



International AIDS Society iasociety.org

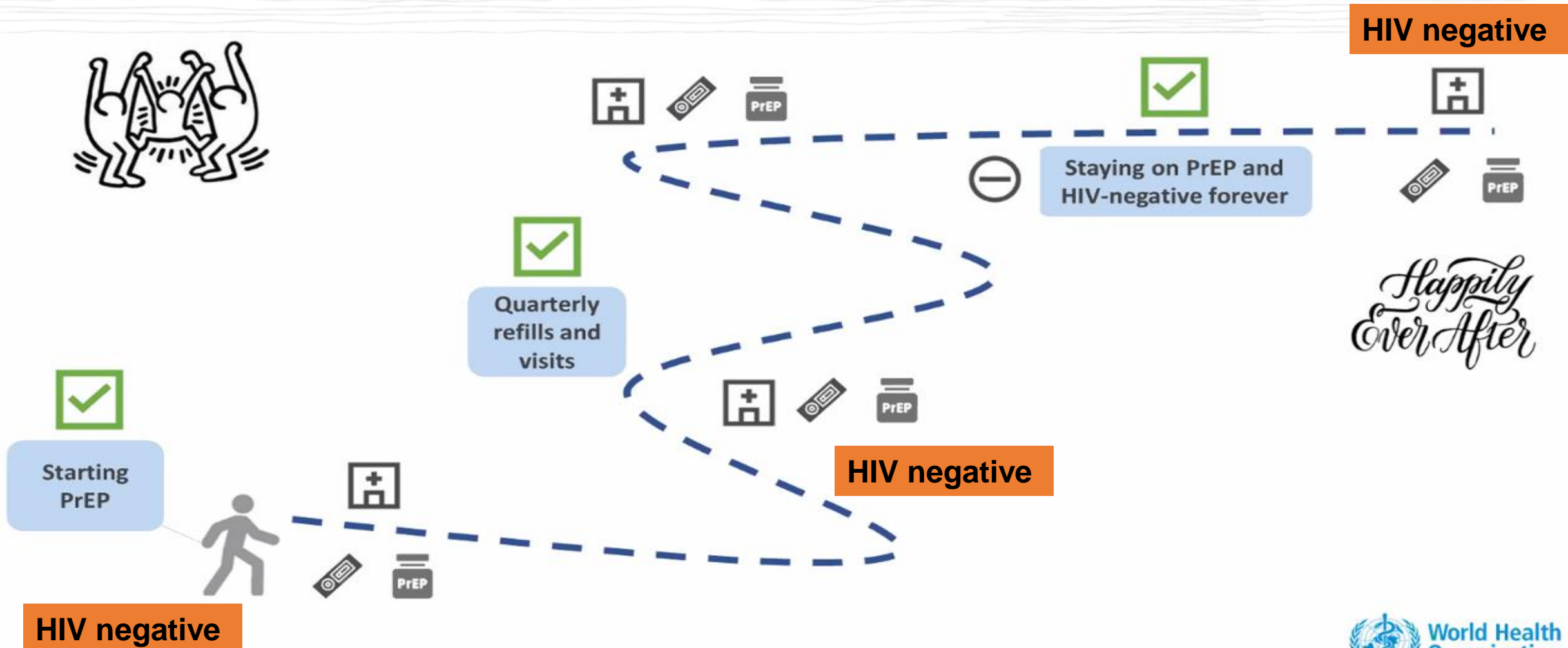


Innovative approaches to delivering PrEP, self testing and partner notification to key and vulnerable population.

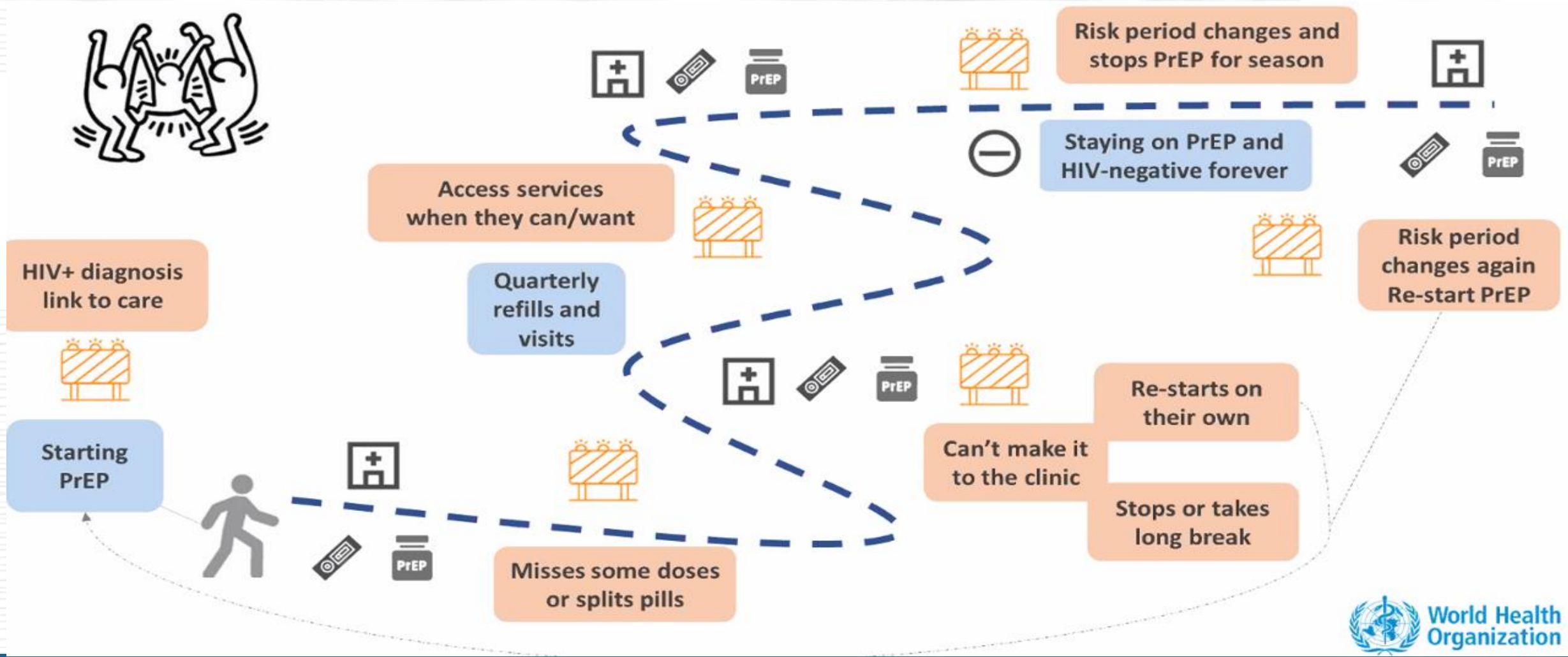
Hortencia E. Peralta Lara
HIV and STI Prevention Advisor PAHO regional

4-5 November 2024, Port Spain Trinidad and Tobago.

The ideal Prevention journey

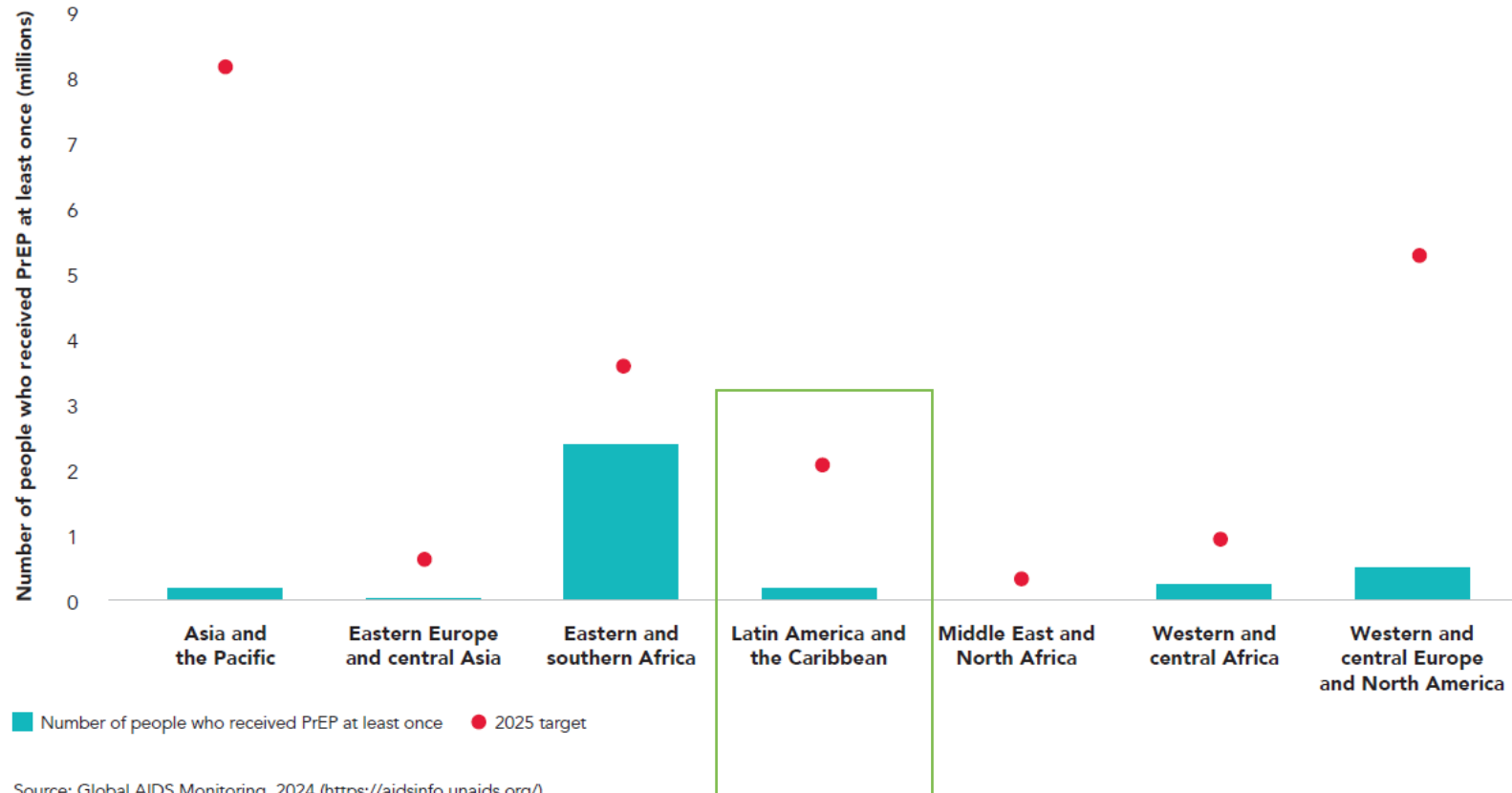


Life is more complicated than it looks.



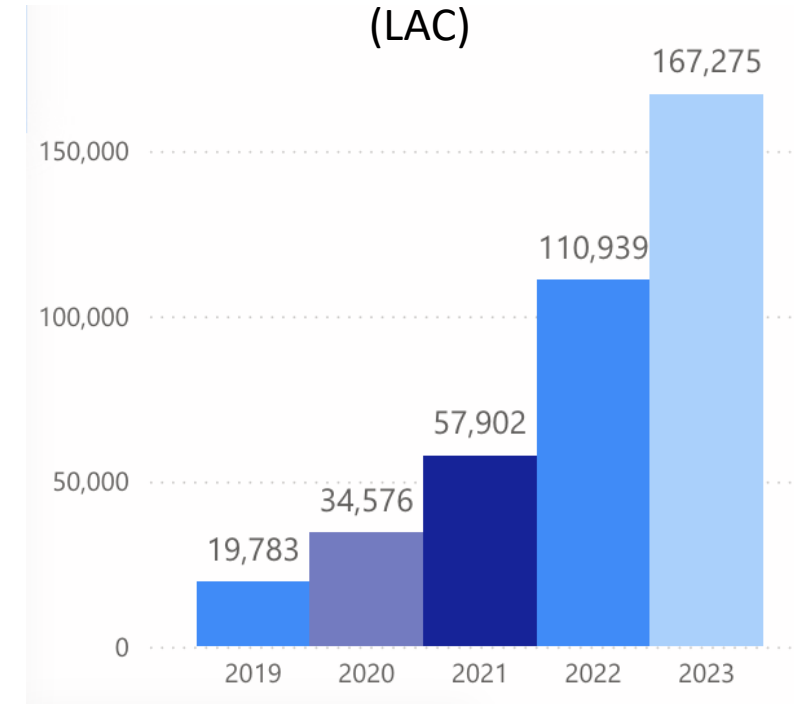
PrEP in LAC

Figure 0.4 Number of people who used pre-exposure prophylaxis (PrEP) at least once in 2023, by region, and 2025 target



Source: Global AIDS Monitoring, 2024 (<https://aidsinfo.unaids.org/>).

People in PrEP per year. (LAC)



Barriers to implementation

- Availability
- Access
- Acceptability and sufficient choice
- Costs
- Stigma and discrimination
- Legal barriers

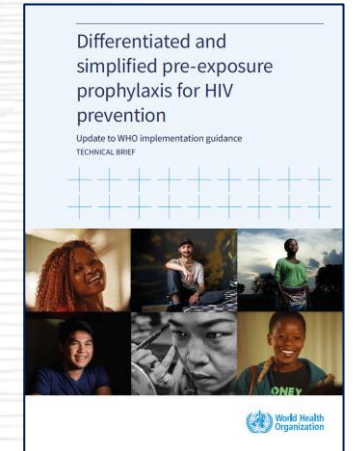
!!! There are many we have not yet reached!!!

How do we close the gap of people accessing prevention services?

The simplified and differentiated approach follows person-centered principles and community settings, strengthening the expansion of PrEP in PCL

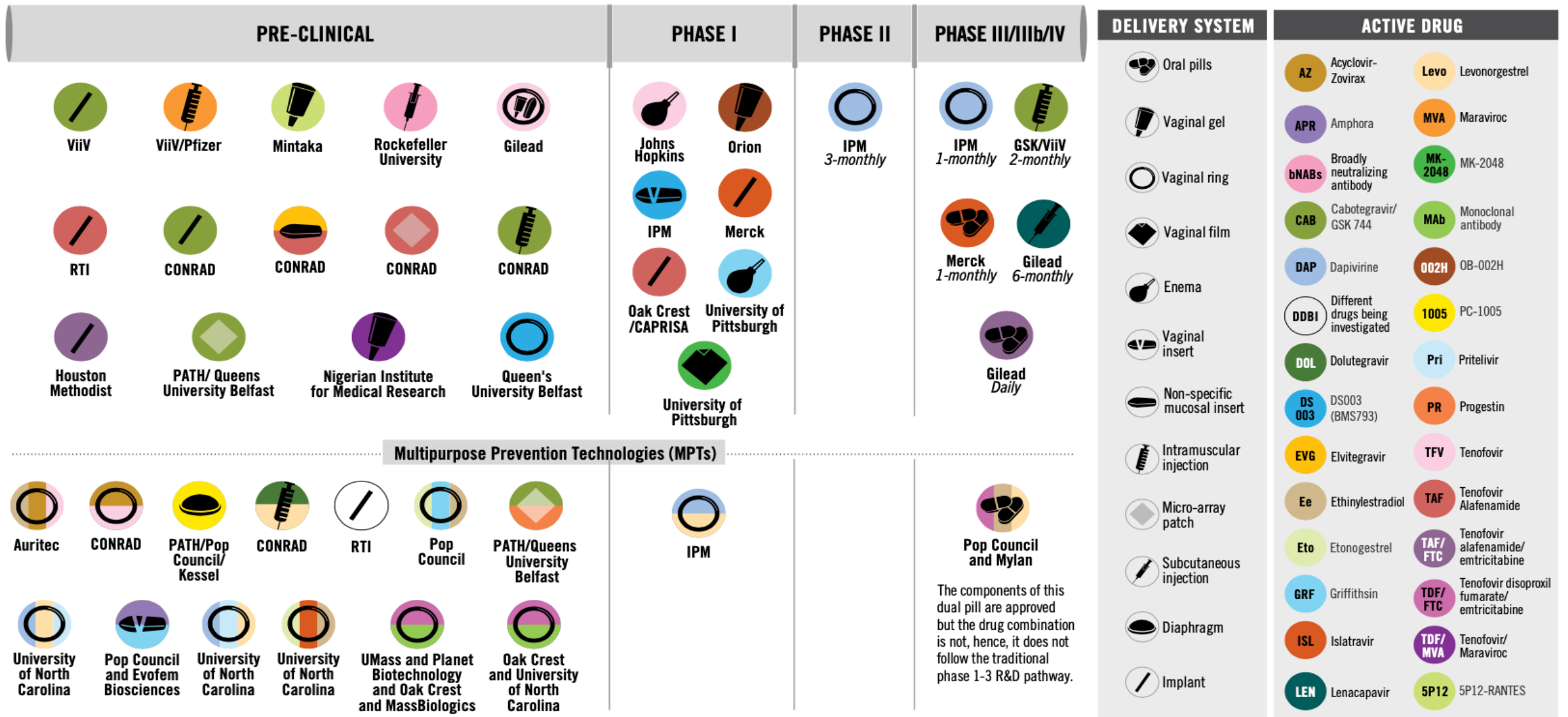
Promote the use of PrEP services that are demedicalized and comprehensive to make them more acceptable and accessible.

- Promote effective and consistent use of Oral PrEP.
- Maintain quality and safe services.
- Support the achievement of national, regional and global goals for HIV prevention.



- Demand generation for existing services
- Increase PrEP options available to sexually active individuals.

At present, we seek to offer many options.



How to improve the implementation of testing and PrEP/PEP services?

- **Task sharing** to maximize use of available human resources, e.g., physicians, nurses, pharmacists, clinical officers, and trained and supervised peer and community health workers.
- **Acceptability** of provider types to the PrEP user.
- **Registration and regulation** of provider types to provide PrEP, HIV Testing - may vary by PrEP product type, country regulation.
- **Training and accreditation**, quality assurance, protocols and linkage to centers, remuneration.

VIEWPOINT | VOLUME 9, ISSUE 5, E363-E366, MAY 01, 2022

Scaling up access to HIV pre-exposure prophylaxis (PrEP): should nurses do the job?

Heather-Marie A Schmidt, PhD • Robin Schaefer, PhD •
Van Thi Thuy Nguyen, PhD • Mopo Radebe, PhD • Omar Sued, PhD •
Michelle Rodolph, MPH • et al. [Show all authors](#)

[Open Access](#) • Published: March 28, 2022 •
DOI: [https://doi.org/10.1016/S2352-3018\(22\)00006-6](https://doi.org/10.1016/S2352-3018(22)00006-6)

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<https://doi.org/10.1177/09596462431215151>

Sage Journals

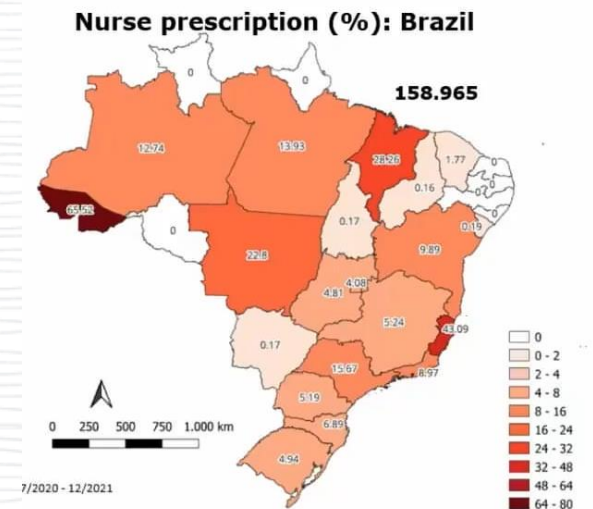
Original Research Article

Appropriate usage of post-exposure prophylaxis-in-pocket for HIV prevention by individuals with low-frequency exposures

Matthew Clifford Rashotte¹, Deborah Yoong², Mark Naccarato³, Oscar J Pico Espinosa⁴, Karla Fisher⁵, Isaac I Bogoch^{5,6}, and Darrell HS Tan^{4,6,7}

Abstract

PEP-In-Pocket (Post-Exposure Prophylaxis-In-Pocket, or "PIP") is a biobehavioural HIV prevention strategy wherein patients are proactively identified and given a prescription for HIV post-exposure prophylaxis (PEP) medications to self-initiate in case of high-risk exposures. We evaluated this strategy in a prospective observational study at two hospital-based clinics in Toronto, Canada. HIV-negative adults using PIP underwent chart review and completed quarterly electronic questionnaires over 12 months. The primary objective was to quantify appropriate PIP initiation, defined as starting PIP



The current landscape of pre-exposure prophylaxis service delivery models for HIV prevention: a scoping review

Jef Vanhamel¹, Anke Rotsaert, Thijs Reyniers, Christiana Nöstlinger, Marie Laga, Ella Van Landeghem and Bea Vuylsteke



PrEP Service Delivery Models

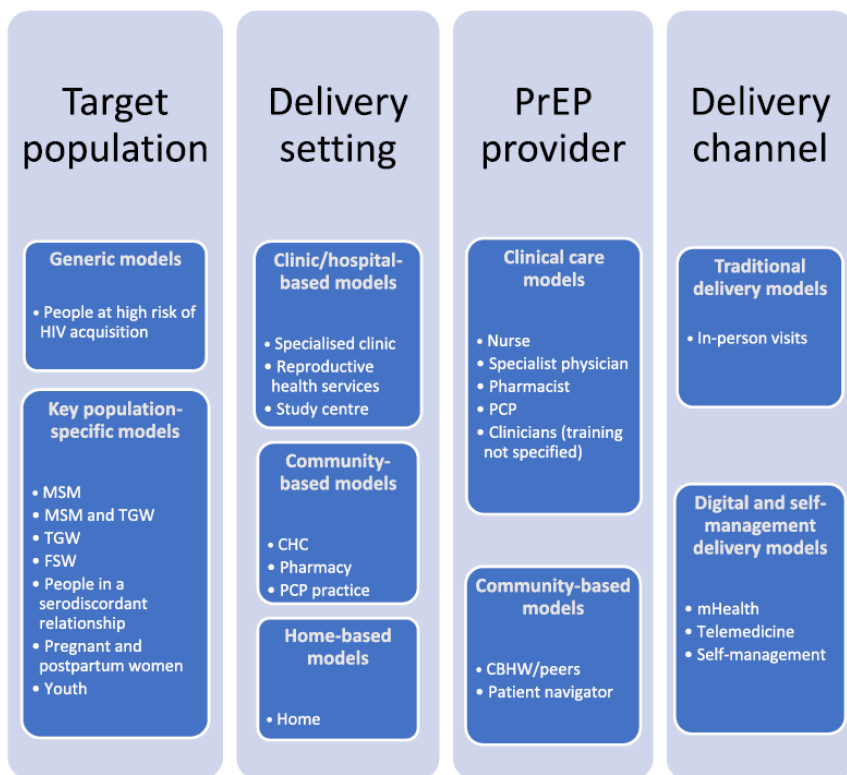


Fig. 3 Description of different models for PrEP service delivery identified in the literature, according to the four key components: target population, delivery setting, PrEP provider, and delivery channel

| | | PrEP Providers | | | | | | |
|------------------------------|--------------------|----------------|-----------------------------|--------------------|-------------------|-----------------|------------|-------------------------------------|
| Delivery setting | | Nurse | Specialist physician | CBHW/peers | Patient navigator | Pharmacist | PCP | clinicians (training not specified) |
| | Specialised clinic | | 26, (30) 31, 39, 43, 48, 54 | 28, 29, 37, 39, 49 | (34) | 48, (34) | | |
| CHC | | 33, 41 | | 31, 38, 44, 46 | 32 | | | 32, 53 |
| PrEP user's Home | | | (45) | | (45) | | | (27) 35 |
| PCP practice | | | | | | | 26, 39, 49 | |
| Pharmacy | | | | | 42 | 31, 36, (42) 44 | | |
| Reproductive health services | | 41 | | | | | | |
| Study center | | | | 25 | | | | (23) (24) |

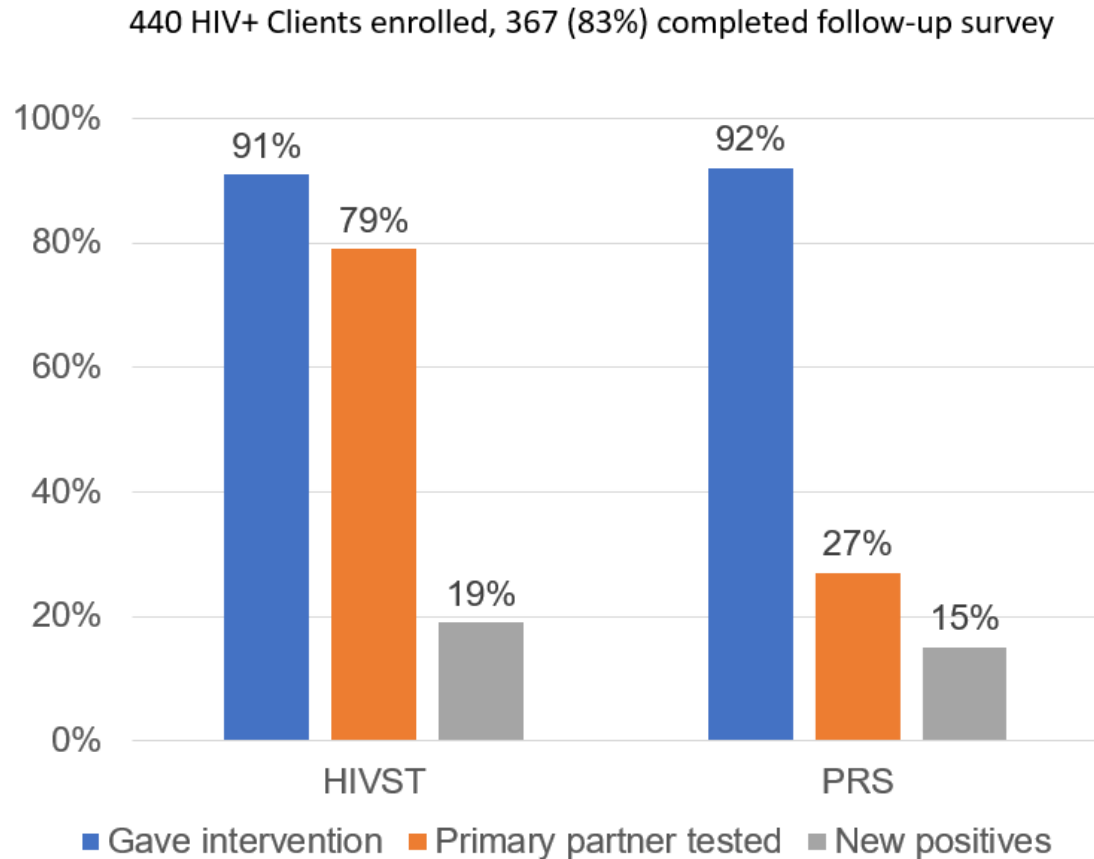
Fig. 4 Position of the identified records according to delivery setting (vertical axis) and providers involved in PrEP care (horizontal axis). Encircled records reported an mHealth or telemedicine aspect to their used delivery channel for PrEP

| | | Target population | | | | | | | |
|------------------------------|--------------------|--------------------------------------------|-------------------------------------------------------------|--------------|--------------|------|-----------------------------------------|-------------------------------|-------|
| Delivery setting | | People at high risk of HIV (not specified) | MSM | TGW | MSM and TGW | FSW | People in a serodiscordant relationship | Pregnant and postpartum women | Youth |
| | Specialised clinic | | 28, 29, (30) 31, 37, 38, 39, 43, 44, 47, 48, 49, 51, 53, 54 | 22, 26, (52) | | (34) | | 35 | |
| CHC | | 31, 38, 44, 53 | | 32 | 46 | 33 | | | 40 |
| PrEP user's Home | | | (27) (45) | | | | 32 | | |
| PCP practice | | | | | | | | | |
| Pharmacy | | 36, (42) | | | | | | | |
| Reproductive health services | | | | | | | | 41 | |
| Study center | | | | | (23) (24) 25 | | | | |

Fig. 5 Position of the identified records according to delivery setting (vertical axis) and target population (horizontal axis) for PrEP care. Encircled records reported an mHealth or telemedicine aspect to their used delivery channel for PrEP

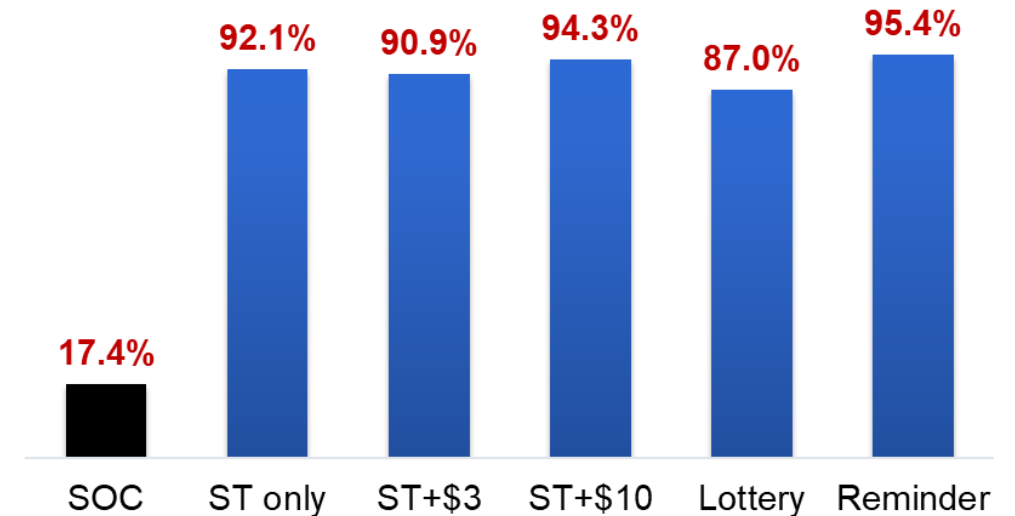
Malawi, self-testing distributed by the partner increases testing

Index testing with referral slip vs HIV self-testing



Dovel et al, Plos Medicine 2023

Partner-delivered HIV self-testing very promising for reaching men in Malawi



- % of all* male partners testing for HIV
- Day 28 follow-up (ACASI)
 - 91% ♀ interviewed
 - 87% to 95% of ♂ reported to have used HIVST kit

Choko et al, Plos Medicine 2019

High acceptability of PrEP teleconsultation and HIV self-testing among PrEP users during the COVID-19 pandemic in Brazil



Brenda Hoagland ¹^{a,*}, Thiago S. Torres ¹^a, Daniel R.B. Bezerra ¹^a, Marcos Benedetti ¹^a, Cristina Pimenta ¹^b, Valdilea G. Veloso ¹^a, Beatriz Grinsztejn ¹^a

Zewdie ND et al. Journal of the International AIDS Society 2022, 47:e26222
<http://onlinelibrary.wiley.com/doi/10.1002/jia2.26222/full> | <https://doi.org/10.1002/jia2.26222>



RESEARCH ARTICLE

Effect of differentiated direct-to-pharmacy PrEP refill visits supported with client HIV self-testing on clinic visit time and early PrEP continuation

Kidist Belay Zewdie^{1,2} ¹², Kenneth Ngunjiri^{2,3} ¹², Margaret Mwangi⁴, Dominic Mwangi⁴, Simon Maina⁴, Lydia Etyang⁴, Gakuo Maina⁴, Vallery Ogello⁴, Emmah Owidi⁴, Nelly R. Mugo^{2,4}, Isaac M. Bester^{2,5} and Kenneth K. Muganyizi^{1,2} ¹² ¹²

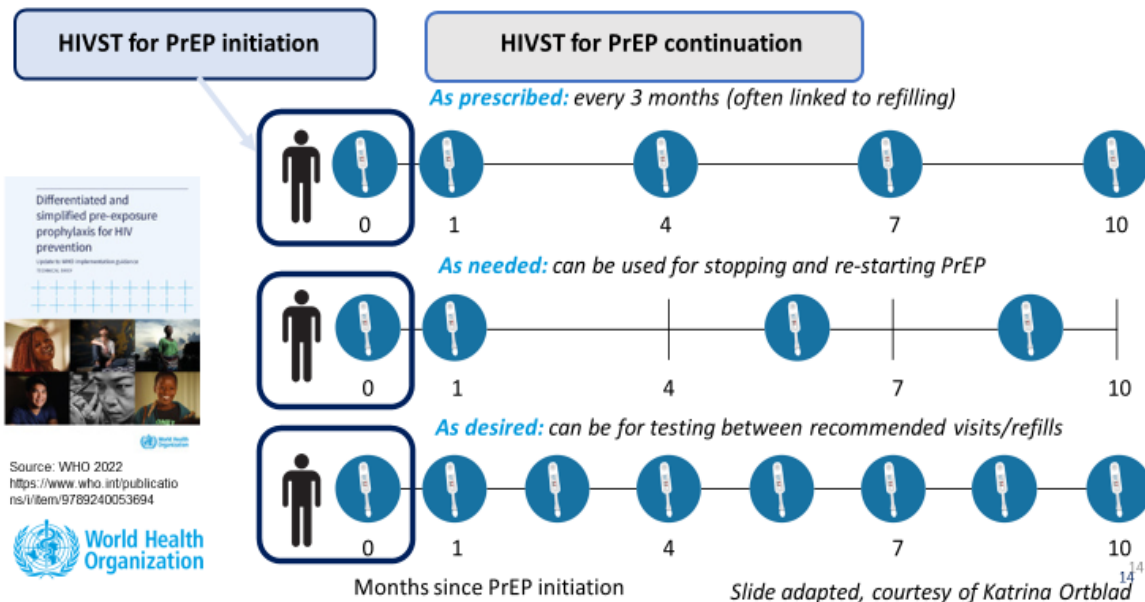
Current HIV/AIDS Reports (2022) 19:394–408
<https://doi.org/10.1007/s11904-022-00617-x>

THE SCIENCE OF PREVENTION (R HEFFRON AND K NGURE, SECTION EDITORS)

Examining the Use of HIV Self-Testing to Support PrEP Delivery: a Systematic Literature Review

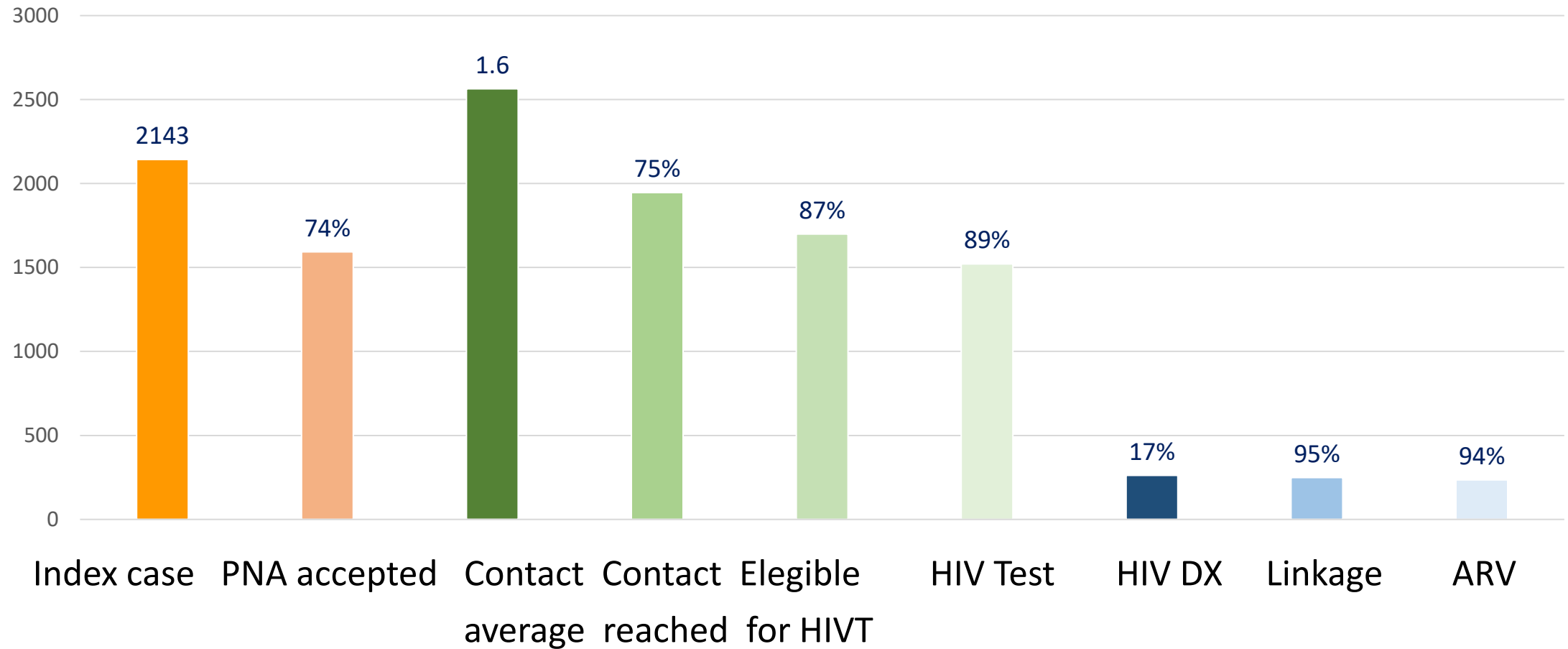
Catherine Kiptinness^{1,6} · Alexandra P. Kuo² · Adriana M. Reedy³ · Cheryl C. Johnson⁴ · Kenneth Ngunjiri^{2,5,6} · Anjali D. Wagner^{2,6} · Katrina E. Ortblad³

HIV self-testing for PrEP



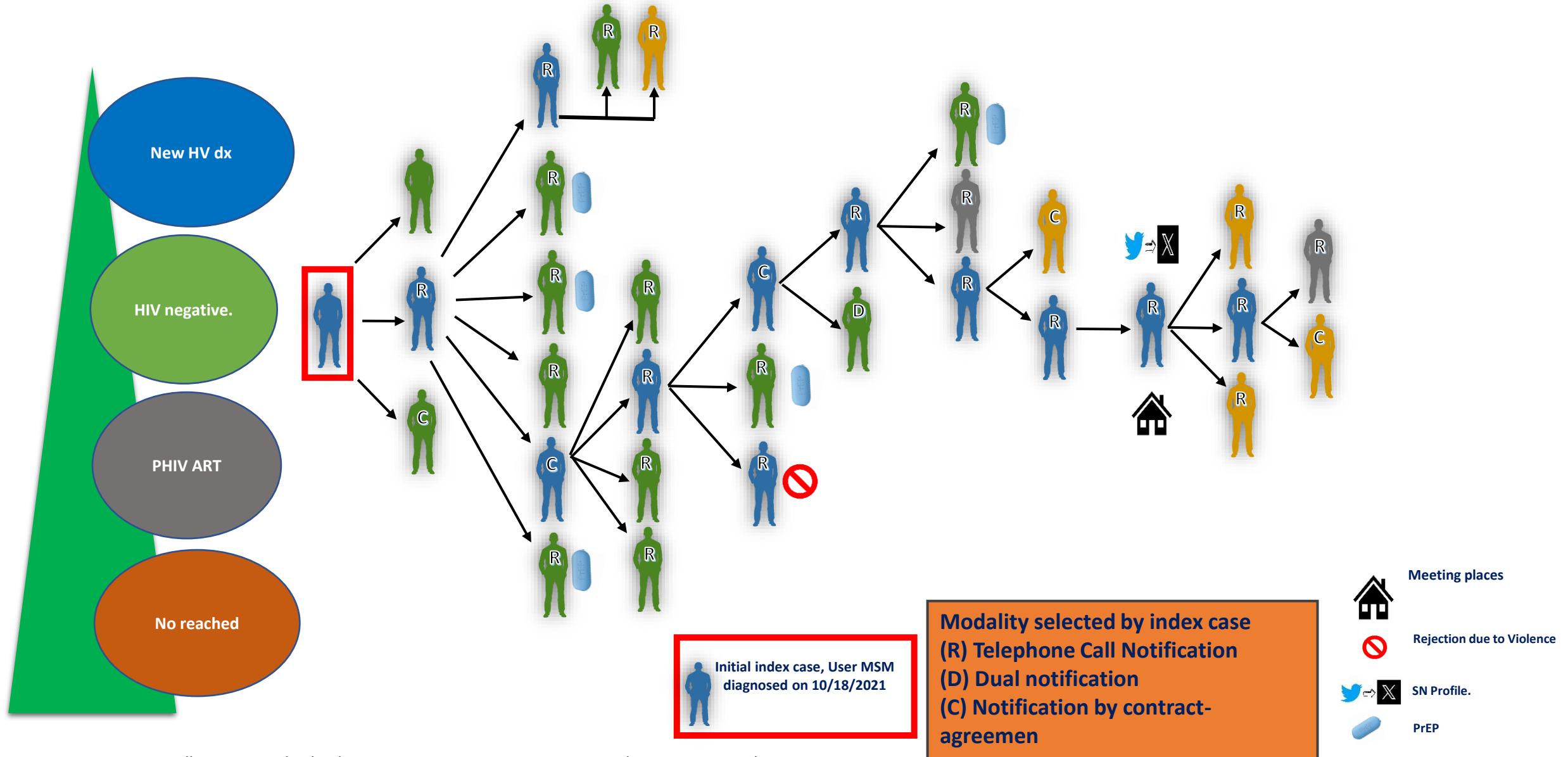
Pharmacy self-testing for PrEP delivery reduced clinic visit time by 50%, increased adherence and retention at 6 months

PNA cascade in VICITS and antiretroviral treatment** clinics supported by UVG's Regional HIV Program in Central America, October 2023-September 2024

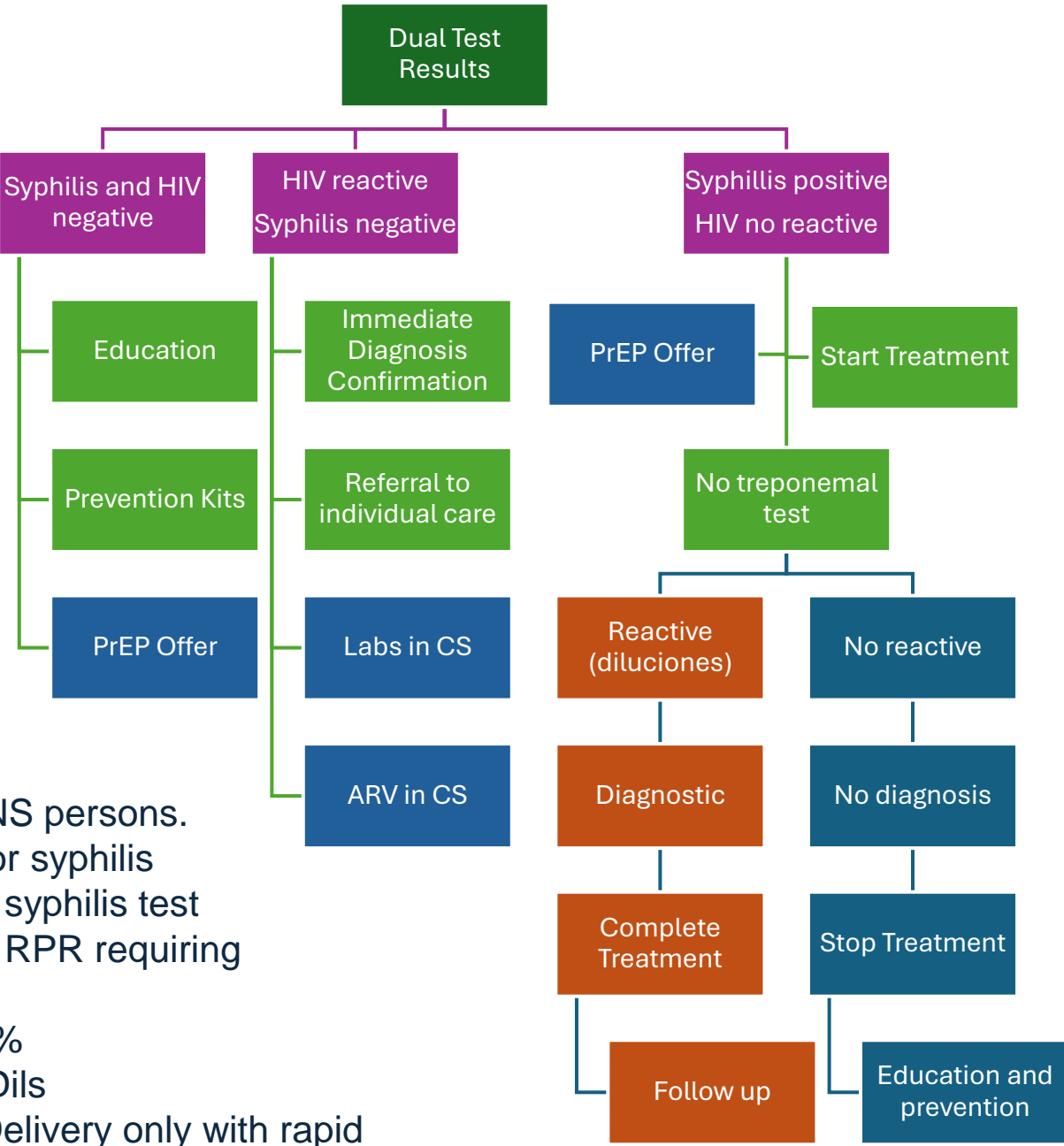


** n=85 VICITS and ART clinics in Guatemala, El Salvador, Honduras, Nicaragua and Panama. Index case: persons who initiated or restarted ART, or with unsuppressed viral load in the reporting period.

NAC/NAP Strategy Epidemiological Contact chain. VICITS Clinic San Miguelito, El Salvador.



Dual HIV syphilis test. Care process and diagnostic algorithm.



Intramural

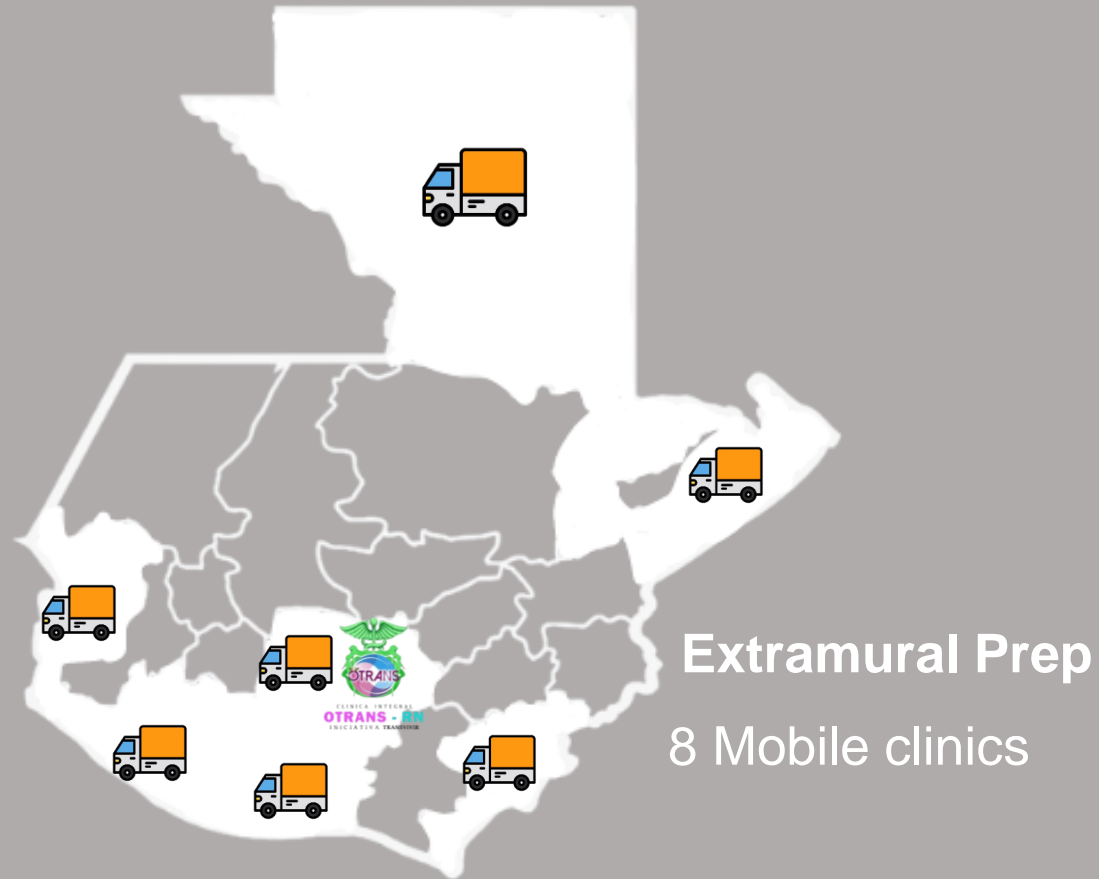
- Care in community centers
- Care in health centers

Extramural

- Induced demand from key populations and migrants
- Tents, homosocialization sites, sex work sites, booths, webcam sites, referral maps

- 250 MSM and 25 TRANS persons.
- 275 People screened for syphilis
- 86 People with positive syphilis test
- 56 People with positive RPR requiring treatment
- Syphilis Prevalence 20%
- Average RPR result 8 Dils
- Same Day Treatment Delivery only with rapid test result in persons with no history of treatment

OTRANS GT- Comprehensive Care for TW



TransviviGT

Metropolitan Area of Guatemala City

Cortesy of Otrans Reinas de la Noche



| PREP DISTRIBUTION BY INTERVENTION AND POPULATION | | | | | |
|--------------------------------------------------|--------|------|-------------|------|-------|
| Population | Clinic | | Mobile Unit | | TOTAL |
| | 2022 | 2023 | 2022 | 2023 | |
| Trans women | 53 | 57 | 0 | 146 | 256 |
| MSM | 51 | 53 | 0 | 124 | 228 |
| SW | 26 | 87 | 0 | 204 | 317 |
| Total | 130 | 197 | 0 | 474 | 801 |

Dissemination activities on social networks

USIPT Mexico

¿Te interesa realizar tu trámite de Identidad de Género?

Si eres de la Ciudad de México la **Dirección General de Diversidad Sexual y Derechos Humanos**, la **Dirección General de Registro Civil** y la **Unidad de Salud Integral para Personas Trans** te apoyan.

Debes entregar en la USIPT los siguientes documentos en original:

- Copia certificada del **acta de nacimiento directa del libro**, con fecha de expedición no mayor a 6 meses.
- Identificación oficial vigente** que acredite la mayoría de edad.
- Comprobante de domicilio de la Ciudad de México**, con fecha de expedición no mayor a 3 meses.

Horario: Todos los miércoles de 10:00 AM a 5:00 PM

@usipt | Unidad de Salud Integral para personas trans.

GRUPOS DE PARES

La **Coordinación Comunitaria** de la **Unidad de Salud Integral para Personas Trans** te invita a las reuniones del mes de **OCTUBRE** de los grupos de pares. Ven, conoce, convive y comparte experiencias con otras personas trans y no binarias en un espacio seguro y confiable.

| | |
|------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| HOMBRES TRANS 18 DE OCTUBRE 11:00 AM a 1:00 PM | MUJERES TRANS 18 DE OCTUBRE 5:00 PM a 7:30 PM |
| FAMILIAS Y ADOLESCENTES 11 DE OCTUBRE 5:00 PM a 7:30 PM | FAMILIAS Y ADOLESCENTES 25 DE OCTUBRE 8:30 AM a 11:00 AM |
| PERSONAS NO BINARIAS 11 DE OCTUBRE 11:00 AM a 1:00 PM | PERSONAS NO BINARIAS 25 DE OCTUBRE 5:00 PM a 7:00 PM |

Plan de San Luis & Manuel Carpio, Santo Tomás, Miguel Hidalgo, CDMX.

Unidad de Salud Integral Para Personas Trans. | Unidad Salud Integral Trans | @usipt

¿Dónde puedo acceder a estos servicios?

Dentro de las unidades de primer nivel de atención especializadas en ITS y VIH, tales como:

- Centros Ambulatorios de Prevención y Atención al Sida e Infecciones de Transmisión Sexual (CAPASITS) y los Servicios de Atención Integral Hospitalaria (SAIH)
- Unidades médicas del IMSS que cuentan con Profilaxis Post Exposición (PEP)
- Unidad de Salud Integral para Personas Trans (USIPT)
- Clinica Especializada Condesa

¿Sabías que...

México y Brasil son los únicos países de la región que forman parte de la ruta crítica de la Coalición Global para la Prevención del VIH, que busca reducir 75% de nuevas infecciones por VIH para 2025.

¿Quieres conocer más?

- www.hablemosdepap.com
- <https://goo.su/Ujyh>
- Línea ¡Yo Decido! 800 624 6464
- Comunicate de lunes a viernes de 10:00 a 20:00 horas; sábados y domingos de 8:00 a 14:00 horas.

Fuentes de consulta

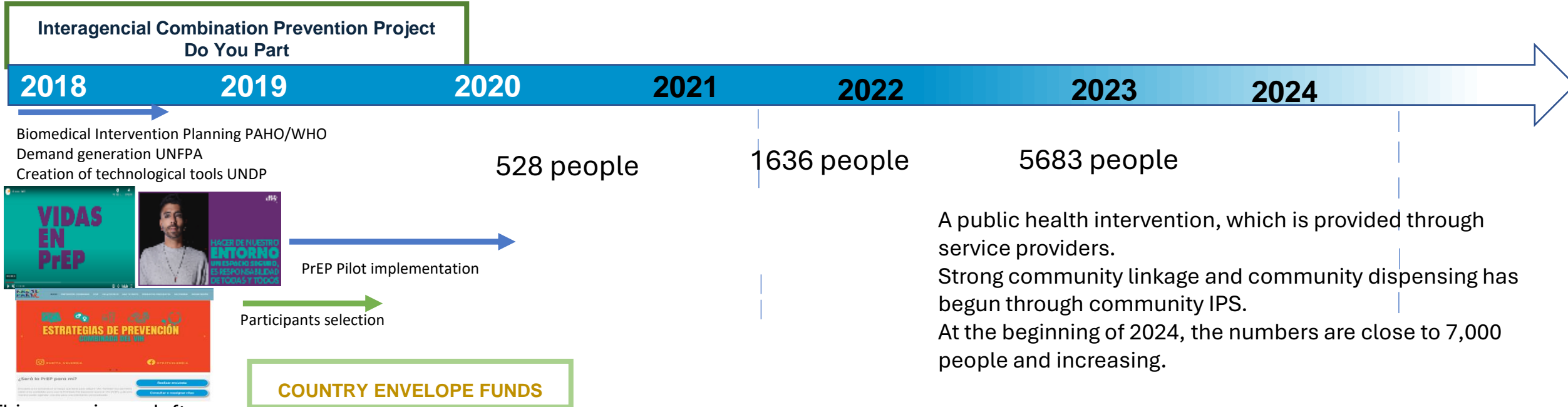
- CENISA (2019, 20 de septiembre). ¿Qué es la Profilaxis Pre Exposición (PrEP)? Blog.
- CENISA (2022). Guía de atención para otorgar Profilaxis Pre-exposición en México. Secretaría de Salud. Ed. 1era.
- Fundación México Vivo. Hablamos de PrEP.
- OPS. Profilaxis Posterior a la Exposición (PEP).
- OPS (2019). Profilaxis Post Exposición para el VIH en personas adultas. Recomendaciones abreviadas para el equipo de salud.

Lo que debes saber sobre la Profilaxis Pre y Post Exposición al VIH

Implementing PrEP in Colombia

It is included as a component of **combination prevention** in health service provider institutions (IPS), aimed at men who have sex with men (MSM) and transgender women (TG), within the framework of the **inter-institutional HIV combination prevention project**.

Sensitization of partners and the state allowed the **transition from demonstration project to public intervention**, initially with the support of the UN and FG. Slow start and affected by the COVID 19 pandemic.



This experience left:

Installed capacity for PrEP supply in 13 cities in Colombia.

Lessons learned at the institutional level from the implementation and baseline for the PrEP guideline in Colombia.

The introduction of a prevention strategy in the new clinical management guide.

ORIGINAL ARTICLE

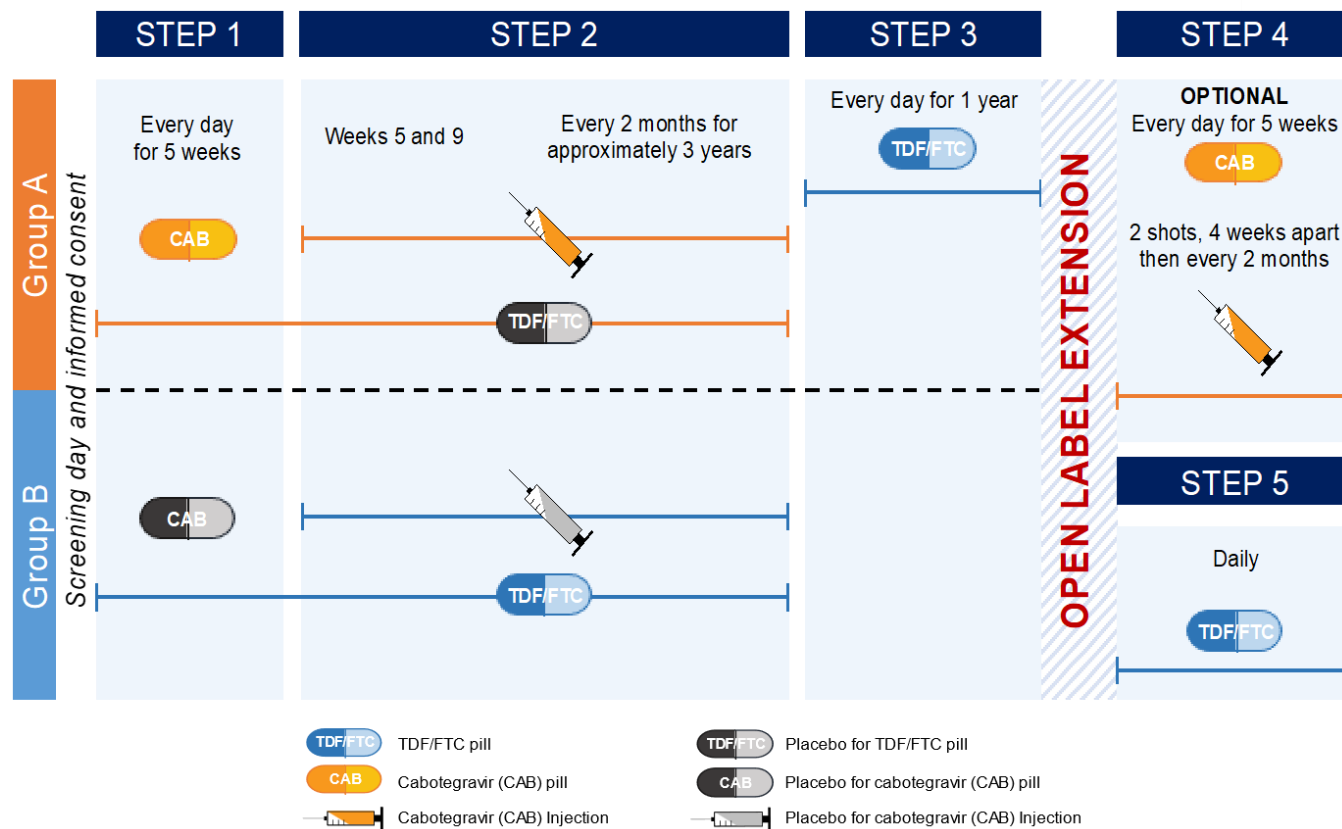
Cabotegravir for HIV Prevention in Cisgender Men and Transgender Women

R.J. Landovitz, D. Donnell, M.E. Clement, B. Hanscom, L. Cottle, L. Coelho, R. Cabello, S. Chariyalertsak, E.F. Dunne, I. Frank, J.A. Gallardo-Cartagena, A.H. Gaur, P. Gonzales, H.V. Tran, J.C. Hinojosa, E.G. Kallas, C.F. Kelley, M.H. Losso, J.V. Madruga, K. Middelkoop, N. Phanuphak, B. Santos, O. Sued, J. Valencia Huamaní, E.T. Overton, S. Swaminathan, C. del Rio, R.M. Gulick, P. Richardson, P. Sullivan, E. Piwowar-Manning, M. Marzinke, C. Hendrix, M. Li, Z. Wang, J. Marrazzo, E. Daar, A. Asmelash, T.T. Brown, P. Anderson, S.H. Eshleman, M. Bryan, C. Blanchette, J. Lucas, C. Psaros, S. Safren, J. Sugarman, H. Scott, J.J. Eron, S.D. Fields, N.D. Sista, K. Gomez-Feliciano, A. Jennings, R.M. Kofron, T.H. Holtz, K. Shin, J.F. Rooney, K.Y. Smith, W. Spreen, D. Margolis, A. Rinehart, A. Adeyeye, M.S. Cohen, M. McCauley, and B. Grinsztejn, for the HPTN 083 Study Team*

August 12, 2021

N Engl J Med 2021; 385:595-608

DOI: 10.1056/NEJMoa2101016



THE LANCET

Cabotegravir for the prevention of HIV-1 in women: results from HPTN 084, a phase 3, randomised clinical trial

Sinead Delany-Moretlwe, James P Hughes, Peter Bock, Samuel Gurrion Ouma, Portia Hunidzarira, Dishiki Kalonji, Noel Kayange, Joseph Makhema, Patricia Mandima, Carrie Mathew, Elizabeth Spooner, Juliet Mpendo, Pamela Mukwekwerere, Nyaradzo Mgodzi, Patricia Nahirya Ntege, Gonasagrie Nair, Clemensia Nakabiito, Harriet Nuwagaba-Biribonwoha, Ravindre Panchia, Nishanta Singh, Bekezela Siziba, Jennifer Farrior, Scott Rose, Peter L Anderson, Susan H Eshleman, Mark A Marzinke, Craig W Hendrix, Stephanie Beigel-Orme, Sybil Hosek, Elizabeth Tolley, Nirupama Sista, Adeola Adeyeye, James F Rooney, Alex Rinehart, William R Spreen, Kimberly Smith, Brett Hanscom, Myron S Cohen, Mina C Hosseinipour, on behalf of the HPTN 084 study group

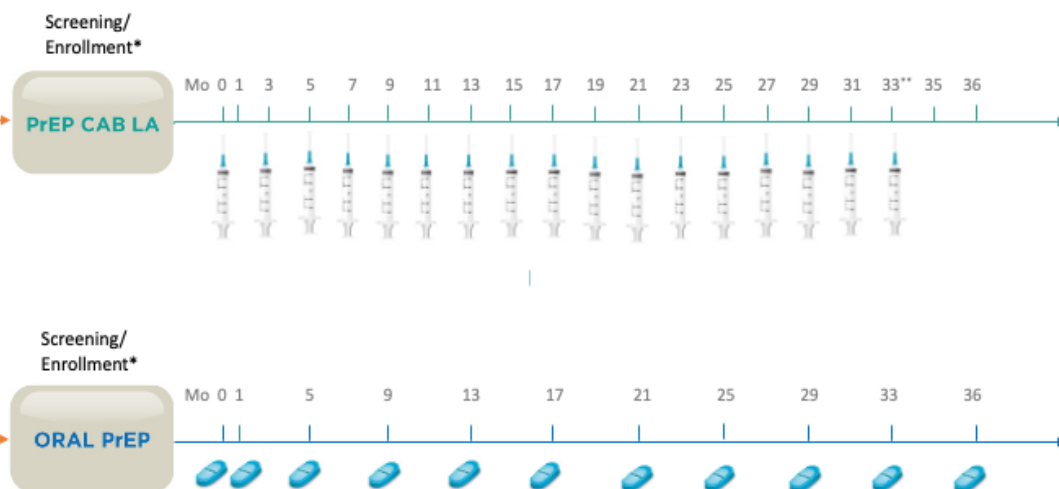
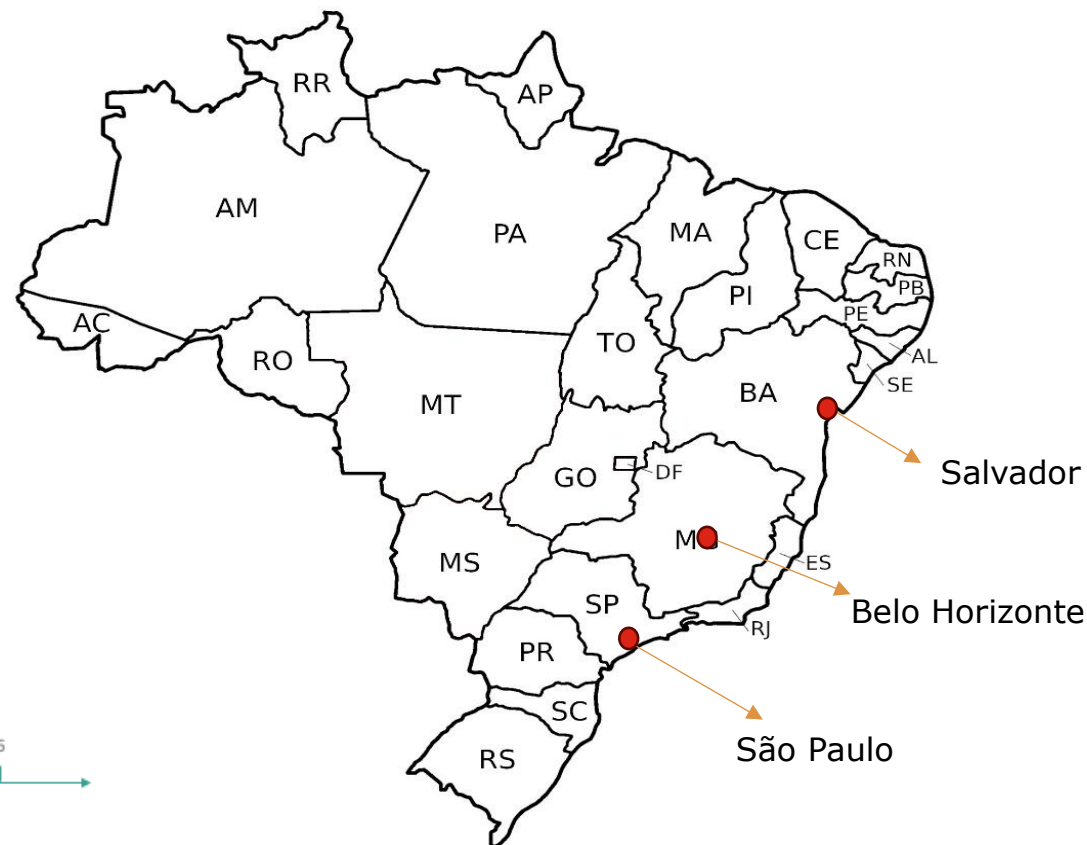
Volume 399, issue 10337, P1779-1789, May 07, 2022

RESEARCH

Open Access

Zero knowledge and high interest in the use of long-acting injectable pre-exposure prophylaxis (PrEP) among adolescent men who have sex with men and transgender women in two capital cities in Brazil

Leo Pedrana^{1*}, Laio Magno^{1,2}, Eliana Miura Zucchi³, Luís Augusto Vasconcelos da Silva⁴, Dulce Ferraz⁵, Alexandre Grangeiro⁶, Marcelo Castellanos¹, Sandra Assis Brasil² and Inês Dourado¹



An implementation study of CAB-LA for HIV PrEP among adolescents: men who have sex with men, non-binary, and trans people 15-19 years old in Brazil

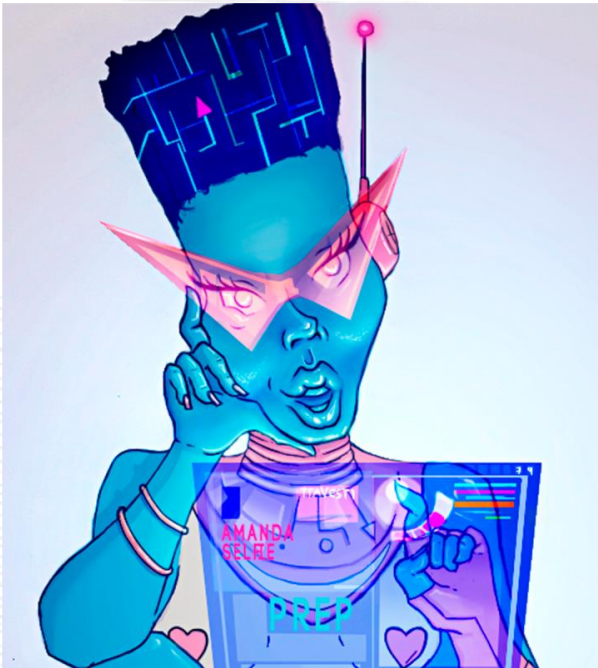
Representative PI: Inês Dourado, MD, PhD
Protocol Chair - São Paulo: Alexandre Grangeiro, Soc
Protocol Chair - Belo Horizonte: Dirceu Greco, PhD



Original Paper

A Transgender Chatbot (Amanda Selfie) to Create Pre-exposure Prophylaxis Demand Among Adolescents in Brazil: Assessment of Acceptability, Functionality, Usability, and Results

Paula Massa¹, PhD; Dulce Aurélia de Souza Ferraz^{2,3}, PhD; Laio Magno^{4,5}, PhD; Ana Paula Silva⁶, PhD; Marília Greco⁶, BSc; Inês Dourado⁴, PhD; Alexandre Grangeiro¹, MSc



The use of a TG chatbot as a persona to promote PrEP access among MSM and TWs was well accepted and contributed to a slight increase in PrEP uptake, especially among TWs.

However, complementary interactions with humans and strategies to disseminate the tool are essential to reduce access inequalities and increase the chatbot's impact on the population.

First choice for PrEP and switch

Most were MSM (73.6%), Black (73.0%), and aged 18-19 (71.3%).

The first choice for LAI-PrEP was higher among those **aged 15-17 years old** (38.7% vs. 28.5%, $p=0.110$);

The main reasons for choosing LAI-PrEP were:

- i) not worrying about taking pills (80.4%),**
- ii) better than taking daily medication (78.3%),**
- iii) not carrying medication (52.2%).**

The median switch time was **43.5 days** (IQR=52.5).

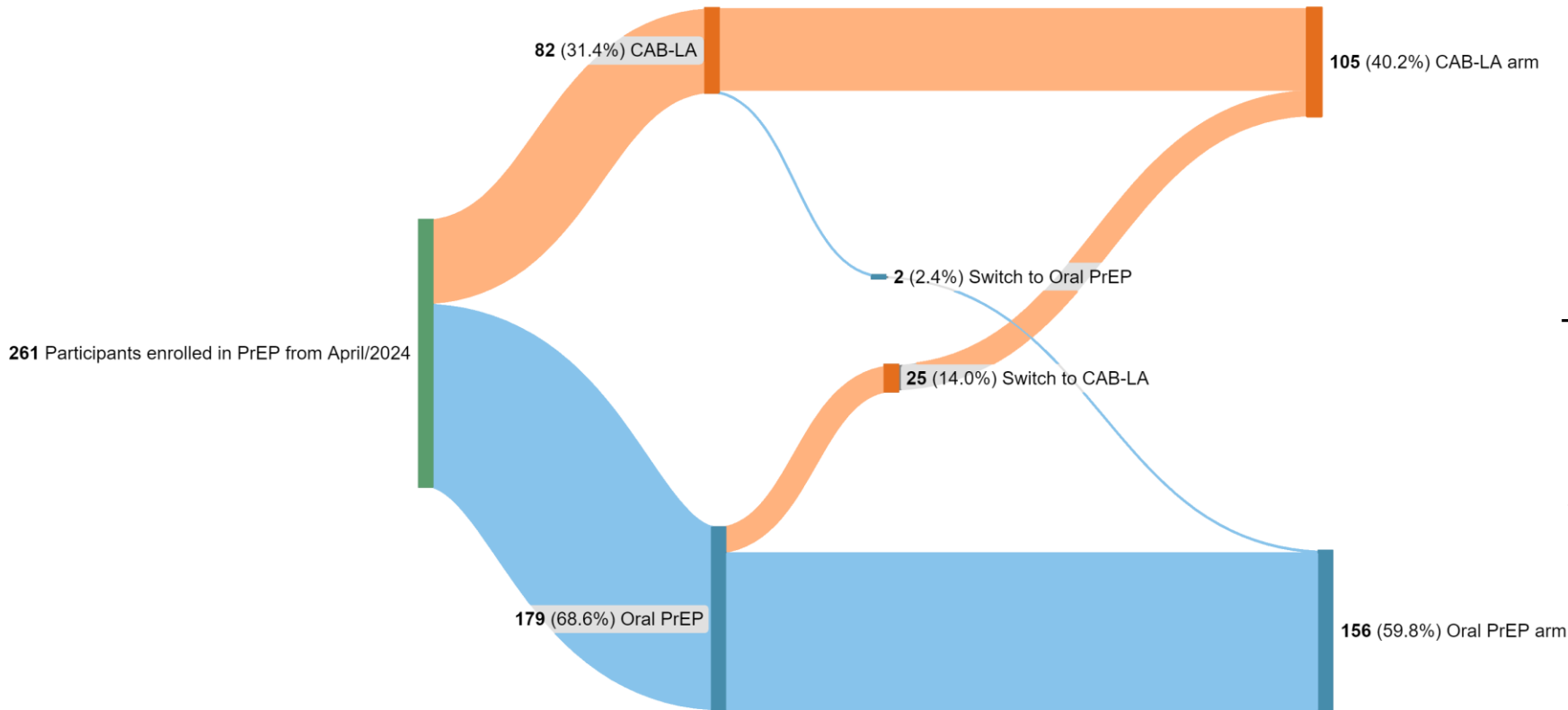
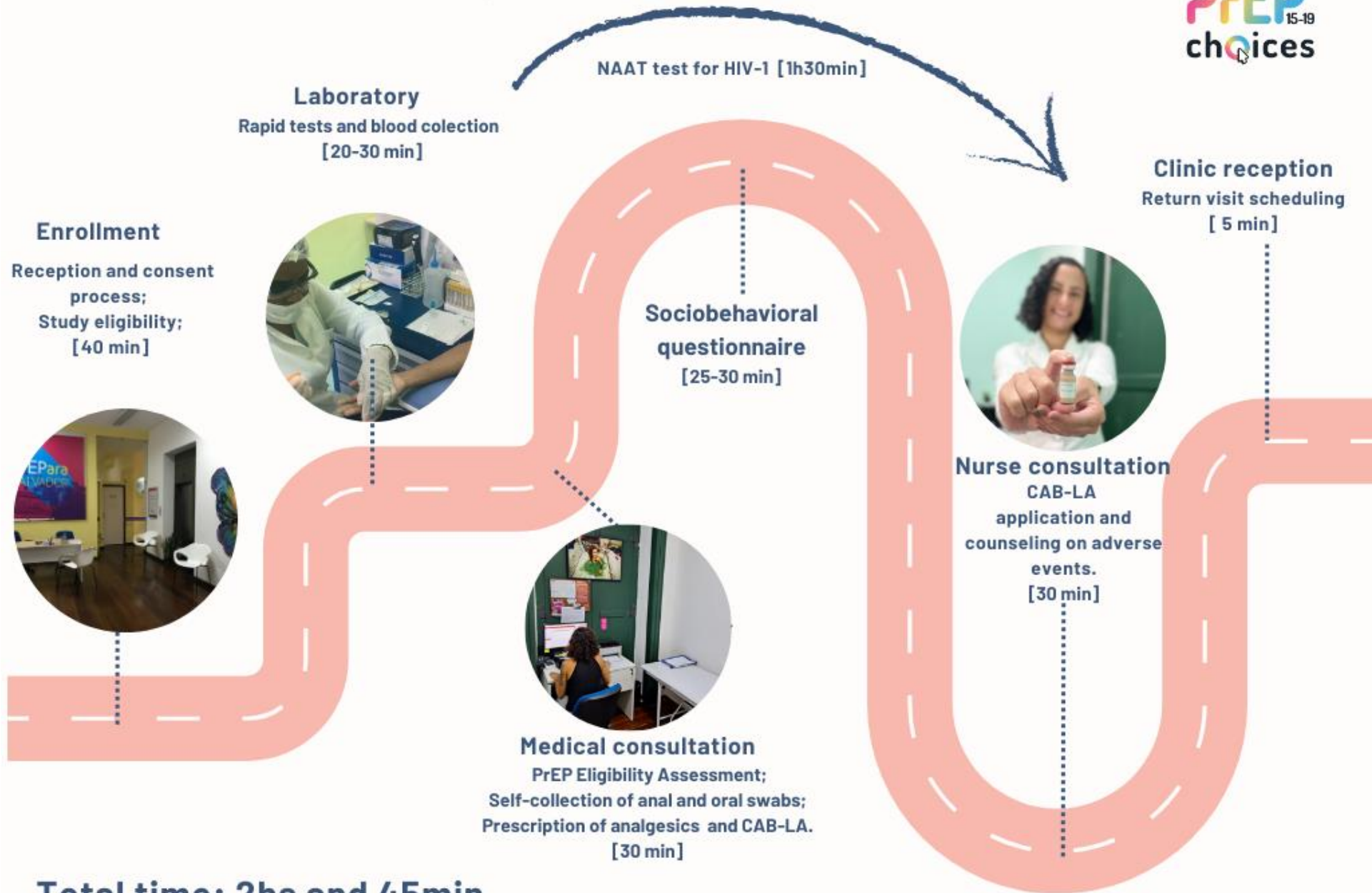


Figure. Patterns of first-choice after LAI PrEP was available in the health services and switching for oral and injectable PrEP among adolescents from sexual and gender minorities, April-September, 2024, PrEP1519.

PrEP15-19 Choices road map



Courtesy by PrEP Choices 15-19



HIVR4P 2024

PrEP Choices as a playlist

Choose the one that fits your rhythm and makes you feel protected!



Event-driven PrEP

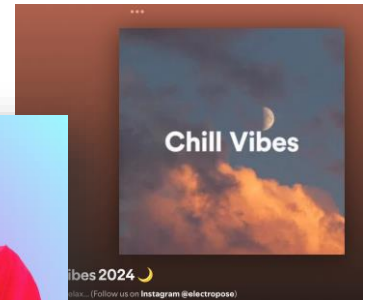
Everyday Empowerment



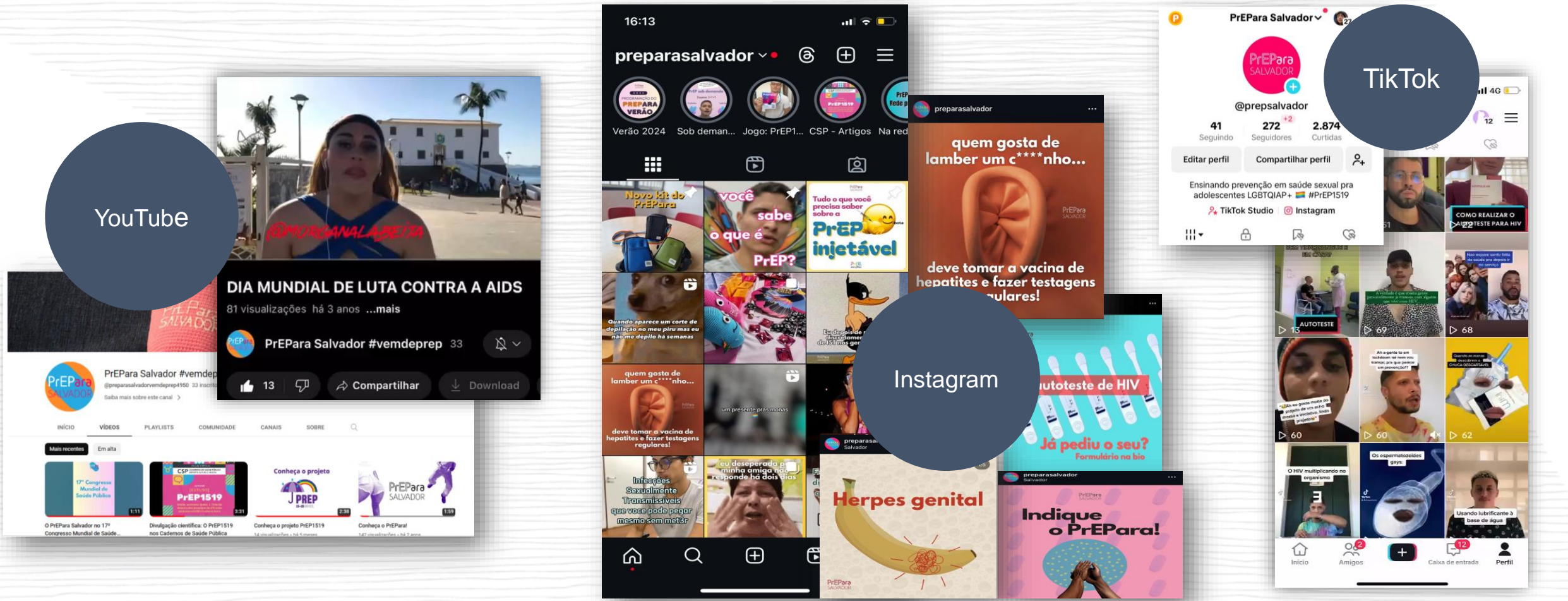
Daily oral PrEP



Long-acting injectable PrEP



Being where young people are - on YouTube, Instagram, Tiktok, communication sites, using accessible language, using memes and personas from the LGBTQIA+ community



PrEP 15-19 choices



Long-acting PrEP for adolescents offers a promising alternative to daily pills, potentially improving adherence and protection;



Flexible PrEP options may allow adolescents to choose between oral and injectable PrEP and improve adherence by accommodating individual lifestyles;



We initially observed a strong preference for oral PrEP, followed by a noticeable shift to BWC. This suggests that individuals may need time to become familiar with oral PrEP and better understand the PrEP options available before transitioning to the injectable form;



Effective HIV prevention for adolescents requires personalized messaging through social networks, community outreach, and youth-friendly services;



Creating stigma-free spaces with peer educators is essential to making PrEP services more accessible and attractive to youth;



Addressing mental health issues within HIV prevention programs is critical to the well-being and effective protection of adolescents

Thanks to the sponsors and members of the PrEP1519 Choices team.

Long Acting Injectables PURPOSE 1 Trial

Adolescent girls and young women (aged 16-26 years) at 25 sites in South Africa and 3 sites in Uganda.

5,345 participants were randomized into 3 groups:

- Group A: Subcutaneous injection of lenacapavir (LEN) every 6 months + oral PrEP placebo.
- Group B: Daily oral TAF/FTC + LEN injection placebo.
- Group C: Daily oral TDF/FTC + LEN placebo injection.

A total of 55 women contracted HIV in the TDF/FTC and TAF/FTC groups (0 infections in the LEN group).

HIV incidence rates: Group A: 0.0 infections per 100 person-years. Group B: 2.02 infections per 100 person-years. Group C: 1.69 infections per 100 person-years.

Poor adherence was observed in the oral PrEP groups, with many participants having little or no tenofovir detected in blood.

Safety and tolerability: LEN was well tolerated, with the most common side effects being injection site reactions (ISRs), which occurred in 68.8% of participants receiving LEN.

However, none of these reactions were classified as serious. Only 0.2% of participants in the LEN arm discontinued treatment due to ISRs.

LEN demonstrated high efficacy and was well tolerated, offering a promising alternative to oral PrEP, particularly for populations in which adherence to daily medication is a challenge



The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Twice-Yearly Lenacapavir or Daily F/TAF for HIV Prevention in Cisgender Women

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ABSTRACT

BACKGROUND

There are gaps in uptake of, adherence to, and persistence in the use of preexposure prophylaxis for human immunodeficiency virus (HIV) prevention among cisgender women.

METHODS

We conducted a phase 3, double-blind, randomized, controlled trial involving adolescent girls and young women in South Africa and Uganda. Participants were assigned in a 2:2:1 ratio to receive subcutaneous lenacapavir every 26 weeks, daily oral emtricitabine-tenofovir alafenamide (F/TAF), or daily oral emtricitabine-tenofovir disoproxil fumarate (F/TDF; active control); all participants also received the alternate subcutaneous or oral placebo. We assessed the efficacy of lenacapavir and F/TAF by comparing the incidence of HIV infection with the estimated background incidence in the screened population and evaluated relative efficacy as compared with F/TDF.

Lenacapavir for prevention: dosage regimen

- Oral loading is needed to achieve PK levels
 - Day 1: 2 tablets of 300 mg each
 - Day 2: 2 tablets of 300 mg each
 - Subcutaneous injections every six months.
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- Day 1: 927 mg lenacapavir, administered as 2 subcutaneous injections (abdominal*) of 1.5 ml of suspension
 - Repeat every 28 weeks (182 days) Without an oral loading dose, protection levels from injection alone are reached after weeks 3-4.
 - No oral loading is needed for follow-up injections if done on time (28 weeks).
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- Contraindications: Rifamycin contraindicated in all.
 - Methadone: need to adjust drug dose? “Be careful.”
 - Other possible options for site of administration may include thigh and arm:
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC10678519>

Rethinking post-exposure prophylaxis (PEP)

Recommendations (2016)

Overall

An HIV PEP regimen with two ARV drugs is effective, but three drugs are preferred (*conditional recommendation, low-certainty evidence*).^a

Adults and adolescents

TDF + 3TC (or FTC) is recommended as the preferred backbone regimen for HIV PEP (*strong recommendation, low-certainty evidence*).^a

DTG is recommended as the preferred third drug for HIV PEP (*strong recommendation, low-certainty evidence*).

When available, ATV/r, DRV/r, LPV/r and RAL may be considered as alternative third drug options for PEP (*conditional recommendation, low-certainty evidence*).

Barriers to the use of PEP in HIV prevention:

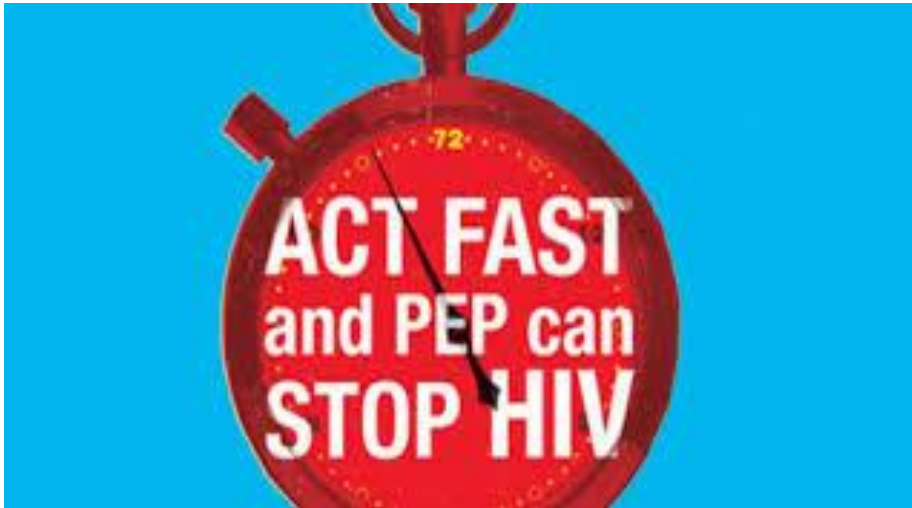
- Low knowledge about PEP among groups affected by HIV.
- Limited and medicalized access.
- PEP should be used more and earlier.

When PEP is indicated:

- Consideration of STIs and emergency contraception.
- Contacts with the healthcare system to obtain PEP can be an entry point for other services (e.g., PrEP).

The WHO is considering recommendations to optimize access to PEP:

- Access in community settings.
- Use of self-administered tests to guide the use of PEP.



A behavioral economics approach to enhancing HIV preexposure and postexposure prophylaxis implementation

- Approximately 41% of PrEP initiators stop daily oral PrEP use within 6 months
- A natural pathway between PEP and PrEP has been widely observed.

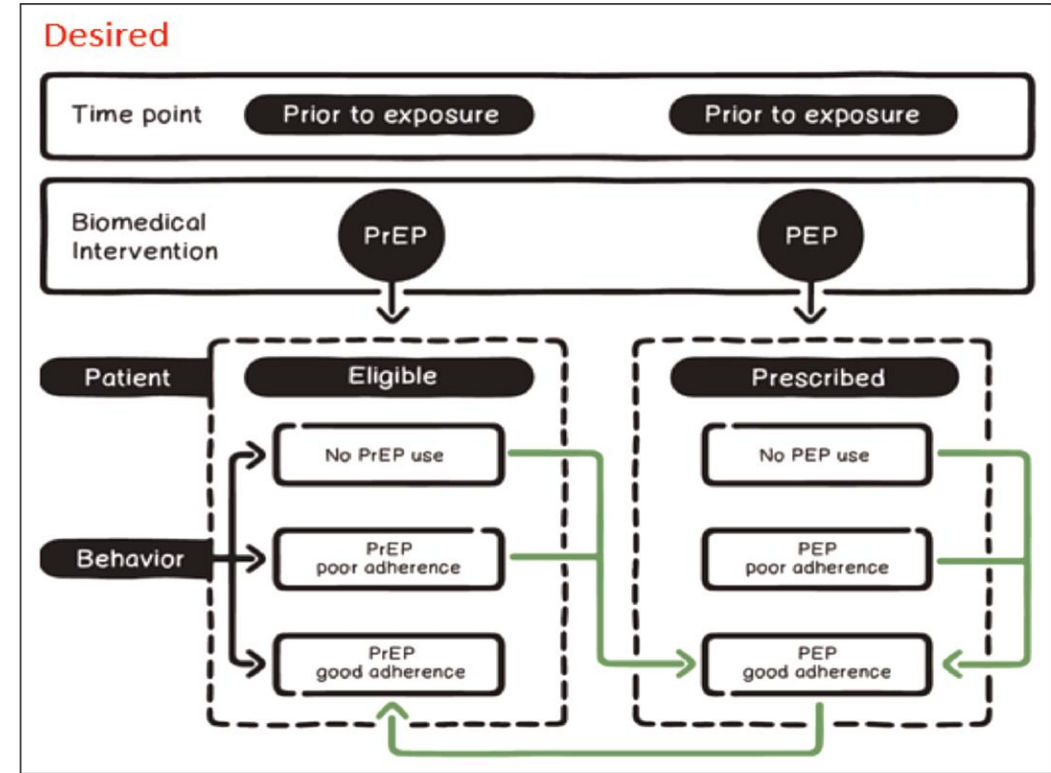
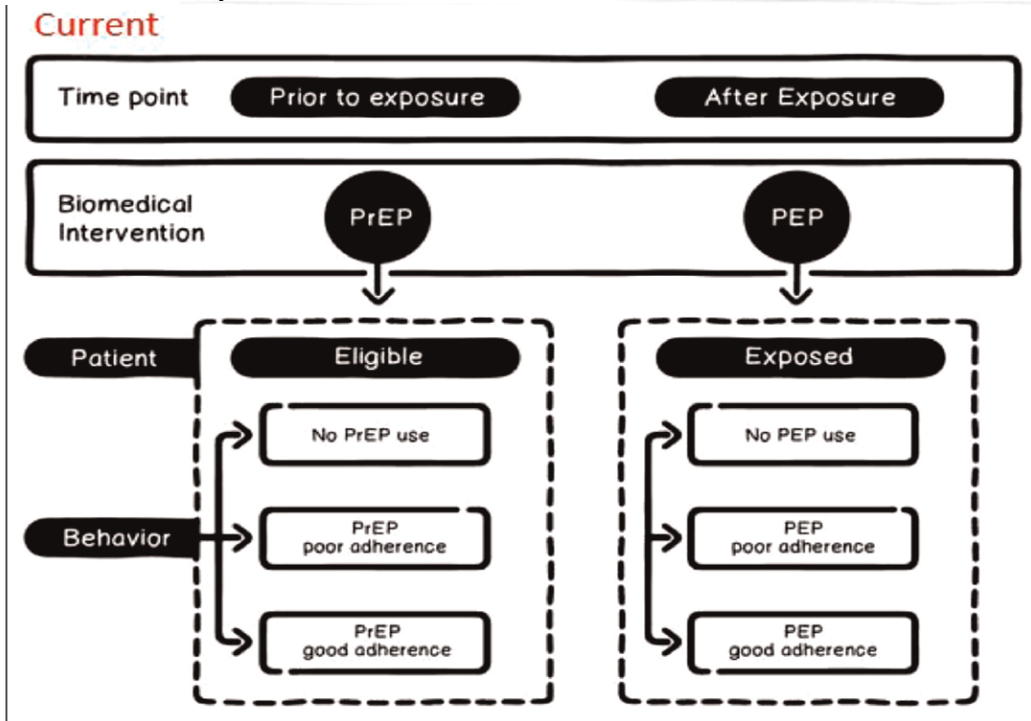


FIGURE 2. Flow diagram illustrating proposed postexposure prophylaxis- preexposure prophylaxis. Loop as an integrated implementation model. The green lines map out pathways for directing susceptible individuals, whether because of no-use or poor adherence, towards presumptive PEP prescription; and for directing PEP users (especially repeated users) to PrEP services. This integrated loop captures three main scenarios of patient behavior to ensure all can be directed to biomedical prevention. This design aims to establish a safety net for patients who have not benefited from PrEP and optimize the overall utility of both biomedical tools. PEP, postexposure prophylaxis; PrEP, preexposure prophylaxis.

FIGURE 1. Flow diagram illustrating services gaps in current independent preexposure prophylaxis and postexposure prophylaxis prevention services. This diagram visualizes three main scenarios of patient behavior in relation to PrEP and PEP usage: nonuse, poor adherence, and good adherence. Effective HIV protection is only achieved through good adherence to PrEP, whereas poor adherence or nonuse of either PrEP or PEP leaves individuals unprotected (AKA, current prevention gaps). Note that although PEP with good adherence can offer one-time protection after a high-risk exposure, it cannot substitute the continuous protection that PrEP provides when adhered to properly. PEP, postexposure prophylaxis; PrEP, preexposure prophylaxis.

Takeaways

- No single prevention intervention can impact the numbers.
- There is a need to work on oral PrEP expansion and demand generation.
- The person-centered approach mandates the expansion of PrEP/PEP and ART options.
- Increasing access to services requires differentiated approaches, including task sharing.
- Paradigm shifts are challenging and require political will, multisectoral work, and innovation.