

# Linking PEP and PrEP Services: Job Aid for Providers

HIV pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) are both elements of a comprehensive combination HIV prevention package.

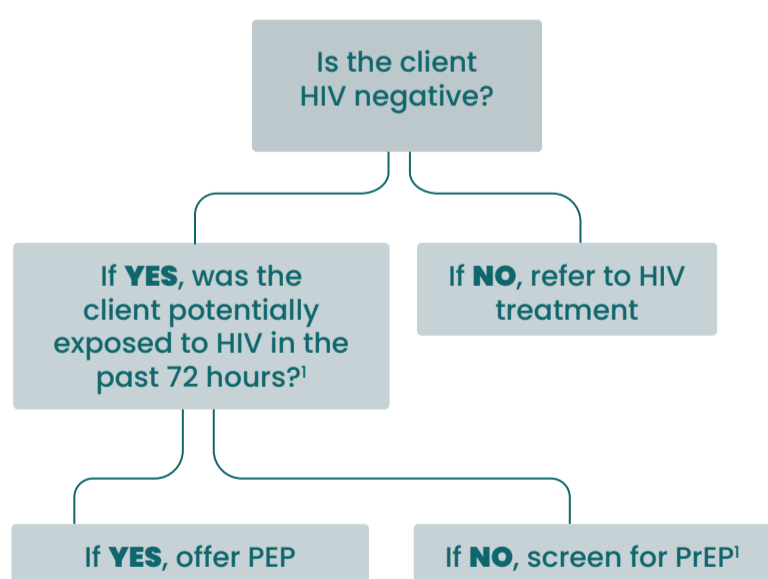
## Understanding PEP

PEP is a short-term (28-day) course of combination antiretroviral medicines, ideally a fully suppressive 3-drug regimen. PEP is taken to reduce the likelihood of HIV acquisition after potential exposure, either occupationally or nonoccupationally—for instance, through sex, sharing injection equipment, or needle stick injuries. It should be obtained and started within 72 hours of potential exposure. See **Algorithm A** for assessment of PEP initiation.

**Comparing PEP and PrEP:** While PEP is taken for exactly 28 days and used after (post-) exposure, PrEP can be taken for shorter or longer periods of time and is used before (pre-) exposure to prevent acquisition of HIV.

	Use	Dosage (for adults and adolescents ≥30kg)	Duration
<b>PEP</b>	To prevent acquisition of HIV within 72 hours after potential exposure	Three-drug regimen preferred: <b>Tenofovir 300 mg (TDF) + Lamivudine 300 mg (3TC) + Dolutegravir 50mg (DTG)</b>  If DTG is not available or contraindicated, refer to Integrated HIV Management Guidelines.	Take daily for 28 days following potential exposure
<b>Oral PrEP</b>	To prevent acquisition of HIV before exposure to the virus and can be for daily or event-driven (ED) use  ED-PrEP is an additional dosing regimen for HIV prevention during sex for people assigned male at birth.	Fixed-dose combination recommended: <b>TDF 300 mg + 3TC 300 mg</b>	For daily use: Take one pill daily starting at least 7 days prior to period of potential exposure and continue for at least 7 days after last potential exposure.  For individuals eligible for ED-PrEP, regardless if the intention is daily or ED-PrEP: Take 2 pills 2-24 hours before potential exposure and continue daily until 2 days after the last potential exposure.

## Algorithm A. Assessing for PEP initiation



<sup>1</sup> An answer of "NO" means no potential past exposure to HIV at all or potential HIV exposure that was more than 72 hours ago.

## Providing PrEP to PEP users

**WHO:** Offer or refer PEP users to PrEP services if they are...

- HIV negative
- Expect potential exposure to HIV to continue after PEP completion

Repeated PEP use can be an indication that a client may benefit from PrEP but is **not required**.

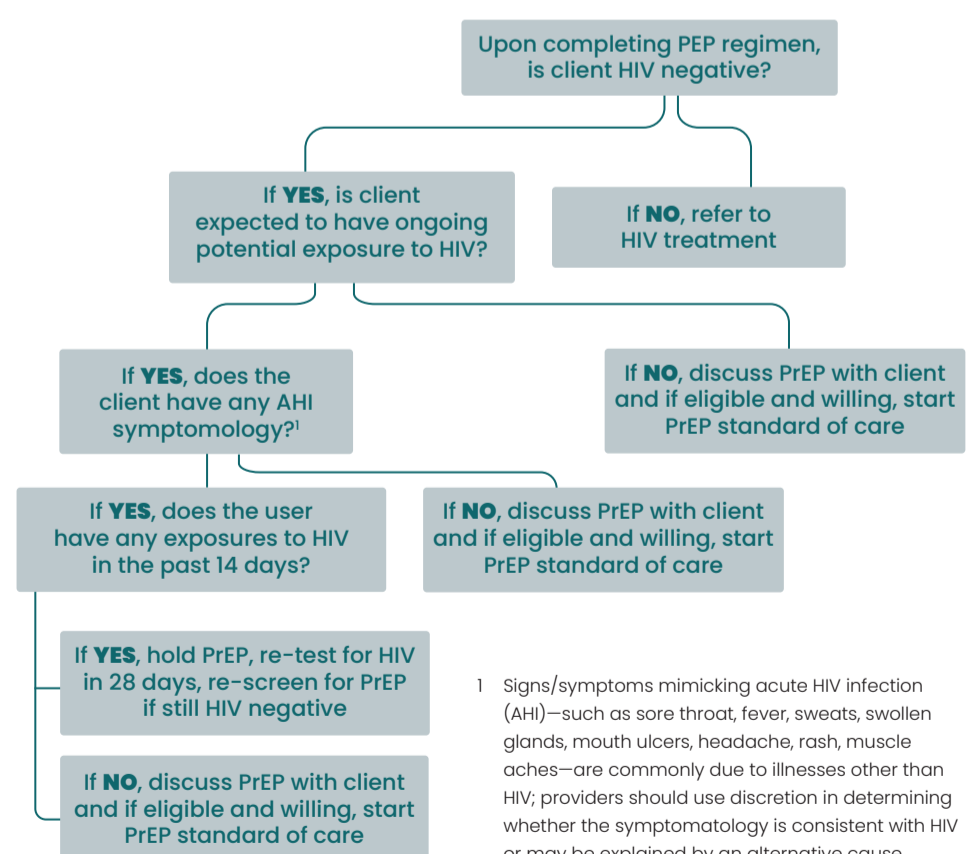
**HOW:** Using **Algorithm B**

1. Assess whether a client had an exposure to HIV in the past 72 hours.
2. If a client reports an exposure to HIV in the past 72 hours, the client should be screened for eligibility for PEP instead of PrEP and provided PEP or linked to PEP services.
3. After 28 days of PEP, the client may be directly transitioned from PEP to PrEP without a gap, if still HIV negative and if the client otherwise meets the criteria for PrEP use.

**WHY:** Bidirectional referrals (from PEP services to PrEP services and vice versa), as well as integrated PEP and PrEP services wherein an individual provider or providers at a single location can prescribe or dispense both PEP and PrEP, can increase access to comprehensive HIV prevention.

PrEP should be discussed with all PEP users, regardless of whether they are first time or repeat PEP users.

## Algorithm B. Assessing for PrEP use in clients returning after full course of PEP



<sup>1</sup> Signs/symptoms mimicking acute HIV infection (AHI)—such as sore throat, fever, sweats, swollen glands, mouth ulcers, headache, rash, muscle aches—are commonly due to illnesses other than HIV; providers should use discretion in determining whether the symptomatology is consistent with HIV or may be explained by an alternative cause.

