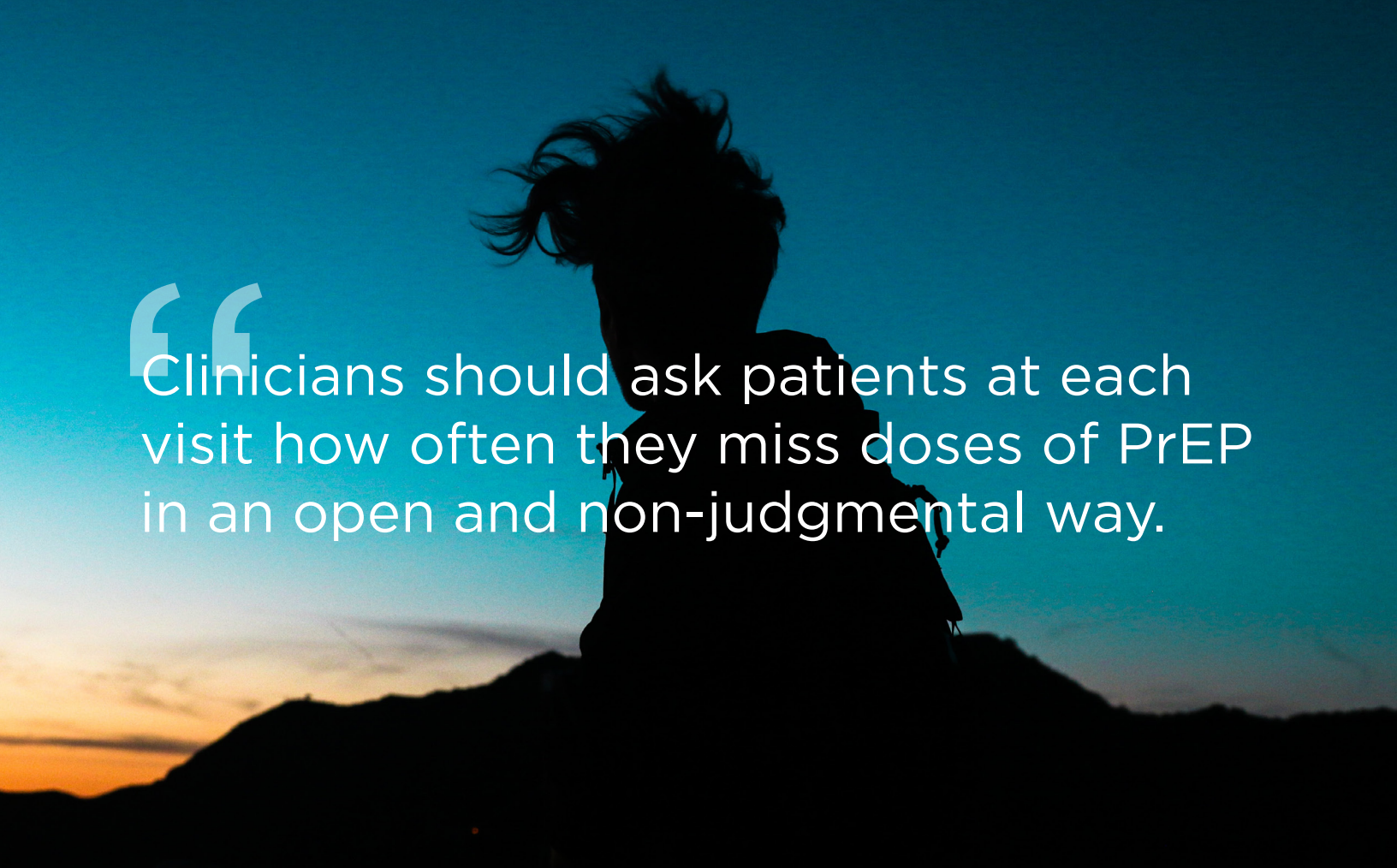
Additional sample questions for sexual history include:

- What are the genders of the people you have sex with?
- With how many people have you had sex in the past year?
- What types of sex do you have?
- Do you use drugs or alcohol in conjunction with sex?
- Have you exchanged sex for money, drugs, food, or anything else that you needed?
- Have you ever been diagnosed with or treated for an infection spread by sex?
- Is avoiding sexually transmitted infections important for you? If so, what do you do to protect yourself?

Additional sample questions for the drug use history include:

- In the past year, have you injected drugs not prescribed by a doctor?
- When did you last inject drugs?
- How often do you inject drugs?
- Which drugs do you inject?
- How often do you share needles with others?





“Clinicians should ask patients at each visit how often they miss doses of PrEP in an open and non-judgmental way.”

Inquiring and counseling about PrEP adherence

The same principles that underlie the sexual and drug use histories apply to discussing PrEP adherence. Clinicians should ask patients at each visit how often they miss doses of PrEP in an open and non-judgmental way. They may wish to normalize imperfect adherence: “Many people struggle to take a pill every day. How often do you miss doses of PrEP?” If patients have difficulty describing their adherence, clinicians can ask about a particular time interval. For example, “In the past week, on how many days have you taken PrEP?”

If and when patients report suboptimal adherence, clinicians can:

- Collaborate with the patient to identify barriers to medication adherence and ways to overcome them. Rather than dictating these, it is best for clinicians to elicit patients’ ideas first. For example: “You said that you take PrEP on about half of days. What would help you take it more often?”
- Reinforce the importance of daily medication adherence in a non-judgmental manner. For example: “I know it is difficult to take a pill every day, but it is important to take PrEP daily to best protect against HIV.”

PrEP and risk compensation

Some clinicians and public health authorities have expressed concern that PrEP will promote sexual risk-taking and an increase in sexually transmitted infections (STIs). This is termed risk compensation.

Research suggests that some people taking PrEP may decrease condom use, but STI rates remain high in some populations who have indications for PrEP, whether or not they are taking it. In addition, people taking PrEP are frequently tested and treated for STIs, and modeling indicates that this may, over time, reduce the burden of these infections in key populations, even if condom use decreases. Any reduction in condom use on PrEP does not negate PrEP's HIV-protective benefit. Nevertheless, clinicians should counsel patients that PrEP does not protect against non-HIV STIs.



Undetectable = Untransmittable (U=U)

People living with HIV who have undetectable viral loads on antiretroviral therapy do not transmit HIV through sex. In a large randomized trial and observational studies of serodifferent couples in which the partner with HIV was taking antiretroviral therapy, there were no within-couple transmissions of HIV when the partner with HIV was consistently virologically suppressed.

PrEP for the partner without HIV is thus not useful in this setting, unless:

- The HIV-seropositive partner's viral suppression is uncertain or tenuous.
- The HIV-seronegative partner has other sexual risk factors for HIV, such as sexual contacts outside of the serodifferent relationship.
- The HIV-seronegative partner has drug use risk factors for HIV.

Emerging Topics in PrEP

“The use of TDF-FTC before and after sexual activity provided protection against HIV-1 infection in men who have sex with men.

On-demand PrEP prevents HIV among MSM

Molina JM, N Engl J Med, 2015

- In a randomized trial of on-demand TDF/FTC versus placebo in MSM at risk for HIV, on-demand PrEP reduced the risk of HIV by 86%. In the on-demand dosing strategy, also called the “2-1-1” strategy, men took two doses of TDF/FTC between 2-24 hours before sex and one dose daily for two days afterwards.
- On-demand PrEP is not currently recommended in the National AIDS Control Organization’s guidelines, but it is considered an alternative to daily dosing among MSM in some countries.
- On-demand PrEP is not appropriate for people with chronic hepatitis B and has not been studied among cisgender women or transgender and gender diverse people.

Emerging Topics in PrEP



“Studies showing the superiority of CAB to TDF/FTC for PrEP have the potential to transform the landscape of HIV prevention for MSM, cisgender women, and transgender women.

Long-acting injectable cabotegravir is superior to TDF/FTC for PrEP

Landovitz R, AIDS 2020

- In a pair of as-of-yet-unpublished, randomized controlled trials comparing long-acting injectable cabotegravir (an integrase inhibitor given every 2 months) with daily oral TDF/FTC, long-acting cabotegravir was superior to TDF/FTC for PrEP among MSM and transgender women (HPTN 083 study) and among cisgender women in sub-Saharan Africa (HPTN 084 study).
- Cabotegravir is not yet available commercially.