KINGDOM OF ESWATINI | MINISTRY OF HEALTH

Eswatini Pre-Exposure Prophylaxis (PrEP) Implementation Guidelines

November 2025

MOH HIV/AIDS SNAP

World Health Organization

FOREWORD

The third Swaziland HIV Incidence Measurement Survey (SHIMS3) demonstrated remarkable progress made by Eswatini in addressing the HIV epidemic.[1] At 94-97-96, Eswatini has surpassed the UNAIDS targets for treatment and viral suppression in advance of the 2025 date, providing clear evidence of the effectiveness of the country's HIV treatment programs. The country has also achieved a substantial reduction in new HIV infections over the last decade.

Despite this progress, the SHIMS3 findings highlight that women continue to acquire new HIV infections at higher rates than men. Vulnerability, social determinants, and high-risk sexual practices continue to drive HIV incidence among populations most at risk. Adolescent girls and young women (AGYW), along with key population groups, remain disproportionately affected.

The Government of Eswatini has remained committed to expand access to appropriate HIV prevention interventions including the introduction of new biomedical HIV prevention products to meet the diverse needs of those at highest risk.

Since the introduction of pre-exposure prophylaxis (PrEP) in Eswatini, the number of people who know their HIV status and understand their potential exposure to HIV has increased. While the introduction and rollout of oral PrEP has had challenges with acceptance and uptake, it is anticipated that the availability of multiple PrEP options, tailored to individual preferences, will enhance uptake, improve continuity and promote sustained and effective PrEP use.

In light of the rapidly evolving HIV prevention landscape, this document has been developed to provide health care workers with comprehensive guidance for PrEP implementation and service delivery. It also aims to strengthen clinical decision-making and ensure the integration of all available HIV prevention methods into routine practice.

The Ministry of Health is confident that the implementation of these guidelines will accelerate the national PrEP scale-up and contribute significantly to achieving epidemic control. I therefore, call upon all partners, stakeholders, and health care providers to support and champion the successful implementation of these guidelines as we work together towards an HIV-free Eswatini.

Dr. Velephi J. Okello
Director of Health Services, Ministry of Health

ACKNOWLEDGMENTS

With this document, the Ministry of Health (MoH) issues the 3rd edition of the national clinical implementation guidance for pre-exposure prophylaxis (PrEP) in Eswatini. This significant milestone has been achieved through the collaborative efforts of numerous individuals and organizations, whose contributions have been invaluable.

The development process involved a thorough review of new guidance from the World Health Organization (WHO) and other countries.

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ABBREVIATIONS AND ACRONYMS

3TC	Lamivudine
AFAB	Assigned female at birth
AHI	Acute HIV infection
AMAB	Assigned male at birth
ARV	Antiretroviral
CAB-LA	Long-acting injectable cabotegravir
CDC	Centers for Disease Control and Prevention
CMIS	Client Management Information System
ED-PrEP	Event-driven PrEP
ENAP	Eswatini National AIDS Program
FSW	Female sex worker
GBV	Gender-based violence
HTS	HIV testing service
HIVST	HIV self-testing
IMAI	Integrated Management of Adults and Adolescents Illnesses
IPV	Intimate partner violence
ISR	Injection site reactions
LEN	Lenacapavir
MOH	Ministry of Health
MSM	Men having sex with men
NARTIS	Nurse-led ART Initiation in Swaziland
NNRTI	Non-nucleoside reverse transcriptase inhibitors
PEP	Post-exposure prophylaxis
PrEP	Pre-exposure prophylaxis
PWID	People who inject drugs
SDC	Sero-different couple
SOC	Standard of care
STI	Sexually transmitted infection
TDF	Tenofovir disoproxil fumarate
UTI	Urinary tract infection
WHO	World Health Organization

TERMINOLOGY

Adverse Drug Reaction (ADR):	A response to a drug which is noxious and unintended, and which occurs at doses normally used in humans for prophylaxis, diagnosis, or therapy of disease, or for the modification of physiological function. An adverse drug reaction, in contrast to an adverse event, is characterized by the fact that a causal relationship between a medical product and an occurrence is suspected.
Adverse Event (AE)/Adverse Experience:	Any untoward medical occurrence that may present during treatment with a pharmaceutical product, but which does not necessarily have a causal relationship with this treatment.
Assigned female at birth:	People assigned female at birth may include cisgender women, transgender men, and some non-binary people.
Assigned male at birth:	People assigned male at birth may include cisgender men, transgender women, and some non-binary people.
Cisgender:	Describes a person whose gender identity corresponds to their sex assigned at birth.
Integration:	Joining operational programs to ensure effective outcomes through many modalities (multi-tasked providers, referral, one-stop-shop services under one roof, etc.)
Non-binary:	A spectrum of gender identities that do not exclusively or neatly fit into the category male or female, man or woman, and are outside the gender binary.
Transgender:	A person who has a gender identity or gender expression that differs from the sex assigned at birth.
Transgender woman:	An individual assigned male sex at birth who identifies as a female.
Transgender man:	An individual assigned female sex at birth who identifies as a male.

1. INTRODUCTION TO PREP

Pre-exposure prophylaxis (PrEP) is an efficacious HIV prevention intervention involving the use of antiretroviral (ARV) drugs by people who are not infected with HIV to prevent acquisition of HIV. The level of effectiveness provided by PrEP is strongly correlated with effective use, meaning it is important for clients to use PrEP methods as prescribed during periods when they may be at increased likelihood of acquiring HIV. Eswatini has adopted the World Health Organization (WHO) recommendation to offer PrEP to people at substantial risk of HIV infection as part of a combined HIV prevention approach. PrEP should not displace or undermine the use of other effective and well-established HIV combination prevention interventions.

This guideline is intended for health care workers involved in PrEP service delivery and includes guidance on the use of tenofovir disoproxil fumarate (TDF)-based daily/event-driven (ED) oral PrEP, the monthly dapivirine vaginal ring, hereafter referred to as the "PrEP ring" or "the ring," cabotegravir long-acting injectable PrEP, hereafter referred to as CAB-LA and long-acting lenacapavir, hereafter referred to as LEN.

1.1 PrEP Products and Regimens in Eswatini

Oral PrEP

Oral PrEP is available in two dosing options depending on the population type, personal circumstances and preferences, and includes daily oral PrEP and event driven (ED-PrEP). The recommended regimen for oral PrEP in Eswatini is a combined tablet of **tenofovir disoproxil fumarate (TDF) 300 mg** and **lamivudine (3TC) 300 mg.** This fixed-dose combination can be used for oral daily PrEP and for ED-PrEP. Other ARV regimens approved for PrEP by WHO are:

- Combined tablet of emtricitabine (FTC) 200 mg and TDF 300 mg
- Single agent TDF 300 mg (limited evidence on the use of TDF alone for ED-PrEP)

Dapivirine vaginal ring (PrEP ring or "the ring")

The PrEP ring is a flexible silicone vaginal ring that contains **25 mg dapivirine** slowly released over the course of one month. This long-acting HIV prevention method was developed specifically for clients who are unable or do not want to take oral PrEP or when oral PrEP is not available. The ring has been studied for prevention of HIV only among those assigned female sex at birth (AFAB) during receptive vaginal sex and does not prevent HIV acquisition through any other mode of transmission, e.g., transmission through anal sex.

Cabotegravir injectable PrEP (CAB-LA)

CAB-LA is a long-acting PrEP method containing **600 mg of cabotegravir extended-release injectable suspension**. The first two injections are given one month apart, thereafter every two months. CAB-LA has been introduced in Eswatini since 2024.

Lenacapavir injectable PrEP (LEN)

LEN is a long-acting PrEP method containing **927 mg of lenacapavir** given as two 1.5 ml subcutaneous injections every 26 weeks. People starting LEN also take an oral loading dose of 600 mg (2 x 300 mg tablets) for two consecutive days, beginning on the day of the first injection.

1.2 PrEP Priority Populations

PrEP is offered to HIV-negative, eligible individuals who are at substantial risk of acquiring HIV infection. The following populations will be prioritized:

- **S**exually active adolescent girls and women of childbearing age (10-49)
- Pregnant and breastfeeding women (PBFW)
- Sero-different couples (SDCs)
- Sex workers (SWs)
- People with multiple sexual partners
- Individuals with sexually transmitted infections (STIs)
- Gay men and other men who have sex with men (MSM)
- Sexually active adolescent boys and males, aged 16–34
- Transgender people
- People who use and inject drugs (PWID)

Box 1: PrEP is not limited to the above-mentioned priority populations. Any individual who requests PrEP should be supported to make an informed choice on prevention services including PrEP.

1.3 PrEP as an Opt-out Approach

A provider-initiated opt-out approach differs from the standard risk-based strategy by offering PrEP proactively rather than waiting for client request. Key features include:

- PrEP education and PrEP offer is provided to clients, regardless of whether they request it or not.
- PrEP is provided routinely integrated with other services.
- PrEP is only withheld in cases of clinical contraindications or if a client is not willing to take PrEP.

Given the high number of new HIV infections among specific population groups, PrEP should be offered as an opt-out approach to the following populations:

- Sexually active adolescent girls and young women (AGYW) age 15-24
- Women aged 25–34
- Women accessing family planning services
- Pregnant and breastfeeding women (PBFW)
- Clients diagnosed with sexually transmitted infections (STIs)
- Key populations including MSM, FSWs, trans people, and PWID.

2. OVERVIEW OF PrEP PRODUCTS

2.1 Oral PrEP

A systematic review and meta-analysis of TDF-based oral daily PrEP trials demonstrated that oral PrEP is effective in reducing the likelihood of HIV acquisition[2]. The level of effectiveness did not differ by age, sex, regimen (TDF alone or TDF + emtricitabine [FTC]), or mode of potential sexual exposure (rectal, penile, or vaginal exposure, or injectable drug use) when used as directed.

ED-PrEP, also called on-demand PrEP or 2+1+1, is also effective in reducing the likelihood of HIV acquisition during sex for people assigned male at birth (AMAB) who are not using estradiol-based exogenous hormones.

While daily PrEP involves taking medication throughout a period of potential exposure to HIV, ED-PrEP is taken for a period that is as short as three days and timed to correspond with anticipated sex.

More details on how ED-PrEP is used are described below in *Additional Guidance for ED-PrEP Use.*

Box 2: People assigned male at birth may include cisgender men, transgender women, and some non-binary people.

Cisgender denotes a person whose sense of personal identity and gender corresponds with their sex assigned at birth.

Approved regimen for oral PrEP

In Eswatini, tenofovir (TDF) 300 mg/lamivudine (3TC) 300 mg is used for oral PrEP. However, if available, TDF 300 mg/emtricitabine (FTC) 200 mg can be used as an alternative.

Oral PrEP effectiveness

When used as directed, daily oral PrEP can reduce the likelihood of HIV acquisition through sexual transmission by more than 90%.[2,3,4] Among people AMAB who are not using estradiol-based exogenous hormones, ED-PrEP can also reduce the likelihood of HIV acquisition through sexual transmission by more than 90% when taken as prescribed. No data is available on the likelihood of efficacy of ED-PrEP associated with neovaginal sex (sex involving people AMAB who have received a vaginoplasty).

Contraindications for oral PrEP use

In addition to the general contraindications for PrEP, oral PrEP should NOT be provided to individuals with:

- Contraindication to TDF or 3TC
- Allergy or hypersensitivity to an active substance or other substances listed in the product information sheet

- Kidney function impairment, indicated by a creatinine clearance of less than 60 mL/min, if known

Oral PrEP use

Oral PrEP may be offered as a daily regimen to prevent HIV acquisition during all potential exposures or (for people AMAB who are not using estradiol-based exogenous hormones) as an ED regimen to prevent HIV acquisition during sex.

ED-PrEP may be appropriate for people AMAB who are not using estradiol-based exogenous hormones who find it more convenient, have infrequent sex (for example, fewer than two times per week on average), and are able to plan for sex at least two hours in advance, or who can delay sex for at least two hours. People AMAB who are not using estradiol-based exogenous hormones should have an option to decide which regimen works for them and be supported to switch between daily and ED-PrEP to effectively prevent HIV.

ED-PrEP is not recommended for people AMAB who are using estradiol-based exogenous hormones, people AFAB, or people with nonsexual exposures, e.g., PWID. Due to how the drug concentrates in the vagina, for people AFAB, it would take up to seven days for the drug to reach effective levels for prevention which is why only a daily regimen may be offered.

Oral PrEP and Other Drug Interactions

Table 1. Oral PrEP and other drug interactions

Drug	Interaction
Contraceptive hormones	No known interactions
Gender-affirming hormones	No known interactions: levels of gender-affirming hormones used by transgender individuals are not affected
Estradiol-based exogenous hormones	Estradiol-based exogenous hormones may reduce oral PrEP drug levels in people AMAB, which is why daily oral PrEP is recommended for these individuals, but ED-PrEP is not.

Possible Side Effects of Oral PrEP

Side-effects of oral PrEP are usually mild and may be experienced by approximately 10% of people in the first few weeks of use. The most common include:

- Gastrointestinal symptoms (diarrhea and nausea, decreased appetite, abdominal cramping, and flatulence)
- Dizziness
- Headaches

PrEP providers should advise a client considering PrEP that, in most cases, side-effects will resolve within the first month of use (where oral PrEP is continued daily) or will become milder

over time (where PrEP is used periodically). Side effects can be managed symptomatically and usually resolve on their own without intervention or a need to discontinue PrEP. Clients should be advised to contact their PrEP provider if side-effects are severe, or if they become concerned. PrEP providers can refer to the product information leaflet for further information on side-effects.

Major side effects are rare (<1%) and include renal toxicity, metabolic complications, and decreased bone mineral density (all of which are reversible upon stopping PrEP).

Starting and Stopping Oral PrEP

Oral PrEP

Details on starting and stopping oral PrEP for different populations are provided in Table 2. Note that the procedures for stopping oral PrEP are the same whether a client is stopping oral PrEP for a specific amount of time or intends to discontinue oral PrEP use indefinitely. Ideally, clients who are discontinuing PrEP use will alert their providers and receive support to use other HIV prevention practices if still needed.

It is recommended to conduct an HIV test when oral PrEP is discontinued. This can be done using a HIV self-test (HIVST).

Table 2. Starting and Stopping Oral PrEP Use

Population (s)	Often Includes [a]	Starting Oral PrEP	Using Oral PrEP	Stopping Oral PrEP
People assigned male at birth who are **not** using estradiol-based exogenous hormones and are using oral PrEP to prevent HIV acquisition during sex	Cisgender men and transgender women who are not using estradiol-based exogenous hormones, nonbinary people assigned male at birth who are not using estradiol-based exogenous hormones	Daily or ED: Take a double dose 2 to 24 hours before potential sexual exposure. Ideally, this loading dose should be taken closer to 24 hours before potential exposure.	Take one dose per day.	Daily or ED: After a single dose is taken daily for two days after the last potential exposure, PrEP can be stopped.
People assigned female at birth who are using oral PrEP to prevent HIV acquisition during sex	Cisgender women, transgender men, non-binary people assigned female at birth	Daily: Take a single dose daily for seven days before potential exposure. ED-PrEP is not recommended for these populations.	Take one dose per day.	After a single dose is taken daily for seven days after the last potential exposure, PrEP can be stopped.
People assigned male at birth who are using estradiol-based exogenous hormones who are using oral PrEP to prevent HIV acquisition during sex	Transgender women who are using estradiol-based exogenous hormones, non-binary people assigned male at birth who are using estradiol-based exogenous hormones			
People using oral PrEP to prevent HIV acquisition from nonsexual exposures	Anyone who shares injection-related materials [b]			

[a] This list is provided to support interpretation of this guidance and is not inclusive of all gender identities or terms that may be used by people with diverse gender identities to describe themselves and/or their communities. Starting and stopping oral PrEP should be based on the factors in the first column.

[b] Injection drug use is mentioned in this guidance; however, first-line prevention strategies for people who inject drugs are needle exchange and/or drug use harm reduction and treatment. Daily oral PrEP has some preventative effects for this population and should be offered as part of a larger prevention package.

The following scenarios provide additional guidance to support effective ED-PrEP use for clients AMAB who are not using estradiol-based exogenous hormones. See Figures 1–6 below.

Figure 1. Example of ED-PrEP use for sex one time or in one day

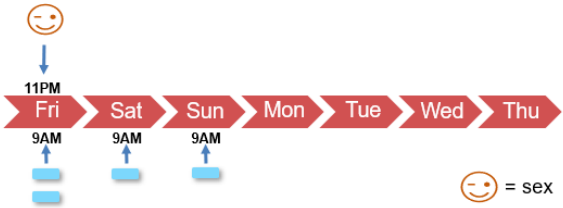


Figure 2. Example of ED-PrEP use for sex on multiple consecutive days

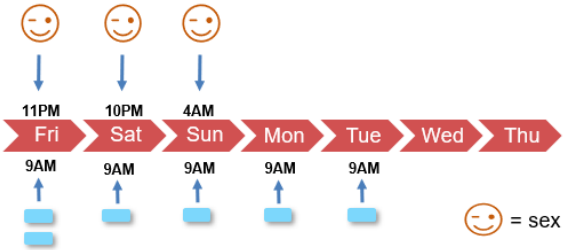


Figure 3. Example of ED-PrEP use for sex on multiple non-consecutive days

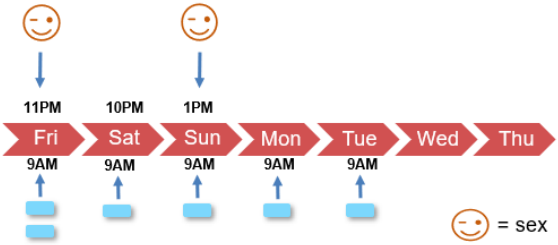
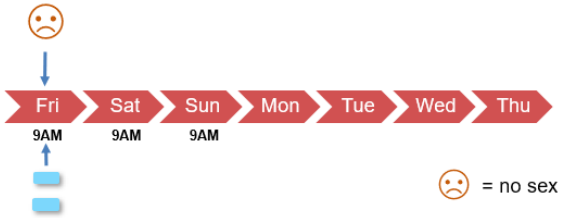
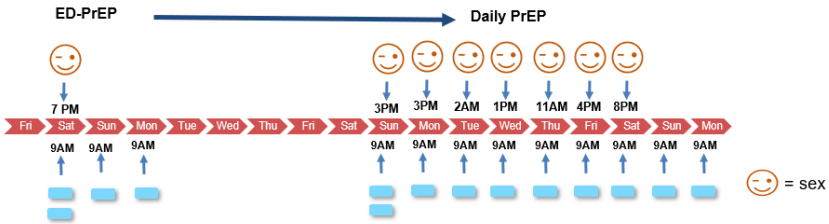


Figure 4. Example of ED-PrEP use when sex does not occur



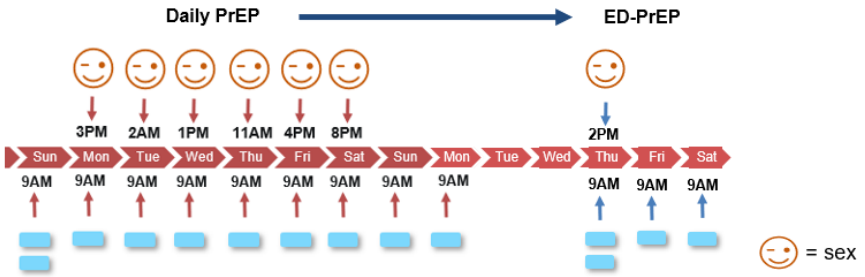
- Clients AMAB who are not using estradiol-based exogenous hormones may switch between ED-PrEP and daily oral PrEP as their needs for HIV prevention evolve.
- Clients may decide to switch back and forth between ED-PrEP and daily oral PrEP due to changes in relationship status or sex partner(s), behavioral changes, moving to a new location, or any situation affecting the frequency and predictability of sex; or when a client's preferred regimen changes.
- For clients who are taking ED-PrEP, transitioning to daily oral PrEP may be appropriate if sex becomes more frequent and/or less predictable.
- There is not a limit on the number of times a client can switch from ED-PrEP to daily oral PrEP.
- To transition from ED-PrEP to daily oral PrEP, a client should continue daily dosing indefinitely after the last exposure. Daily dosing would continue until sex becomes less frequent and more predictable again, or for as long as the client prefers the daily dosing option. See Figure 5 below.
- PrEP should be continued for two days after the last potential exposure before stopping.

Figure 5. Example of transitioning from ED-PrEP to daily PrEP



- For clients AMAB who are not using estradiol-based exogenous hormones and who are taking daily oral PrEP, transitioning to ED-PrEP may be appropriate if sex becomes less frequent and more predictable.
- There is not a limit to the number of times a client can transition from daily oral PrEP to ED-PrEP (and back again).
- To transition from daily oral PrEP to ED-PrEP, a client should stop daily dosing two days after last potential exposure and then start following the ED-PrEP regimen until sex becomes more frequent and/or less predictable. See Figure 6 below.

Figure 6. Example of transitioning from daily PrEP to ED-PrEP



2.2 Dapivirine Vaginal Ring (PrEP Ring)

The PrEP ring is a long-acting HIV prevention method developed specifically for clients who are unable or do not want to take oral PrEP or when oral PrEP is not available. The ring has been studied for prevention of HIV only among those assigned female sex at birth (AFAB) during receptive vaginal sex and does not prevent HIV acquisition through any other mode of transmission, including anal sex or sex through injection practices.

The ring is made of a flexible silicone material containing **25 mg** of an ARV drug called **dapivirine**. It is inserted into the vagina and should remain in place for one month.

Dapivirine belongs to a class of ARVs called non-nucleoside reverse transcriptase inhibitors (NNRTI) that reduce the ability of HIV to replicate itself inside a healthy cell. The ring delivers the drug directly to the site of potential infection over the course of one month, with low absorption elsewhere in the body, lowering the likelihood of systemic side effects.

Formulation of the PrEP Ring

The PrEP ring is a flexible white silicone ring for vaginal insertion. The ring is available in one size only and contains approximately 25 mg of the NNRTI dapivirine.

PrEP Ring Effectiveness

The PrEP ring can reduce the chances of getting HIV during vaginal sex by about 50 percent. Studies suggest it can be even more than 50 percent effective if used throughout the month without being removed.

Clinical trials reported no notable differences in reproductive health outcomes, including STIs and adverse events related to pregnancy, fetal outcomes, and/or infant outcomes, between the treatment and placebo arms. Exploratory analyses estimated 75% to 91% HIV-1 risk reduction with >4 mg dapivirine released when compared to placebo.[5]

Contraindications for PrEP Ring Use

In addition to the general contraindications for PrEP, the ring should not be provided to:

- Individuals assigned male at birth
- Individuals exposed to HIV through anal sex
- Individuals exposed to HIV through needle sharing
- Allergy or hypersensitivity to active substances or other substances listed in the product information sheet
- Women using contraceptive vaginal rings or diaphragm.
- For PBFW, there are additional contraindications for the ring as shown in table 3:

Table 3. Additional contraindications for the PrEP ring use in PBFW

Additional contraindication for the ring for PBFW	
During pregnancy	During the postnatal period
▪ Active labor at any gestation. ▪ Vaginal bleeding. ▪ Suspected or confirmed rupture of the amniotic membranes. ▪ Cervical cerclage ▪ Suspected or confirmed intrauterine infection.	▪ Unresolved postnatal vaginal bleeding. ▪ Uterus not yet returned to near pre-pregnancy size through normal involution. ▪ Following spontaneous or therapeutic abortion.

In addition, it may be advisable to delay dapivirine ring start for some individuals who require but have not yet completed treatment for symptomatic sexually transmitted infection, urinary tract infection, vaginitis, or pelvic inflammatory disease, due to potential discomfort and challenges understanding and managing side effects from different causes.

PrEP Ring Use

- The ring may be offered as an option for people AFAB who wish to prevent HIV acquisition through receptive vaginal sex and are unable or do not want to take oral PrEP, or when oral PrEP is not available.
- The ring is only effective for one month, hence it must be inserted correctly into the vagina and worn for **one month** ideally without removal. (Although removal is not recommended, it can be removed and re-inserted 24 hours before next sex.)
- Ring insertion can be done by the provider or by the client. Self-insertion by the client is encouraged during the initiation visit.
- The ring must be in place (inside the vagina) for at least 24 hours before it reaches full effectiveness.
- If a client wishes to discontinue use of the ring, they can remove it.
- The ring can be reinserted after removal until the 28-day period has expired, though levels of dapivirine drop quickly after ring removal and therefore removal is not recommended during the window of use.

- Because levels of dapivirine drop quickly after ring removal, the need for other HIV prevention measures should be reinforced until the ring is reinserted.
- If there was a discontinuation of the ring, once reinserted, the ring must be in place for at least 24 hours for maximum protection. If a new ring was inserted immediately upon removing the previous ring, there is no need to wait for 24 hours until maximum protection is achieved.
- It is not known how long the ring must remain in place after a potential exposure to be maximally effective. Ideally, clients who are discontinuing PrEP ring use will alert their providers and receive support to use other HIV prevention practices if they are still needed.
- Ring users are still encouraged to practice combination HIV prevention with emphasis on condom use.

PrEP Ring and Other Drug Interactions

Table 4. PrEP ring and other drug interactions

Drug	Interaction
Vaginally administered antimicrobial products	▪ No data available on concurrent use with the ring ▪ Concomitant use is not recommended
Miconazole	▪ Evaluations of co-administered use of miconazole and the ring are not fully resolved and clients should be advised to use additional preventative measures for HIV when co-treated with vaginal miconazole.
Clotrimazole vaginal cream	▪ Co-administered clotrimazole as a water-based vaginal cream with the ring showed to be well-tolerated but given methodological issues that limited reliability of the pharmacokinetic results of both clotrimazole and dapivirine, concurrent use should be undertaken with caution.
Metronidazole	▪ There is no data on concomitant use of the ring and metronidazole or clindamycin so concomitant use is not recommended.
Clindamycin	
Other vaginal rings, e.g., contraceptive rings or diaphragms	▪ No current data on concomitant use of the ring and other vaginal rings so concomitant use is not recommended.
Contraceptive hormones	▪ No known interactions
Gender-affirming hormone therapy	

Possible Side Effects of the PrEP Ring

Possible side effects of the ring are typically mild and include:

- Urinary tract infections (UTIs – experienced by about 15% of users)
- Vaginal discharge (experienced by about 7% of users)
- Vulvar itching (experienced by about 6% of users)
- Pelvic and lower abdominal pain (experienced by about 6% of users)

Ring users should be counseled on possible side effects and contact their health care provider if they experience any urinary or reproductive tract changes, because these could also be a sign of an STI or UTI needing treatment.

Starting and Stopping the PrEP Ring

Inserting the PrEP Ring

- Clients may need initial guidance and support to learn how to use the ring and, once confident, can continue to use the ring on their own.
- Some clients are comfortable using the ring on their own with minimal support from their first use.
- In Eswatini, self-insertion is encouraged. For the first ring insertion, it is recommended that self-insertion takes place at the PrEP delivery point. For clients who prefer support, a health care provider can help insert the ring or confirm correct placement.
- The ring is inserted by hand; there is no need to use a speculum or other tools to insert the ring.

Clear visual instructions should be offered with the ring. Ring insertion steps for clients are described in Box 3.

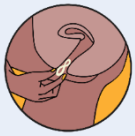
Box 3. Ring insertion steps for clients

1. Get into a position that is comfortable for inserting the ring, such as squatting, one leg lifted, or lying down. If a health care provider is assisting you, you should be in a reclining position.

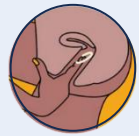
2. With clean hands, squeeze the ring between the thumb and forefinger, pressing both sides of the ring together so that the ring forms a “figure 8” shape.

3. Use the other hand to open the folds of skin around the vagina.

4. Place the tip of the ring into the vaginal opening and use your fingers to push the folded ring gently up into the vagina.



5. Push the ring as far toward the lower back as possible. If the ring feels uncomfortable, it is probably not inserted far enough into the vagina. Use a finger to push it as far up into the vagina as is comfortable.



**Ring insertion should be painless. If you have any bleeding or discomfort upon insertion, contact your health care provider.*

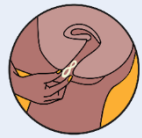
Removing the PrEP Ring

- Clients can remove the ring without the help of a health care provider.
- However, for clients who prefer support, a health care provider can help remove the ring.
- The ring is removed by hand; there is no need to use a speculum or other tools to remove the ring.
- A client being assisted by a health care provider should be in a reclining position during removal.
- Ring removal steps for clients are listed in Box 4.

Box 4. Ring removal steps for clients.

1. Get into a position that is comfortable for removing the ring, such as squatting, one leg lifted, or lying down.

2. With clean hands, insert one finger into the vagina and hook it around the edge of the ring.
3. Gently pull the ring out of the vagina.



**Ring removal should be painless. If you have any bleeding or discomfort upon removal, contact your health care provider*.

4. Used PrEP rings should be placed in the empty pouch or wrapped in tissue or toilet paper and can be discarded in a rubbish bin.
5. Wash hands in clean water after handling a used PrEP ring.

Table 5. Starting and Stopping PrEP Ring

Starting PrEP ring	Using PrEP ring	Stopping PrEP ring
The ring must be in place for at least **24 hours** before it is maximally effective.	The ring must be left in place for **28 days**. After 28 days, the ring can be removed and replaced immediately with a new ring.	When the ring is removed, dapivirine levels drop quickly and there will be no protection from acquiring HIV.

Starting or restarting the PrEP ring after childbirth

Following delivery, ring use should be paused while the uterus returns to its pre-pregnant size, around 6 weeks post-delivery.

Switching from PrEP Ring to another PrEP method

It is possible for a client to switch from using the PrEP ring to another product as long as the duration until a product is effective is taken into consideration. For more information, see table 19, page 55, section 3.7. Switching between PrEP products.

2.3 CAB-LA injectable PrEP

CAB-LA is a long-acting PrEP method containing 600 mg of cabotegravir extended-release injectable suspension. It is an intramuscular injection injected into the gluteal muscle. CAB-LA should be injected only into the gluteal muscle; the pharmacokinetics and efficacy of CAB-LA when injected in other sites have not been studied. The first two injections are one month apart, followed by injections once every two months. Cabotegravir belongs to a class of ARVs called integrase strand transfer inhibitors that reduce the ability of HIV to replicate itself inside a healthy cell. CAB-LA delivers cabotegravir systemically, so the drug is absorbed throughout the body.

Evidence from two randomized controlled trials show CAB-LA is highly effective at preventing sexual HIV acquisition and may be offered as an additional prevention choice as part of combination prevention approaches.[6] It has not yet been studied for HIV prevention for parenteral exposure or for those who may be exposed during vertical transmission during pregnancy, childbirth, or breastfeeding. CAB-LA may be suitable for clients seeking less frequent dosing or increased privacy around PrEP use.

Formulation of CAB-LA

CAB-LA comes as liquid suspension in a vial containing 3 ml/ 600 mg of cabotegravir for intramuscular injection.

CAB-LA Effectiveness

In clinical trials, CAB-LA has been shown to be highly effective in cisgender and transgender women and cisgender men. Recent meta-analysis from two efficacy studies found a 79%

reduction in risk of HIV acquisition among study participants receiving CAB-LA compared to those using oral PrEP, though it is likely due largely to better adherence to CAB-LA.[7] If a client is using CAB-LA for HIV prevention, it is important they keep up with regular appointments for injections to ensure there is enough cabotegravir in their body to continue to prevent HIV. When a client misses a scheduled injection or discontinues CAB-LA, concentrations of the medication in the body slowly decline. During this pharmacokinetic "tail," CAB-LA becomes gradually less protective against HIV acquisition, and seroconversion may occur if the client continues to be exposed to HIV and is not using alternative HIV prevention methods.

Contraindications for CAB-LA Use

In addition to the general contraindications for PrEP, CAB-LA should not be provided to people:

- Using some co-administered anticonvulsants or antimycobacterials (see the *CAB-LA and Other Drug Interactions* section below)
- Challenges with committing to or receiving regular injections and attending scheduled injection visits
- Allergic or hypersensitivity reaction(s) with previous use of CAB or other integrase inhibitor medications
- Individuals with weight less than 35 kg

CAB-LA Use

CAB-LA is a PrEP method given as a 600 mg, 3 ml injection into the gluteal muscle in the buttocks. The first two injections are one month apart, followed by injections every two months. Current evidence shows it takes about one week (7 days) for drug concentrations to reach levels at which CAB-LA is expected to be maximally effective after initiation injection 1, so clients should be counseled on using another HIV prevention strategy during the first week after injection. The medication will stay in the body for about a year after a client stops using CAB-LA, but at levels that may not prevent HIV.

Potential Side Effects of CAB-LA

The most common side effects of CAB-LA include:

- Headache
- Nausea
- Diarrhea
- Tiredness
- Injection site reactions (ISRs)

These side effects are usually mild or moderate and occur in less than 5% of users. Mild or moderate ISRs are more common than other potential side effects, becoming less frequent over time as clients get used to the injection. ISRs can include redness, pain, and swelling at the injection site.

For information on less common side effects, review the product label.

Starting CAB-LA

CAB-LA injections can be given by nurses or doctors trained in providing CAB-LA. An appropriate injection needle length should be used, considering client's build when administering CAB-LA. For most clients, a 23-gauge, 1.5-inch (3.8-cm) injection needle is recommended. The provider should position the client on their side or in a prone position and clean the injection site on the gluteal muscle on the side or back of the buttocks. It is best to inject the medication as soon as possible once the injection site has been cleaned, though the medication can remain in the syringe for up to two hours. If that time limit is exceeded, discard the medicine, syringe, and needle; do not attempt to keep the medicine fresh by refrigerating it. After the injection, the provider can use dry gauze to apply gentle pressure to the puncture site and, if needed or requested by the client, apply an adhesive bandage. This deep intramuscular injection is not appropriate for self-injection and the only site currently recommended is the gluteal muscle.

After clients receive initiation injection 1 at initiation visit 1, providers should schedule initiation visit 2 for initiation injection 2 one month from the date of the first injection. After initiation injections 1 and 2, visits for follow-up injections should be scheduled every two months.

Box 5.

For consideration: When scheduling initiation injections 1 and 2, providers can consider the date of initiation injection 1 as Day 0. Initiation injection 2 should be scheduled one month, on approximately Day 30. There is a +/- 7-day window for receiving initiation injection 2. Once initiation injections 1 and 2 have been completed, follow-up visits should be scheduled beginning two months after initiation injection 2 and every two months after each follow-up injection. There is a +/- 7-day window for receiving follow-up injections.

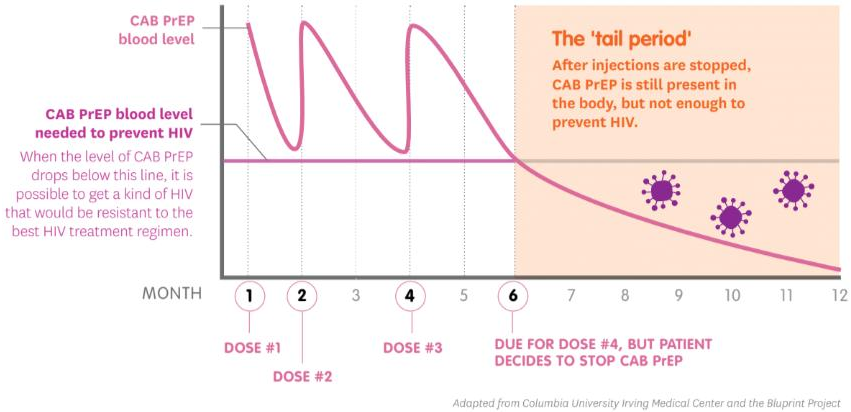
Ideally, a client with ongoing exposures to HIV who is interested in CAB-LA would have the following injection schedule (free of delays or discontinuations):

- Initiation injection 1
- Initiation injection 2: one month after initiation injection 1 +/- 7 days
- Follow-up injections: two months after initiation injection 2 +/- 7 days, with continuing follow-up injections every two months, continuing for as long as the client wants to remain on CAB-LA and has potential exposures to HIV

Stopping CAB-LA

If a client decides to stop using CAB-LA, they may stop receiving injections. The amount of cabotegravir in the blood remains at effective levels for at least eight weeks after the final injection.[8] The time after the last CAB-LA injection when cabotegravir remains in the body but at levels that may not prevent HIV is known as the "tail period" (Figure 7).

Figure 7. CAB-LA "tail period"



The tail period can last for up to a year, but this time frame varies among people based on sex assigned at birth.[8] Data on HIV acquisition during the tail period are limited. For those who do acquire HIV during this time, delayed diagnosis of HIV may be possible and could result in HIV drug resistance, meaning that medicines used to treat HIV may be less effective or not work at all.

As with all PrEP methods, if a client discontinues CAB-LA, they should be advised to use another PrEP method or HIV prevention strategy during the tail period if exposure to HIV is possible.

If a client has a potential exposure to HIV during the tail period while not using an HIV prevention strategy, they should speak to a health care provider as soon as possible because PEP may be appropriate and ideally should be started as soon as possible within 72 hours of potential exposure.

During the tail period, clients should return to the facility every three months for HIV testing with a provider conducted RDT or a provider assisted HIVST.

Missing an Injection

Adherence to the injection schedule is important for effective use of CAB-LA. A client who misses an injection should contact their health care provider immediately to get advice about how to continue using CAB-LA or to talk about switching to a different HIV prevention strategy, which may include using another PrEP method.

When a client misses an injection, it may be a postponed injection visit that is planned or an unplanned missed injection visit (without a postponement planned). If the client does not want to continue CAB-LA, providers should support clients in following appropriate procedures for stopping CAB-LA at that time, either by counseling them on and prescribing bridging doses or counseling them on alternative PrEP methods or another HIV prevention strategy if the client is still potentially exposed to HIV while choosing to stop CAB-LA use.

Annex 2 describes potential scenarios for those clients based on the length of time between injections and whether the injection visit is unplanned, missed, or planned but postponed.

Restarting CAB-LA

Clients who may have been on CAB-LA at some point before stopping and wish to receive it again should contact their provider to discuss potential strategies for restarting CAB-LA.

Box 6. For consideration: For clients who have stopped CAB-LA, the clinical management of restarting them may vary based on how much time has passed since the client's last injection. Providers can refer to the unplanned missed injection component outlined in Annex 2.

CAB-LA and Other Drug Interactions

Table 6. CAB-LA and other drug interactions

Drug	Interaction
CAB-LA should not be co-administered	
Anticonvulsants: ▪ carbamazepine ▪ oxcarbazepine ▪ phenobarbital ▪ phenytoin	▪ Significant reduction of cabotegravir concentrations in blood plasma and therefore decreasing its efficacy. ▪ These drugs should not be co-administered with CAB-LA, and clients using them may need to select a different PrEP method or HIV prevention strategy.
Antimycobacterial medications: ▪ rifampicin ▪ rifapentine	▪ Significant reduction of cabotegravir concentrations in blood plasma and therefore decreasing its efficacy. ▪ These drugs should not be co-administered with CAB-LA, and clients using them may need to select a different PrEP method or HIV prevention strategy. ▪ CAB-LA can be considered two weeks after a client completes rifampin or rifapentine
Safe to co-administer	
Contraceptive hormones	No known interactions
Gender-affirming hormones	
Clients may still be eligible for CAB-LA, but additional cautions may be warranted.	
Methadone	Clients could require medication dose adjustments to maintain the effectiveness of these medications while they are using CAB-LA.
Rifabutin	
High-dose aspirin (>325 mg)	Clients using high-dose aspirin in the past week, other nonsteroidal anti-inflammatory drugs for pain or anticoagulants

	or other antiplatelets, may have a higher likelihood of bruising or bleeding at the injection site and should be made aware and counseled on mitigation strategies, if relevant.

2.4 LEN injectable PrEP

LEN is a long-acting PrEP method containing 927 mg of lenacapavir given as two subcutaneous injections (1.5 ml each) every 26 weeks (6 months). LEN belongs to a class of ARVs called HIV-1 capsid inhibitors that interfere with the ability of HIV to replicate itself inside a healthy cell. People starting LEN also take an oral loading dose of 600 mg (2 x 300 mg tablets) over two consecutive days. Two tablets are taken on day 1, which is the same day the individual receives the initial two injections. Two more tablets are taken on day 2. This oral LEN loading dose (4 tablets only) is needed to provide immediate protection while the long-acting injection slowly reaches effective levels.

Evidence from two randomized controlled trials show LEN is highly effective at preventing sexual HIV acquisition and may be offered as an additional prevention choice as part of combination prevention approaches. It has not yet been studied for HIV prevention for parenteral exposure[9].

Formulation of LEN

LEN is available in two formulations, a liquid solution in a vial containing 1.5 ml/463.5 mg of LEN for subcutaneous injection and a tablet taken by mouth containing 300 mg of LEN.

LEN Effectiveness

In clinical trials, LEN has been shown to be highly effective. Studies in cisgender women showed HIV infection rate among those using LEN was 100% lower than the background incidence rate of HIV and 100% lower than in those receiving TDF-based oral PrEP. Studies in cisgender men, transgender women and men and gender non-binary persons showed that the HIV infection rate among those using LEN was 96% lower than the background HIV incidence and 89% lower than those receiving TDF-based oral PrEP. Similar as seen with CAB-LA, the greater protection from LEN compared to oral TDF based PrEP is likely due to better adherence with LEN[10].

People who inject drugs (PWID) were not explicitly included in research trials on LEN, but existing drug level data suggest that commonly injected drugs likely do not affect LEN levels. A study is ongoing to compare LEN levels in PWID with other groups who could benefit from PrEP.

Contraindications for LEN Use

In addition to the general contraindications for PrEP, LEN should not be provided to people:

- Bodyweight <35 kg
- Allergic or hypersensitivity reaction(s) with previous use of LEN

- Using some co-administered anticonvulsants, antimycobacterial or anesthetic drugs (see the *LEN and Other Drug Interactions* section below).

LEN Use

LEN comes as a clear to yellow solution in single-dose 1.5 ml vials which equates 463.5 mg of lenacapavir. Two subcutaneous injections are given every 26 weeks (6 months) with a window of +/- 2 weeks (24-28 weeks).

When somebody initiates LEN, they should also take 2 LEN tablets containing 300 mg lenacapavir each on the same day of the first two subcutaneous injections. The following day (day 2), another two LEN tablets should be taken. These 4 tablets are called the oral loading dose. The initiation regime of oral tablets and injections must be administered for LEN to reach adequate drug levels in a timely manner.

If the initiation regimen is completed (2 subcutaneous injections and 4 tablets), protection begins on the day of completing the initiation regimen[11].

Box 7. Note: If the oral LEN tablets are not available or if the client does not take all oral loading dose tablets after receiving the initiation injections, it will take 28 days from the initial injections until there is full protection and the client should use another HIV prevention method in parallel.

The medication will stay in the body for about a year after a client stops using LEN. After six months, the drug levels will be too low to provide protection against HIV.

Potential Side Effects of LEN

Possible side effects of LEN include:

- Injection site reactions (ISRs)
- Headache
- Nausea
- Diarrhea
- Tiredness

These side effects are usually mild or moderate. Mild or moderate ISRs are more common than other potential side effects, becoming less frequent over time as clients get used to the injection. ISRs can include redness, pain, and swelling at the injection site. For information on less common side effects, review the product label.

Starting LEN

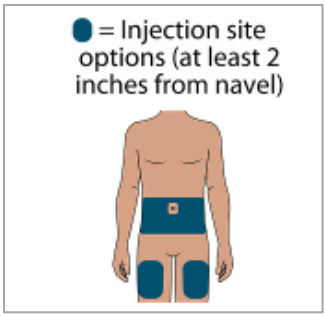
LEN can be given by nurses or doctors trained in providing LEN. Multiple doses of oral and injectable LEN, referred to as LEN initiation regimen, are administered over two consecutive days.

Day 1:

- Provider administers INITIATION INJECTION 1 and INITIATION INJECTION 2 in separate preferred injection sites.
- Client takes 2 oral LEN loading tablets.

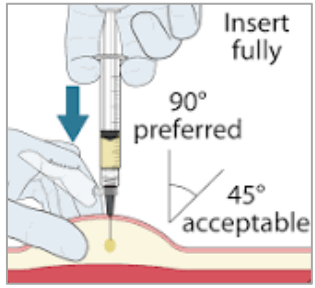
Day 2:

- Client takes another 2 oral LEN loading tablets



An appropriate injection needle length should be used considering clients build when administering LEN. For most clients, a 22-gauge (1.27-cm) injection needle is recommended. LEN should be injected subcutaneously. The preferred injection place is the abdomen, but the thigh area can be used as an alternative injection area.

If the abdominal area is chosen, the injection should be at least 5 cm from the navel and the second injection should be at least 10 cm from the first. The injection location chosen should allow for pinching enough skin to properly inject the solution subcutaneously. The area with more body fat (and skin to pinch) may be preferred since injection in the dermis must be avoided.



Box 8: Missing Day 2 Oral initiation loading dose

- If the day 2 oral initiation loading dose (600 mg) is missed, it should be taken as soon as possible.
- Day 1 and day 2 oral initiation loading doses should not be taken on the same day.

After starting LEN with the initiation regimen, subsequent LEN injections are necessary every six months (26 weeks) for those wanting to sustain protection. These are called bi-annual follow-up injections. There is a +/- 14-day scheduling window for all follow-up injections.

Figure 8. LEN dosing schedule

Stopping LEN

If a client decides to stop using LEN, they may stop receiving injections. The amount of LEN in the blood remains at effective levels for at least six months after the final injection. The time after the last LEN injection when LEN remains in the body but at levels that may not prevent HIV is known as the "tail period".

The tail period can last for up to one year. Data on HIV acquisition during the tail period are limited. For those who do acquire HIV during this time, delayed diagnosis of HIV may be possible and could result in HIV drug resistance. As capsid inhibitors are currently not routinely used in HIV treatment regimens, the implications of LEN drug resistance to clinical care should be minimal.

As with all PrEP methods, if a client discontinues LEN, they should be advised to use another PrEP method or HIV prevention strategy during the tail period if exposure to HIV is possible. If a client has potential exposure to HIV during the tail period while not using an HIV prevention strategy, they should speak to a health care provider as soon as possible because PEP may be appropriate and ideally should be started as soon as possible within 72 hours of potential exposure.

HIV testing with an RDT or provider-assisted HIVST should be done every three months during the tail period.

Missing an Injection

Adherence to the injection schedule is important for effective use of LEN. A client who misses an injection and wants to continue LEN, should return to the site as soon as they are able. Before resuming or restarting LEN injections in a client delayed in returning, providers should re-test for HIV and clinically re-assess in case PEP is indicated or there is a suspicion of AHI. The amount of time elapsed since their last injection will determine how to proceed, as follows:

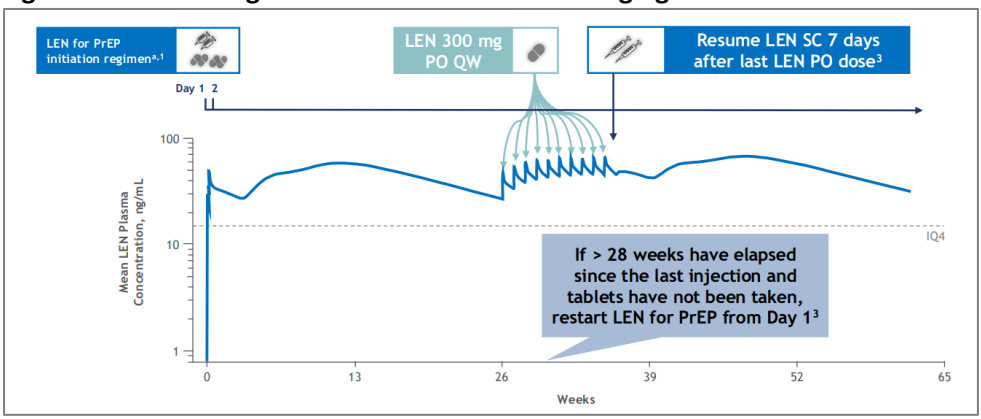
- If ≤ 28 weeks (6 months plus 14 days) elapsed since prior injection, resume with bi-annual follow up injection today, schedule a subsequent follow-up injection in 6 months.
- If >28 weeks elapsed since prior injection, restart with LEN loading doses over two days (Day 1: re-initiation injections 1 & 2 and 2 oral LEN loading tablets; Day 2: two oral LEN loading tablets. Schedule a subsequent follow-up injection in 6 months.

Bridging for an anticipated delayed follow-up injection

It is possible to bridge between injections if a person cannot receive their injection within the 24-28 week window. A client can take one 300 mg LEN tablet weekly until the next injection to maintain adequate LEN concentrations (see figure 9). The next follow-up injection should be given 7 days (or less) after the last oral LEN tablet. The gap should not exceed 7 days.

Bridging should only be done in **exceptional circumstances** and for short periods only and **not exceed three months**. It should not be aiming to replace injectable LEN as an alternative PrEP option.

Figure 9. Maintaining LEN concentrations with bridging



Restarting LEN

Clients who may have been on LEN at some point before stopping and wish to receive it again should contact their provider to discuss potential strategies for restarting LEN.

Box 9. For consideration: For clients who have stopped LEN, the clinical management of restarting may vary based on how much time has passed since the client's last injection. Providers can refer to the unplanned missed injection component outlined in Annex 3.

LEN and Other Drug Interactions

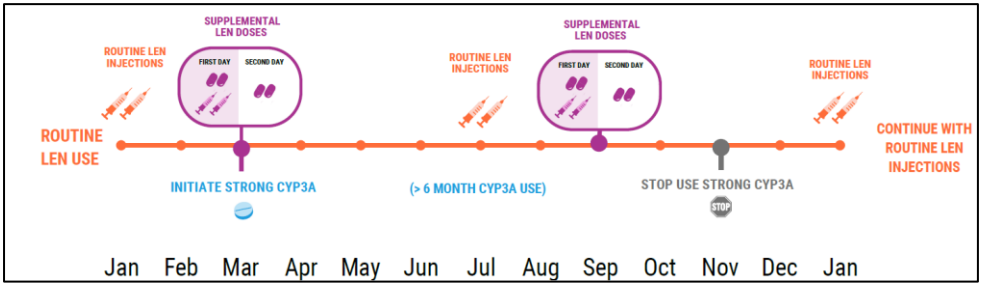
The following table shows interactions of LEN with selected key drugs. This information and management might change as experience of LEN implementation increases and new data becomes available. Prescribers should review the regulatory label of both medications when being prescribed for concomitant use or when the other medication is used after LEN has been discontinued.

Table 7. LEN and other drug interactions

Drug	Interaction
LEN should not be co-administered	
Drugs used in the treatment of Tuberculosis - Rifabutin - Rifampicin - Rifapentine	▪ These drugs cause significant reduction of LEN concentration and therefore decreasing its efficacy. ▪ Clients should not initiate LEN if currently on TB treatment and may need to select a different PrEP or HIV prevention strategy. ▪ For clients already on LEN and wanting to continue, supplemental LEN can be given to maintain adequate LEN concentrations (See figure 10)
Medication used in the treatment of epilepsy - Carbamazepine - Phenobarbital - Phenytoin	▪ Significant reduction of LEN concentration and therefore decreasing its efficacy. ▪ These drugs should **not** be co-administered with LEN, and clients using them may need to select a different PrEP method or HIV prevention strategy.
Anesthetic drugs - Ketamine	▪ Ketamine concentrations may increase and may increase side-effects associated with ketamine such as respiratory depression and hallucinations. ▪ This potential interaction may persist after discontinuation of LEN. ▪ These drugs should **not** be co-administered with LEN, and clients using them may need to select a different PrEP method or HIV prevention strategy.
Drug that might need a dose adjustment	
Clients already on LEN and newly diagnosed with TB and starting Rifampicin.	▪ Clients that are already using LEN while being diagnosed with TB, can continue LEN but a dose adjustment needs to be made in consultation with MO. ▪ Supplemental LEN dosing for co-administration with rifampicin-based TB regimens consists of repeating the LEN initiation dosing when rifampicin is started (See figure 10) and continue

	supplemental LEN every 6 months until completing TB treatment.
Drugs used in treatment of erectile dysfunction - Avanafil - Sildenafil - Tadalafil - Vardenafil	▪ There is potential interaction which may persist after discontinuation of LEN. ▪ The concentrations of these drugs may increase and therefore it is recommended to start with a lower than regular dose and work up to higher doses until they achieve their desired effect. ▪ Dose adjustments should be done by MO.
Safe to co-administer	
Gender affirming hormones and hormonal contraceptive	No known interactions

Figure 10. Maintaining LEN concentrations during rifampicin-based TB treatment



Rifampicin is strong CYP3A inducer medication and concomitant use with LEN can reduce the LEN concentrations to lower than therapeutic levels. For the duration of concomitant LEN and rifampicin use, routine LEN doses (6 months apart) and supplemental LEN doses (6 months apart) should be administered. Repeating LEN initiation dosing (SC and PO) beginning Day 3 of LEN for PrEP maintains target LEN concentrations when rifampicin is started no sooner than 2 days after starting LEN for PrEP. Source: https://www.hivandmore.de/kongresse/ias2025/slides/gilead/Gilead_Internal_Data/Prevention/Bekker_IAS2025_Oral_LB.pdf

3. PrEP DELIVERY

3.1 PrEP Delivery Overview

PrEP implementation can be integrated in any setting with appropriately trained individuals who have been approved to provide the components of PrEP initiation and follow-up visits according to national guidelines. It is important that places where PrEP is provided also have systems and tools in place for completing all necessary steps of PrEP initiation and follow-up and the monitoring, documentation, and reporting of PrEP use. Integration of PrEP into all service delivery points, including antenatal, postnatal, and family planning services offers opportunities to improve uptake and persistence of PrEP in populations with high likelihood of exposure to HIV.

Box 10. Entry points in which PrEP should be offered include:

- VCT
- SRH (ANC, PNC, maternity, FP, CHW)
- OPD
- TB
- Psychiatry
- VMMC
- Wellness Centers
- Community distribution points

PrEP Providers

- PrEP initiation can be done by a registered nurse trained on PrEP and integrated management of adolescent and adult and illness (IMAI) or a medical officer (MO). Refills can be done by trained nurse assistants, nurses, or MO's.
- As part of differentiated service delivery (DSD) models, PrEP can be dispensed by other cadres if there is a valid prescription and upon confirmation of an HIV-negative test result.
- In addition to the providers mentioned above, the PrEP ring can also be prescribed and dispensed by community workers and HTS counsellors trained and proficient in HIVST.

Facility-based PrEP services

- PrEP should be provided at all facility types, including:
  - Hospitals
  - Health centers
  - Public Health Units
  - Primary Health Care Clinics
- At the different facilities, PrEP should be offered at all service delivery entry points.
- For PrEP initiation refer to *PrEP Initiation Visit* (Section 3.2)

Community-based PrEP services

Community-based PrEP provision will be done through approved MOH community outreach providers. Ideally services need to be offered at the time of day that

accommodates priority populations (including weekends and after regular business hours). Different approaches to community-based PrEP services are shown in Table 8.

Table 8. Community-based PrEP services

Community PrEP initiation and referral	PrEP can be initiated at community level by trained providers. Clients should be referred and linked to a PrEP service delivery point of their choice for refills.
Community PrEP initiation and refill	If a community provider returns to the same community for clinical services, clients can continue to receive PrEP refills in the community.
Community PrEP ring distribution by community workers.	Community healthcare workers trained and competent in HIVST and PrEP can distribute the PrEP ring to HIV negative women in the following situations: ▪ An individual wants to use the ring for HIV prevention ▪ An individual is undecided about the preferred PrEP method. A ring can be offered for immediate insertion and the client is encouraged to come to the nearest facility within 4 weeks for either ring refill or switching to another preferred PrEP method.

Integration of PrEP in DSD Models

- Where feasible, PrEP should be integrated in existing facility-based or community-based DSD models including:
    - Fast track PrEP refills
    - Flexi hours
    - Multi-month prescriptions
    - Community outreaches
- For more information on DSD models, see 2022 National DSD Guidelines.
- New models should be explored to encourage PrEP uptake and effective use.

3.2 PrEP Initiation Visit

There are four essential components for getting started on PrEP:

- HIV testing and counseling services
- PrEP eligibility assessment
- PrEP choice counseling
- PrEP prescription

Component 1: HIV Testing and Counseling

Clients who test HIV negative and are at risk of acquiring HIV must be provided with an HIV prevention package according to the client's selected and preferred method of HIV prevention. If the client's preference is PrEP, then it must be established if the client is eligible.

Table 9. HIV Testing Services

PrEP INITIATION STEPS	PLAN OF ACTION
Counseling and information	Refer to HIV testing services (HTS) guidelines
HIV test (HIV testing services [HTS] guidelines)	▪ An HIV test needs to be performed on the day of PrEP initiation. ▪ An HIVST is the preferred test for initial screening or prior to oral PrEP or PrEP ring initiation. ▪ If the HIV test is negative, clients should be linked to HIV prevention services. ▪ For clients choosing CAB-LA or LEN, a rapid diagnostic test (RDT) is needed prior to PrEP initiation. ▪ If positive, confirm HIV positive result as per national testing algorithm. Do not initiate the client on PrEP. ▪ Initiate client on antiretroviral therapy (ART) as per National Guidelines. ▪ If the test result is inconclusive, defer PrEP and follow the national HIV testing algorithm until a definitive HIV test result has been obtained for the client.
Risk assessment	Assess and discuss risk of acquiring HIV with HIV-negative clients.
Referral and linkages	Provide information on HIV prevention services and link to appropriate prevention services. See *HIV Prevention Referral and Linkages Job Aid* for detailed guidance.

Component 2: PrEP Eligibility Assessment

If a client is interested in PrEP, prior to initiation, eligibility for PrEP needs to be assessed/ confirmed.

PEP indication assessment

- If a client report exposure to HIV in the past 72 hours, screen for PEP indication instead of PrEP.

- If a client is eligible for PEP, initiate the client on the PEP regimen [refer to integrated HIV management guidelines].
- Educate clients on the difference between PEP, PrEP, and ART, and offer HIV exposure reduction counseling.
- After 28 days of PEP, a client may be transitioned from PEP to PrEP without a gap if they test HIV negative and meet other criteria for PrEP use.

Acute HIV infection (AHI) assessment

- If a client presents with signs and symptoms of acute HIV infection **AND** possible exposure to HIV in the previous 14 days, the client is suspected to have AHI.
- Defer PrEP for four weeks and provide HIV exposure reduction counseling, as well as STI screening, diagnosis, and management, if available.
- Repeat HIV testing after four weeks; if the client is HIV negative and meets other criteria for PrEP use, the client can start PrEP.

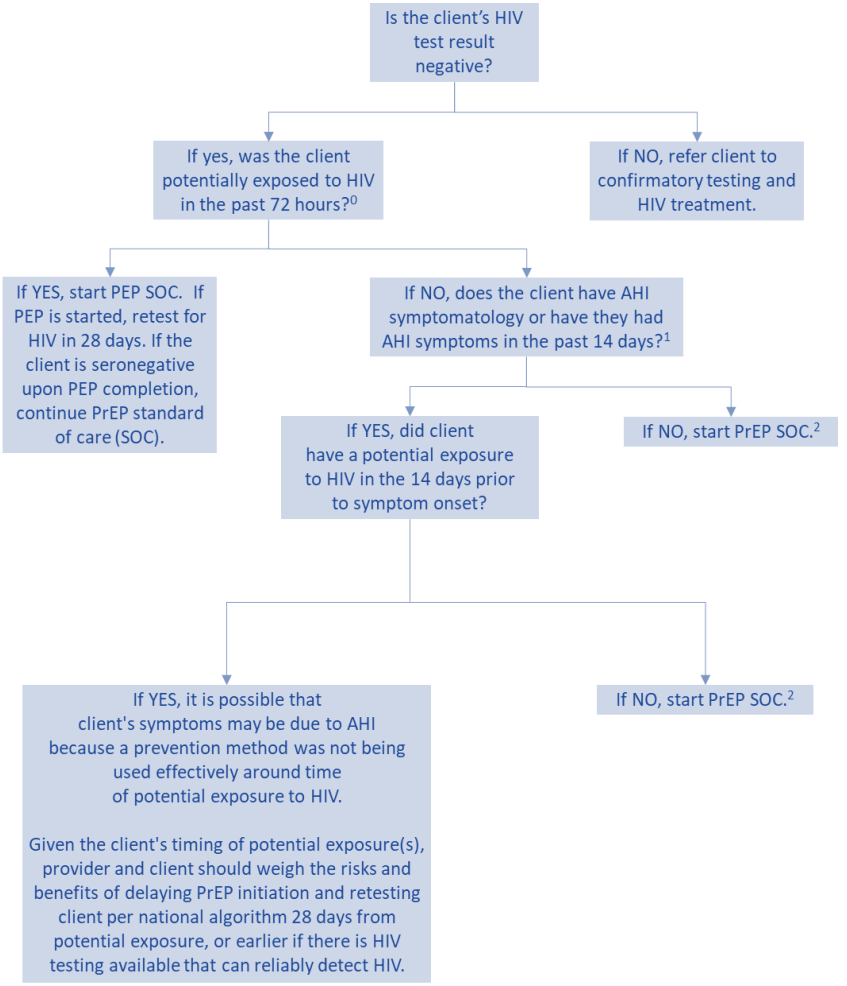
Box 11. Common signs and symptoms of AHI

- Fever
- Swollen lymph glands
- Skin rash
- Headache
- Sore throat
- Aches and pains
- Mouth sores

Box 12. Suspicion of AHI

- If the client has symptoms of AHI (currently/past fourteen days) **AND** has been exposed to HIV in the 14 days prior to the HIV test, defer PrEP and repeat the HIV test after four weeks to reassess HIV status.
- **PEP** should be provided if exposure is reported within 72 hours.

Figure 11. PrEP initiation – HIV exposure and AHI assessment



0 An answer of "NO" to this question means no potential past exposure to HIV at all or potential HIV exposure was 72 or more hours ago.

1 Two-thirds of people will have symptoms of AHI within two to four weeks of HIV acquisition. Signs/symptoms mimicking acute HIV infection (sore throat, fever, sweats, swollen glands, mouth ulcers, headache, rash, and muscle aches) are commonly due to illnesses other than HIV; providers need to use discretion in determining whether the symptomatology is consistent with HIV or may be explained by an alternative cause.

2 In order to make informed choice prior to starting PrEP, the client should be aware that available HIV testing may not have been able to detect HIV if the client acquired HIV fewer than 28 days ago, and that there is a possibility the HIV test may not have detected

HIV if acquired beyond 28 days ago. The client should also be aware that while they do not have symptoms of AHI, they could be pre-symptomatic or be part of the one-third of individuals who do not develop symptoms of AHI within two to four weeks of acquiring HIV.

Product-specific eligibility assessment

Table 10. Product specific eligibility criteria

	Oral PrEP	PrEP ring[12]	CAB-LA	LEN
Able/willing to attend PrEP visits	For all products, clients should be committed to attend scheduled follow-up appointments			
Age	≥ 16 years*			
Body weight	≥ 30 kg		≥ 35 kg	≥ 35 kg
Pregnancy	All available PrEP products are safe to use in pregnant or breastfeeding women.			
Breastfeeding				
No contra-indications for PrEP method	Not using nephrotoxic medication or having known creatinine clearance <60 ml/min	Not using vaginally administered antimicrobial products and no allergies to dapivirine	Not using rifampin, rifapentine, carbamazepine, oxcarbazepine, phenobarbital, phenytoin, and does not have allergy to CAB-LA	No allergy or previous reaction to LEN.

*In case of a mature minor between the age of 12-15 years, oral PrEP can be considered as per discretion of the healthcare provider

Component 3: PrEP Choice Counseling

Education and counseling for clients considering or already on PrEP is important to ensure they can make informed choices and effectively use PrEP. PrEP counseling should be based on the following right to health-based principles:

- Be client-driven and person-centered, based on their needs, resources, and preferences.
- Based on a foundation of respect and include an open, honest relationship between provider and client.
- Recognize that behavior change can take time.
- Validate and normalize client concerns and seek to affirm and encourage client efforts and not be prescriptive or judgmental.
- Focus on the identification of small wins and achievable next steps in reducing potential exposures and/or making effective use easier.
- Include contingency planning when common barriers are encountered.

- Risk-reduction counseling is a behavioral intervention that attempts to decrease an individual's likelihood of acquiring HIV and other STIs and should be implemented as part of HIV prevention counseling with sexual reproductive health and contraceptive counseling at all follow-up visits for PrEP users.
- PrEP is not one-size-fits-all and clients can safely switch between methods when their needs or circumstances change, so that they always have the best protection that fits their life.

Box 13. Counseling messages

Counseling messages should include information on:

- Protection provided by different PrEP methods
- Use during pregnancy and breastfeeding
- Dose frequency and ease of use
- Potential side effects
- Duration until the method will provide maximum protection
- Duration the drug stays in the body
- Possibility of safe switching between products

For more specific PrEP educational and counseling messages, see Annex 3.

Component 4: PrEP Prescription

PrEP initiation at facility level

- Ideally PrEP should be prescribed and dispensed by a provider in the same room, integrated with any other services required.
- Prescribe PrEP according to the product as chosen by the client.

Table 11. PrEP prescription by method

PrEP method	PrEP prescription
Oral PrEP (daily or ED)	▪ Maximum 3 months prescription (3 bottle) of TDF/3TC. ▪ Distribute an HIVST for self-test at 1 month. ▪ Schedule next visit date after 3 months.
PrEP ring	▪ Maximum 3 months prescription (3 DPV rings). ▪ Distribute an HIVST for self-test at 1 month. ▪ Schedule next visit date after 3 months.
CAB-LA	▪ Initiation injection 1 is given. ▪ Schedule next visit date for initiation injection 2 after one month (+/- 7 days).
LEN	▪ Initiation injections 1 and 2 are given. ▪ 2 Oral loading tablets on day 1. ▪ 2 Oral loading tablets are given to take at home on day 2.

The one-month visit for clients starting oral PrEP, the PrEP ring and LEN is optional. All clients initiated on oral PrEP, PrEP ring or LEN should be given a HIVST to use at home to rule out HIV infection after one month. Where possible, providers should follow up and document the test result. If positive, the clients should come back to the facility for confirmatory testing.

CAB-LA clients need to come back after one month for HIV testing and to receive initiation injection 2.

For all PrEP methods, clients should reach out before their next follow-up appointment if they:

- need support with management of side effects,
- experience symptoms suggestive of acute HIV infection,
- or need other assistance.

Community-based PrEP initiation in the community and referrals for refills

Prescription for PrEP is the same in the community as in the facility; however, a few points need to be taken into consideration.

Table 12. Community-based PrEP

Community initiation with referrals for refill
▪ Clients should be willing to be linked to a PrEP-offering facility of their choice. ▪ Enter each initiated client in the PrEP register and document them as an initiated and transferred-out client, with the referral serial number and referred facility noted in the notes section. ▪ Complete the national referral tool with the following information: · PrEP initiation date · Results of baseline laboratory tests (if applicable) · Contact information of a health care worker who can support any follow-up questions ▪ Provide the client with the national referral tool and an appointment card for the next scheduled visit. ▪ When the client comes for a follow-up visit after three months in the receiving facility, record as a “transfer in”; put the referral serial number and referring organization/clinic in the notes section. ▪ Follow up with the clinic three days after the scheduled follow-up visit to see if the client came to the appointment. ▪ If a client has attended the scheduled appointment, the client has successfully been linked to the clinic. ▪ If a client has not attended the scheduled appointment, the client will need continued follow-up and documentation of status in the Community Outreach Provider PrEP register (STOP, LTFU, etc.) ▪ Utilize a provider-specific PrEP register.

▪ Report monthly on PrEP use through existing regional reporting structures. ▪ For ordering, storage, and reconciliation of PrEP commodities, follow routine Central Medical Store (CMS) ordering and standard operating procedures.
Community initiation and refill
▪ Provide PrEP services monthly at the same outreach location to ensure clients can receive their refills. ▪ Align PrEP refills with other services, e.g., contraceptives refills, refills for non-communicable diseases (NCD), etc. ▪ For oral PrEP and the vaginal ring, up to three months' worth of refills can be given at initiation. ▪ Record initiated client in the PrEP register/Client Management Information System (CMIS). ▪ Provide each client with an appointment card and indicate the next scheduled visit. ▪ Ensure the appointment card includes all relevant information (such as PrEP method, refill date, etc.) for the client, who may need to access a health care worker between visits. ▪ Utilize a PrEP register specific to that provider. ▪ Report monthly on PrEP use through existing regional reporting structures. ▪ For ordering, storage, and reconciliation of PrEP commodities, follow routine CMS ordering and standard operating procedures.
Community peer distribution of the PrEP ring
For the PrEP ring, dispensing can be done by trained community cadres that are already conducting HIVST in the community in the following situations: ▪ Woman testing HIV negative can be provided the ring to offer some protection until she will come to the facility to start oral or injectable PrEP ▪ Woman not willing/able to come to a PrEP facility to start another PrEP method. ▪ Woman preferring the ring over another method or woman already using the ring and due for a refill.

Additional Components of PrEP Initiation Visit

The following components could be offered alongside PrEP services as part of comprehensive, person-centered care, depending on the client's needs and preferences. This list is not exhaustive, and services needed will vary by individual and population. Health care workers (HCWs) should explain to clients which tests will be done, why the test will be done, and when to expect results.

Table 13. Additional components of PrEP initiation visit

Component	Action
Hepatitis B testing	▪ Unavailability of or access to hepatitis B testing **should not be a barrier** to PrEP initiation or use regardless of the method choice.

Component	Action
	▪ Testing (oral PrEP users for hepatitis B at or within three months of PrEP initiation is strongly suggested where feasible. ▪ All recommended PrEP options can be safely offered to people with hepatitis B, so awaiting hepatitis B test results should not delay initiation. ▪ If tested for hepatitis B, clients who are negative can be offered hepatitis B vaccination (as per national treatment guidelines). ▪ Clients with hepatitis B who are not interested in oral PrEP should be referred to relevant management/treatment services. ▪ Clients with HBV co-infection who stop using oral PrEP should also be referred to relevant management/treatment services as stopping oral PrEP may cause viral reactivation, thus has implications for the management of hepatitis B acquisition.
Hepatitis C testing	▪ Unavailability of or access to hepatitis C testing should **not be a barrier** to PrEP initiation or use. ▪ Testing for hepatitis C is strongly encouraged at or within the first three months of PrEP initiation and every 12 months thereafter where PrEP services are provided to populations with increased exposure to hepatitis C acquisition. ▪ All recommended PrEP options can be safely offered to individuals with hepatitis C, so awaiting hepatitis C test results should not delay initiation. ▪ If tested for hepatitis C, clients with hepatitis C should be referred for assessment and treatment (as per national treatment guidelines).
Kidney function assessment	**PrEP ring, CAB-LA and LEN** ▪ Kidney function measurement is not necessary for use of the PrEP ring or any of the injectable PrEP methods. **Oral PrEP** ▪ For oral PrEP users, creatinine testing is recommended for some users at the one-month follow-up visit. ▪ Measuring the kidney function of potential oral PrEP users at initiation and/or during follow-up visits is suggested for some populations. ▪ *Section 4.1, box 11* provides the formula to calculate the creatinine clearance.

Component	Action
	▪ *Table 17* below outlines those for whom kidney function measurement is suggested and frequency of ongoing monitoring. ▪ When conducted, initiation or continuation of oral PrEP **should not be delayed** while waiting for a kidney function measurement result in clinically stable clients. - The results can be reviewed as soon as they arrive so that clients with abnormal results can be called back immediately for review. - Normal results can be communicated to clients during follow-up visit. Box 11, section 4.1 outlines how to calculate estimated glomerular filtration rate (eGFR). ▪ When measurement of kidney function is conducted for oral PrEP users, any individual with an estimated creatinine clearance of ≥60 mL/min or an eGFR of ≥60 mL/min per 1.73m^2 can safely be prescribed oral PrEP. ▪ If estimated creatinine clearance is <60 mL/min or the eGFR is <60 mL/min per 1.73m^2, see Section 4 for *Management of Creatinine Elevation*.
Screening, testing, and treatment of other STIs	▪ Any PrEP method can be used if the client has STIs other than HIV and during treatment of STIs other than HIV. ▪ Manage STIs per STI standard treatment guidelines. ▪ If testing is not possible, symptomatically manage STIs as per STI standard treatment guidelines. ▪ PrEP should still be provided even if STI services are not available or if the client is unable to or does not wish to access these services. Lack of access or uptake of STI services **should not be barriers** to accessing PrEP.
Pregnancy testing and provision of contraceptives	▪ Assess fertility intentions and offer pregnancy testing and contraception or safer conception counseling.
Provision of gender-based violence (GBV) services, including	▪ Clients who are identified as experiencing GBV, including IPV, should be provided with appropriate services as needed and available. ▪ PrEP should still be provided even if GBV services are not available or if the client is unable to or does not wish to access

Component	Action
intimate partner violence (IPV) services	these services. These services should not be barriers to accessing PrEP. ▪ Provide appropriate GBV and IPV response, including support and referral where necessary. ▪ Nurses should provide the appropriate minimum package of care for GBV/IPV, depending on the type of GBV. This includes: - PEP/PrEP/ART if appropriate and other related medical care (See appropriate Eswatini GBV Guidelines). - Referral to social worker. - Informing the police for all children younger than age 12, if there is no reachable social worker nearby. - Any other service that brought the client to the facility, including PrEP. - Afterwards, nurses who are not trained/equipped in forensic examination should refer to a doctor. - Clients experiencing GBV should not be prohibited from receiving PrEP if they can effectively use it.
Assessment for mental health and substance abuse disorders and provision of supportive services or referrals as needed	▪ Clients with mental health or substance use concerns should not be prohibited from receiving PrEP if they can effectively use PrEP. ▪ Screen for mental health concerns, including depression and substance abuse disorders, which might increase potential HIV exposure or affect effective use of PrEP and provide or link to follow-up services as needed. See Appendix 4 for depression and substance abuse screening tools. ▪ PrEP should still be provided even if these services are not available or if the client is unable to or does not wish to access these services. These services should not be barriers to accessing PrEP.
Provision of or referral to voluntary medical male circumcision (VMMC) services	▪ Clients who may benefit from VMMC can be provided with or referred to VMMC services in alignment with national guidelines. ▪ VMMC education (group/one-on-one) at facility or community level should incorporate combination prevention, including PrEP. ▪ VMMC service providers should provide all other available combination prevention services.

Component	Action
	▪ PrEP can also be initiated on the day of VMMC or the VMMC follow-up visit. ▪ PrEP should still be provided even if these services are not available or if the client is unable to or does not wish to access these services. These services should not be barriers to accessing PrEP.
Screening for and treatment of non-communicable diseases	▪ Clients may have additional health needs that may come up during a visit with a health care provider, or which may be discovered through further assessment. ▪ Provide clients with relevant health care services or refer them to appropriate services as needed and available. ▪ PrEP should still be provided even if these services are not available or if the client is unable to or does not wish to access these services. These services should not be barriers to accessing PrEP.

3.3 PrEP Follow-up Visit

After PrEP initiation, the duration till the first scheduled follow-up appointment differs per PrEP product.

Table 14. Timing of F/U visits by PrEP product

PrEP product	Timing of first F/U visit
Oral PrEP	3 months after initiation (earlier F/U visits can be done for more efficient integration with other services).
PrEP ring	
CAB-LA	Four weeks after initiation injection 1, the client should return for initiation injection 2.
LEN	6 months +/- 2 weeks (24-28 weeks) after the initiation package

If a client is uncertain about management of side effects, experiences symptoms suggestive of acute HIV infection, experiences difficulties with effective oral PrEP or PrEP ring use or need other assistance they should come back earlier.

An HIVST should be given to oral PrEP, PrEP ring and LEN clients for self-testing at M1 with instructions to return to the facility for confirmatory testing in case of a positive result.

HIV testing is required before receiving a new PrEP refill, new injection and prior to restarting PrEP. Some ring users may prefer to return used rings to the health care provider/service provision point. If clients choose to return used rings, those rings should

be disposed of along with other medical waste, such as used gloves, or in accordance with local requirements.

Component 1: HIV Testing Services

HIV testing and counseling should be conducted at every follow-up visit to inform decisions on whether to continue or discontinue PrEP. The type of HIV testing depends on the PrEP method.

Table 14. HIV testing services for PrEP

	Oral PrEP	PrEP ring	CAB-LA	LEN
HIV testing frequency	M1 home-based HIVST then every three months		Before every injection	At M1 and before every injection
HIV testing type	HIVST		Rapid diagnostic test	M1 only HIVST. RDT.

Component 2: Assessments

Assessing prevention effective use

At every PrEP follow-up visit, it is important to assess PrEP use and adherence. This should be done in an open-ended and nonjudgmental manner. A neutral assessment of adherence allows for a constructive discussion that can support the client in finding solutions to adherence challenges. Take a neutral approach to adherence behavior to support the client in finding solutions to adherence challenges. If adherence is poor, the client should be assessed for PEP indication and symptoms of AHI.

HIV exposure and AHI assessment

Table 15. Assessing HIV exposure during PrEP use

If	Consider	Counseling	Follow-up after 28 days
▪ Adherence to PrEP product was poor[1] ▪ HIV test is negative ▪ Client was exposed to HIV in last **72** hours	PEP	Discuss barriers to effective PrEP use. Encourage condom use.	Retest for HIV. If negative, restart PrEP
▪ If poor adherence[1] ▪ HIV test is negative	Discontinuing PrEP for 28 days		Retest for HIV. If negative,

▪ No exposure in last 72 hours but high-risk sex in the last 14 days and **signs/symptoms of AHI**			restart PrEP

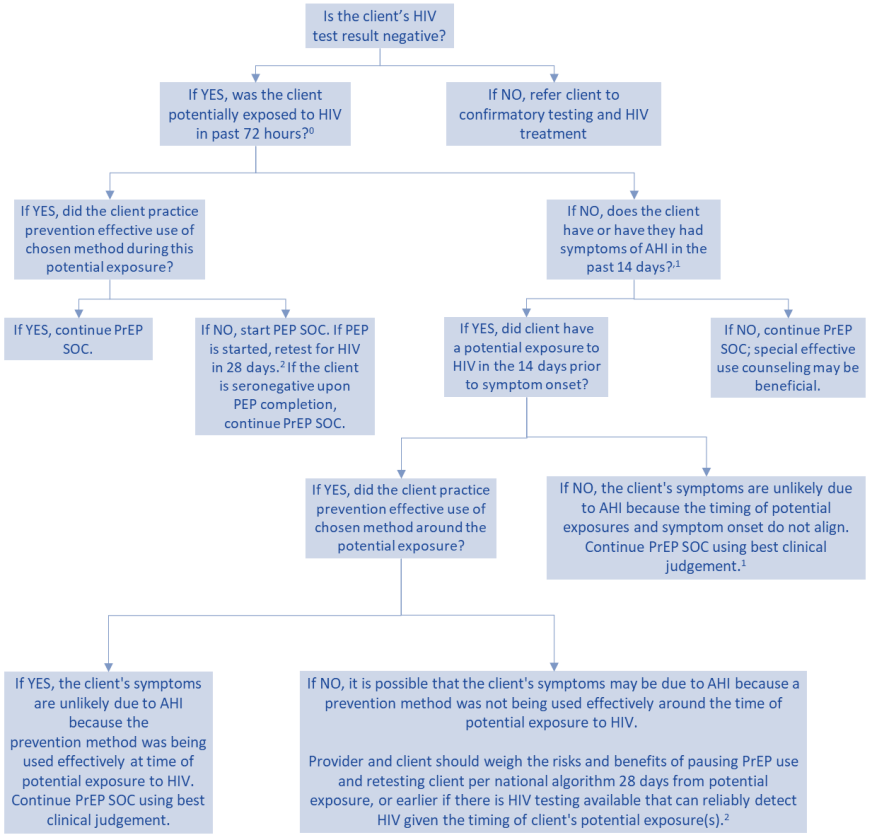
[1] *Poor adherence can be defined as inconsistent or inappropriate use of PrEP as prescribed during periods of exposure in a way that does not achieve high level of protection against acquisition of HIV. See Table 6*

The following table can be used to determine if a client was adherent to their PrEP product.

Table 16. Defining PrEP adherence

PrEP method	Adherent	Non-adherent
Oral PrEP	Assigned **female** at birth: ≤ 2 doses missed each week in the week before and week after each day of sex	Assigned **female** at birth: 2+ doses missed each week in the week before and week after each day of sex.
	Assigned **male** at birth: A double dose was taken 2-24 hours before sexual exposure and at least 2 days of daily PrEP were continued after each day of sex	Assigned **male** at birth: Double dose (loading dose) was not taken within 2-24 hours before sexual exposure and/or daily PrEP was not continued for 2 days after each day of sex.
PrEP ring	Ring in place continuously the day before and day of sex for each day of vaginal sex	Ring was not continuously in place the day before and the day of vaginal sex. Any reported anal sex without a condom should be considered PrEP ring non-adherent.
CAB-LA	Prior injection was initiation injection 1 and ≤ 2 month ago	Prior injection was initiation injection 1 and > 2 month ago
	Prior injection was initiation injection 2 or follow-up and ≤ 3 month ago	Prior injection was initiation injection 2 or follow-up and > 3 month ago
LEN	**Initiation:** Day-2 oral dose taken at home as prescribed **Maintenance:** Prior injection (initiation injection or re-injections was ≤ 28 weeks ago If > 28 weeks since last injection but oral LEN bridging was correctly taken until next injection	**Initiation:** Day-2 oral dose not taken at home. **Maintenance:** Prior injection (initiation injection or re-injections was > 28 weeks ago, and no oral LEN bridging taken, or bridging incomplete.

Figure 12. PrEP Follow-up – HIV exposure, AHI, and prevention effective use assessment



[0] An answer of "NO" to the question "Potentially exposed to HIV in past 72 hours?" means no potential past exposure to HIV at all or potential HIV exposure that was 72+ hours ago.

[1] Two-thirds of people will have symptoms of AHI within two to four weeks of HIV acquisition. Signs/symptoms mimicking acute HIV infection (sore throat, fever, sweats, swollen glands, mouth ulcers, headache, rash, and muscle aches) are commonly due to illnesses other than HIV; providers need to use discretion in determining whether the symptomatology is consistent with HIV or may be explained by an alternative cause.

[2]If HIV testing that can reliably detect HIV given these clients' potential exposures and time frames is available, PrEP may be started earlier than 28 days if results are nonreactive.

Monitoring kidney function for client using oral PrEP

Renal function test is not a prerequisite at baseline prior to PrEP initiation. However, for certain age and population groups, it should be monitored after one month of oral PrEP use and every six months thereafter.

Table 17. Creatinine monitoring

POPULATION	FREQUENCY CREATININE MONITORING
Age <30 years	▪ Optional (until age 30 or if kidney-related comorbidities develop). ▪ If done and CrCl <90ml/min, conduct follow up every six months. ▪ If <60 ml/min stop PrEP and manage as per guidance below.
Age 30-49 years	Conduct creatinine test once, at or within three months of initiation. ▪ **If CrCl ≥90ml/min, optional (until age 50 or kidney-related comorbidities develop).** ▪ If CrCL <90ml/min, (60-89ml/min) screening every 6-12 months. ▪ If <60 ml/min stop PrEP and manage as per guidance below.
Age 50+ Individuals of any age with comorbidities Individuals with CrCl <90ml/min (60-89) Individuals with concurrent nephrotoxic medication	▪ Conduct creatinine test once, at or within three months of initiation. ▪ Follow-up screening every 6-12 months. ▪ If <60 ml/min stop oral PrEP and manage as per guidance below

For the management of clients with abnormal creatinine levels, see Section 4.

Component 3: Counseling

In addition to the key messages and counseling topics discussed at initiation (see Annex 3), providers should discuss:

- Any side effects or adverse drug reactions (ADRs) the client has experienced and manage them as needed (*see Management of Side Effects and Adverse Drug Reactions* below)

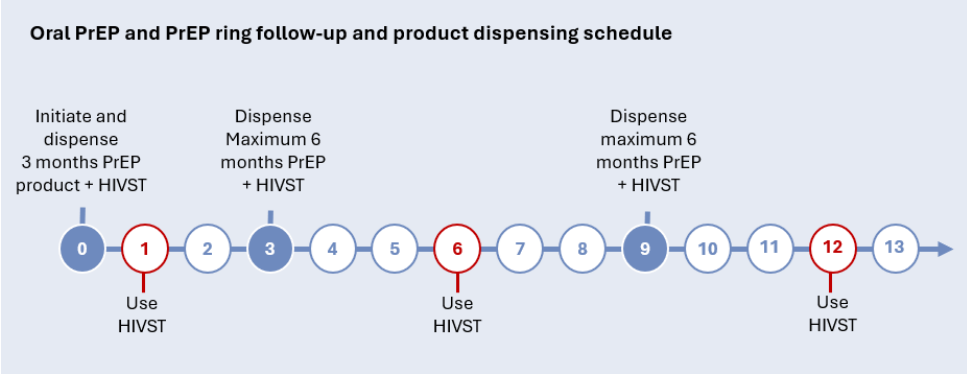
- If there is ongoing exposure to HIV and whether the client feels continued PrEP use is necessary
- Barriers to effective use of PrEP method

Component 4: PrEP Prescription Refill

Oral PrEP or PrEP ring

- After the first follow-up visit, oral PrEP and the PrEP ring can be prescribed and dispensed for three to six months. In order to receive a six month refill, a client need to meet the following criteria:
  - Client is attending the FU appointment on time (not later than three days after scheduled visit date)
  - Clients does not report any side-effects
  - Client wants to continue with the same PrEP method
  - Client is not pregnant or breastfeeding or has any co-morbidities
  - Client is willing to take an HIVST to conduct after three months and:
    - If HIV negative → continue with remaining three months of PrEP
    - If positive → discontinue PrEP method and report to the facility for confirmation of test result and linkage to ART.
- For clients not meeting the above criteria, a maximum refill of three months can be done.
- Other models to collect PrEP refills with a valid prescription should be explored to reduce clients' visits to the facility and can include the use of e-lockers or private pharmacies.

Figure 13. Oral PrEP and PrEP ring follow-up and product dispensing schedule



- For ED-PrEP users, three months of PrEP minus the number of full bottles the client has at home can be dispensed. Clients should have enough tablets between visits should they use PrEP daily.
- Clients on 6MMD should receive an HIVST to take home and be instructed to use the HIVST after three months before continuing with the last three months of product.

- Less PrEP product can be dispensed if a client lacks a place to discretely or safely store them the PrEP product or if the follow-up visit is earlier to align with other services.
- Schedule the client's next visit a week before their PrEP supply will run out based on daily use.

Distribution and use of HIVST for PrEP clients

- Clients on daily oral PrEP or the PrEP ring should be provided with an HIVST to take home and encouraged to use it as an exit test in case of a decision to discontinue PrEP.
- Clients using ED-PrEP can be provided with an additional HIVST kit and encouraged to use the test prior to a new period of exposure.

CAB-LA

- Upon completion of initiation injection 1 and 2, reinjections will be scheduled every two months (see Annex 2).

LEN

- Upon completion of the two initiation injections and 2 loading tablets, the clients will be provided with another 2 loading tablets to take at home on day 2 and reinjections will be scheduled every six months.

3.4 PrEP Missed Appointments

- Health care workers are strongly encouraged to follow up PrEP clients with missed appointments to discuss ongoing PrEP needs, explore challenges with using PrEP, and empower them on other PrEP options available to prevent HIV acquisition.
    - Clients using oral PrEP or the PrEP ring should be followed up if they have missed their appointments by 3 days or more.
    - Clients using CAB-LA or LEN should be followed up if they have missed their scheduled injection by 7 days or more.
- If a client expresses no desire to continue with PrEP, a discussion on alternative ways to prevent HIV acquisition should take place.
- Document outcome in CMIS or in the PrEP register.

3.5 PrEP Discontinuation

- The duration of PrEP use may vary, and individuals are likely to start and stop PrEP depending on their individual assessments of potential HIV exposures at different periods in their lives, including changes in relationships and behaviors.
- Ideally, a client will inform their service provider when they want to discontinue PrEP.
- During counseling, providers should discuss with clients when it may be appropriate to discontinue PrEP.
- PrEP use may be discontinued for any of the following reasons:
    - Client request

- Positive HIV test (clients who seroconvert while on PrEP should be linked to care and initiated on ART in line with national guidelines)
- Safety concerns, such as estimated creatinine clearance of <60 mL/min (if known) for oral PrEP users (appropriate clients should also be counseled on using the PrEP ring, if applicable)
- No longer likely to be exposed to HIV
- Persistent side effects to all available PrEP options that are not manageable
- Decision to switch to another HIV prevention strategy.

Instructions on how to discontinue PrEP are included in information about each method's use above and in the counseling messages.

Clients with hepatitis B who are stopping oral PrEP should be referred to relevant management/treatment services because stopping oral PrEP may have implications for the management of hepatitis B infection.

3.6 Re-starting PrEP Use

Clients restarting PrEP should follow the same guidance as when starting PrEP for the first time.

Table 18. Restarting PrEP

Oral PrEP	For individuals AFAB restarting oral PrEP, it will take seven days of daily use before oral PrEP reaches maximum effectiveness.
	For individuals AMAB restarting oral PrEP, a double dose (two tablets) should be taken two to 24 hours before sexual encounter whether the intention is to use daily oral PrEP or ED-PrEP.
Dapivirine ring	To restart the PrEP ring within 24 hours to reach maximum protection before sexual encounter
CAB-LA	For clients wanting to restart CAB-LA the same guidance should be followed as for missed injection as described in Annex 2.
LEN	For clients wanting to restart LEN the same guidance should be followed as for missed injection as described in Annex 5

3.7 Switching between PrEP Products

- Clients may switch between PrEP methods.
- Safety data on simultaneous use of different PrEP products are limited and is NOT recommended but simultaneous use of methods is allowed to ensure protection as the new product is building up to effective levels.
- For instructions on switching between daily oral PrEP and ED-PrEP, see *Oral PrEP Use* above.

Box 14. For consideration: The process for switching between PrEP methods will depend on the methods being used. When advising clients on switching between PrEP methods, providers should use their best clinical judgment, considering the time to effectiveness/waning effectiveness of each PrEP method after discontinuation, coverage of previous and future potential exposures to HIV, and client preferences. Table 9 below provides general guidance to consider when switching between products

Table 19. Guidance for product switch

Product switch		Guidance
Oral PrEP	to PrEP ring	Continue oral PrEP for seven days after ring insertion.
	to CAB-LA	Continue oral PrEP for **seven days** after the first CAB-LA initiation injection.
	to LEN	Continue oral PrEP throughout **both days** of receiving the LEN initiation regimen.
PrEP ring	to oral PrEP	Continue using the ring for **seven days** after starting oral PrEP.
	to CAB-LA	Continue with the ring for **seven days** after the first CAB-LA initiation injection.
	to LEN	Continue to use the PrEP ring throughout **both days** of receiving the LEN initiation regimen.
CAB-LA	to oral PrEP	▪ If last injection was initiation injection one, start oral PrEP **one month** after last injection. ▪ If last injection was initiation injection two or re-injection, start oral PrEP **two month**s after last injection.
	to PrEP ring	▪ If last injection was initiation injection one, insert the PrEP ring **one month** after last injection. ▪ If last injection was initiation injection two or re-injection, insert the PrEP ring **two months** after last injection.
	to LEN	▪ If last injection was initiation injection one, start LEN initiation regimen **one month** after last injection. ▪ If last injection was initiation injection two or re-injection, start LEN initiation regimen **two months** after last injection.
LEN	to oral PrEP	Start oral PrEP **6 months** after the last LEN injection, regardless of the type of LEN injections last administered.
	to PrEP ring	Insert the PrEP ring **6 months** after the last LEN injection, regardless of the type of LEN injections last administered.
	to CAB-LA	Start CAB-LA **6 months** after the last LEN injection, regardless of the type of LEN injections last administered.

4. MANAGEMENT OF CLIENTS IN SPECIFIC SITUATIONS

4.1 Management of Clients with Elevated Creatinine Levels

Very few clients on PrEP experience creatinine elevation; most creatinine elevations are self-limiting, can be addressed without stopping oral PrEP, and are caused by dehydration, exercise, diet, diabetes mellitus, hypertension, liver failure, or hepatitis C virus or may be a false-positive test result. Rule out and manage other causes of elevated creatinine.

Box 15. Calculating creatinine clearance

$$\frac{(140 - \text{Age}) \times \text{weight in kg} \times 1.23}{\text{Serum creatinine (in µmol/L)}}$$

$$\frac{(140 - \text{Age}) \times \text{weight in kg} \times 1.04}{\text{Serum creatinine (in µmol/L)}}$$

In case of creatinine elevation:

- Stop oral PrEP if creatinine elevation is confirmed and if estimated creatinine clearance decreases to <60 ml/min.
- Evaluate for additional causes of creatinine elevations (see Box 12) and manage in consultation with medical officer (MO).
- After oral PrEP is stopped, creatinine should be checked for another one to three months, and oral PrEP can be restarted if CrCl returns to > 60 ml/min.

Box 16. Common causes of chronic or severe renal insufficiency

- Diabetes mellitus
- Uncontrolled systemic hypertension
- Pre-eclampsia during pregnancy
- Hepatitis C infection
- Liver failure

4.2 Hepatitis B Infection

If a client tested HBsAg positive:

- Take liver function test (LFT) and platelets to rule out active hepatitis.
- If possible, calculate the APRI score (See box below).
- HBsAg positive result is NOT a contraindication for PrEP.
- You can still initiate PrEP.
- Monitor LFTs every six months and at drop-out/stop of oral PrEP.
- Refer to MO when a client wants to STOP due to the risk of viral rebound.

Box 17. Calculating the APRI score

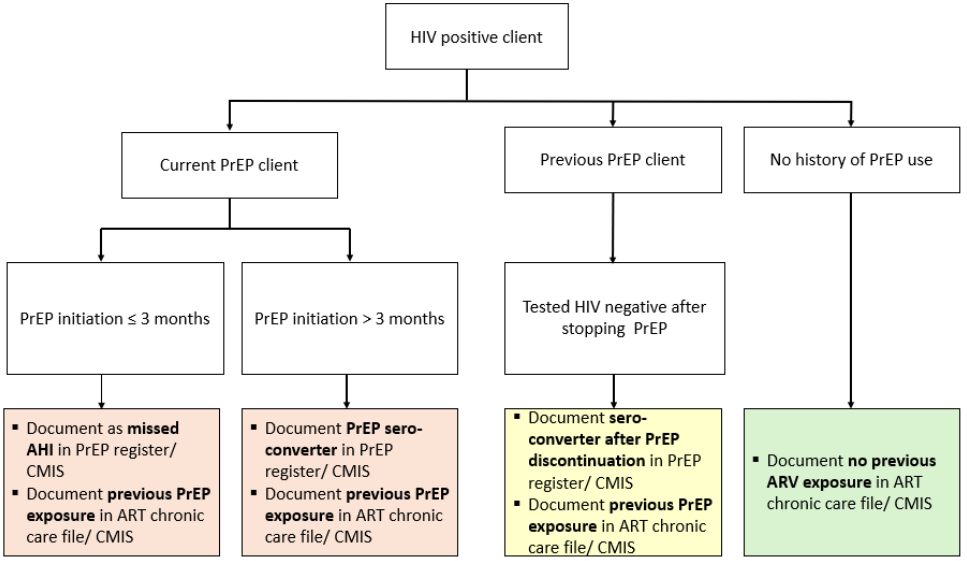
$$\text{APRI} = \frac{\dfrac{\text{AST Level}}{\text{AST (Upper Limit of Normal)}}}{\text{Platelet Count } (10^9/\text{L})} \times 100$$

4.3 HIV Seroconversion

- HIV acquisition can be prevented with consistent use of PrEP.
- HIV seroconversion after prescribing PrEP can occur if:
  - PrEP method is not used correctly or consistently
  - HIV acquisition was undiagnosed at the time of PrEP initiation
  - Transmission of a drug-resistant strain occurred (ask if HIV-positive partner is on 2nd line/ 3rd line treatment)
- Counseling should include information to help PrEP users recognize AHI signs and symptoms, which should prompt a clinic visit without delay.
- If a person using PrEP tests positive for HIV, PrEP should be stopped immediately, and the person referred for prompt initiation of HIV treatment as per National HIV Guidelines.
- HIV genotyping should be conducted for PrEP seroconverters and individuals being exposed to CAB-LA in the last 12 months.
- Genotype testing should not delay (rapid) ART initiation.
- Transition from a PrEP method to HIV treatment without a gap to avoid the possibility of resurgence in viral load, immunological injury, and secondary transmissions.
- The stopping of PrEP must be documented in CMIS or the PrEP register, with the appropriate reason for stopping, i.e., HIV seroconversion.
- To improve documentation of seroconversion and prevent future seroconversion, it is important to:
  - Verify HIV status prior to HTS for PrEP initiation/restart.
  - Probe for prior PrEP use; for seroconverters, notify the PrEP providing entry point/site for documentation in the PrEP register and CMIS.
  - Documentation should cover possible reasons for seroconversion.
  - Inform the HIV Drug Resistance (HIVDR) Surveillance team if available, in line with their current protocols.
- PrEP clients that report seroconversion as a reason for non-retention must have the HTS result verified by calling back the client to physically share the result and link to ART or by checking in CMIS.
  - The verified result can then be recorded along with possible reason(s) for seroconversion, while also ensuring that the client has linked to ART.

Box 18. Tracking possible reasons for seroconversion will help facilities and programs to develop strategies to prevent future seroconversions.

Figure 14. Identifying and reporting PrEP seroconverters



Note: All clients testing HIV positive should be initiated on the first line recommended ART regimen. regardless of previous PrEP/PEP exposure. A genotype test for HIV drug resistance should be taken for clients seroconverting during the CAB-LA or LEN tail period.

4.4 Inconclusive HIV Test Result

If the test result is inconclusive, **DEFER** or **STOP** PrEP initiation and follow the national algorithm until a definitive HIV test result is obtained for all clients not pregnant or breastfeeding. **For PBFW, refer to PMTCT Guidelines.**

4.5 Management of Side Effects and Adverse Drug Reactions

- Side effects should be managed symptomatically, and counseling should be provided (See annex 7 and 8 for management of CAB-LA related side-effects and adverse drug reactions).
- Any side effects should be recorded in client records and CMIS regardless of severity.
- For common minor side effects, see PrEP method section:
  - Oral PrEP, page 14
  - PrEP ring, page 22
  - CAB-LA, page 25
  - LEN, page 30
- Major toxicities (including renal toxicity and metabolic complications) associated with TDF and 3TC are rare in oral PrEP exposure to date.
- No major toxicities or severe adverse reactions have been shown related to ring use.

- For any major toxicity, consult medical doctor from mother facility.
- Complete the national adverse drug reaction form and report as per standard operating procedures.
- If PrEP is discontinued, record the outcome in the PrEP register.

4.6 Pregnancy and Breastfeeding

Given the increased likelihood of HIV acquisition during pregnancy and the postnatal period, as well as reassuring safety data, **PrEP** use is recommended for women who are pregnant or breastfeeding and should be offered as an opt-out approach.

Box 19. PrEP should be provided routinely as an opt-out approach at ANC, maternity, and PNC Services.

- HIV prevention, including PrEP, is a key intervention in elimination of mother-to-child HIV transmission (eMTCT).
- PrEP has been shown to be very effective in reducing HIV acquisition and is also safe among PBFW.
- Universal PrEP provision, using an opt-out approach is thus part of the national eMTCT strategy.

4.6 Clients using alcohol or recreational drugs

There are no known interactions between any of the PrEP products and recreational drugs or alcohol, but alcohol and drug use could affect the ability to remember to take oral PrEP, using the ring or attend necessary health appointments, potentially resulting in delayed oral PrEP or ring refills or missed injections.

If a client or potential client thinks their use of alcohol or other substances is interfering or may interfere with effective PrEP use, the provider should engage the client to understand what support or referrals might be valuable to support effective use while also discussing additional prevention options.

5. DOCUMENTATION AND DATA MANAGEMENT

5.1 PrEP Data Collection Tools

Most PrEP offering service delivery points have access to an electronic CMIS. Paper-based PrEP tools are only used for PrEP service delivery points that do not have access to CMIS. Concurrent use of the PrEP module in CMIS and the paper-based data collection tools is not recommended.

Table 20. PrEP data collection tools

	Tool	Purpose
Service delivery point using CMIS	PrEP module within CMIS	To document all PrEP-related activities, including PrEP initiations, follow-up visits, side effects, etc.
Service delivery points **without access** to CMIS	PrEP register	To be used for delivery service points not having access to CMIS. The register should be used to document all PrEP initiations and follow-up visits.
	PrEP monthly summary form	To summarize monthly PrEP initiations and follow-up visits for service delivery points not having access to CMIS
All service delivery points	PrEP client appointment card	Can be used for all clients whether the service delivery point has access to CMIS or not. The client-held card can be used to document the next follow-up appointment.

5.2 Adverse Event Reporting

- All health care workers and clients/customers are encouraged to report any adverse event.
- Suspected AE/ADR should be reported immediately to National Pharmacovigilance Centre (NPC)
- For more information on AE/ADR reporting, see the Eswatini National PV Guideline 2022.

Contact Pharmacovigilance Centre.

Ph: +268 7655 7303
WhatsApp: +268 7655 7303
EswatiniPVcentre@gmail.com

5.3 PrEP Indicators

The indicators listed in Table 11 below are key in answering high-level questions on whether the PrEP guidelines are being implemented adequately and the impact of the implementation is noticeable to the populace. The indicators respond to the following key objectives: increased PrEP offer by HCWs, increased PrEP uptake among different target groups, increased PrEP continuation among different target groups, and harmonized PrEP messaging from different PrEP service providers.

Table 21. Key monitoring indicators

Indicators	Numerator	Denominator	Disaggregation	Reporting frequency	Data source
% of HIV-negative at-risk clients eligible for PrEP	No. of HIV-negative at-risk clients (not on PrEP) eligible for PrEP	No. of HIV-negative at-risk clients (not on PrEP)	Region, Facility, Age, Gender Priority Population	Quarterly	HTS Register, CMIS
% of HIV-negative at-risk clients offered PrEP	No. of HIV-negative at-risk clients (not on PrEP) offered PrEP	No. of HIV-negative at-risk clients (not on PrEP) eligible for PrEP			
% of eligible HIV-negative at-risk clients accepted PrEP	No. of HIV-negative at-risk clients (not on PrEP) accepted PrEP offer	No. of HIV-negative at-risk clients (not on PrEP) and offered PrEP			
% of eligible clients accepting PrEP offer who are newly initiated on PrEP	No. of clients newly initiated on PrEP	No. of clients that accepted PrEP offer	Region, Facility, Age, Gender, Priority	Monthly	PrEP register. CMIS

Indicators	Numerator	Denominator	Disaggregation	Reporting frequency	Data source
% of CAB clients initiated that received initiation injection 2	No of clients returned for initiation injection 2	No of clients initiated on CAB-LA and due for initiation injection 2.	Population, PrEP product	Quarterly	PrEP register, CMIS
% of eligible clients that came for 3-months visit and continued oral PrEP/PrEP ring/ CAB-LA	No. of clients that came for 3-month visit and received an oral PrEP/PrEP ring/ CAB-LA PrEP refill/ re-injection.	No. of clients due for 3-months visit			
% of clients that is active on PrEP at 6 months	No of clients that received an oral PrEP/ring refill at M3, CAB-LA re-injection at M5 or LEN reinjection at M6	No of clients that started a PrEP method 6 months ago			
% of clients switching PrEP product within the last 6 months	No of clients switching PrEP product within 6 months	No of clients that used a PrEP product within the last 6 months	By PrEP product By age By gender	Semi-annually	PrEP register, CMIS
% of PrEP facilities having MOH-approved information, education, communication (IEC) material	No. of facilities using MOH-approved IEC for demand creation	No. of PrEP facilities	Facility, Region, Implementer	Semi-annually	Facility Reports
% of SRH clients that receive PrEP	No. of HIV-negative clients coming for a FP, ANC, or	No. of HIV-negative clients coming for a FP, ANC, or PNC visit	Facility Region Age	Quarterly	PrEP register, CMIS

Indicators	Numerator	Denominator	Disaggregation	Reporting frequency	Data source
during their FP, ANC, or PNC visit	PNC visit that received or are using a PrEP product		SRH service PrEP product		
Volume of PrEP prescribed/dispensed	Number of units of each PrEP product dispensed	Not applicable	Visit type, Age, Gender Priority Population, PrEP product Visit type	Quarterly	CMIS
No. of client visits in which a PrEP product was provided	Number of client visits during which a PrEP product was provided				

Table 22. Key evaluation indicators

Indicators	Numerator	Denominator	Disaggregation	Reporting frequency	Data source
% of clients newly identified HIV positive while using PrEP in the last 3 months (oral PrEP or ring) or 12 months for CAB-LA/ LEN	No. of clients newly identified HIV positive while using PrEP in the previous 3 months	No. of clients having used PrEP in the last 3 months receiving an HIV test	Facility, Region, Age, Gender, Last product used	Quarterly	HTS register PrEP register CMIS
% of PrEP seroconverters exposed to CAB-LA/ LEN with HIVDR mutations	No. of PrEP seroconverters with HIVDR mutations detected in genotype sample	No. of clients with genotype testing conducted			

6. ANNEXES

Annex 1: Job Aid to Rule Out Acute HIV Infection

In the **past 14 days**, have you had any of the following "cold" or "flu" symptoms?

YES	Sore throat	**NO**
YES	Fever	**NO**
YES	Night sweats	**NO**
YES	Swollen glands	**NO**
YES	Mouth ulcers	**NO**
YES	Headache	**NO**
YES	Rash	**NO**
YES	Generalized body rash	**NO**
YES	Fatigue	**NO**
YES	Headache	**NO**

Is there at least one symptom and a recent exposure to HIV?

YES	In the past **14 days**, has the client experienced any signs and/or symptoms of AHI?	**NO**
YES	Has there been a potential exposure to HIV in the **previous 14 days**?	**NO**

If **YES** to both:
Defer PrEP and make an appointment for repeat HIV testing in four weeks. Document appointment date on the PrEP client appointment card.

If **NO** to either one:
Determine if the client meets eligibility criteria for PrEP. If YES, initiate clients preferred PrEP method

Annex 2: Scenarios for Clients Missing CAB-LA Injection

For consideration: When a client misses an injection, it may be a postponed injection visit that is planned or an unplanned missed injection visit (without a postponement planned). If the client does not want to continue CAB-LA, providers should support clients in following appropriate procedures for stopping CAB-LA at that time, either by counseling them on and prescribing bridging doses or counseling them on alternative PrEP methods or another HIV prevention strategy if the client is still potentially exposed to HIV while choosing to stop CAB-LA use. The following are potential scenarios for those clients based on the length of time between injections and whether the injection visit is unplanned, missed, or planned but postponed:

Unplanned Missed Injection Visits

Missed injection	***Time since prior injection***	***Recommended action for provider***
Initiation injection 2	≤ 2 months since initiation injection 1	Proceed with initiation injection 2 and schedule the follow-up injection for 2 months later as a follow-up visit.
	> 2 months since initiation injection 1	Assess the client's clinical eligibility for restarting CAB-LA using the initiation procedure and, if clinically eligible, administer initiation injection 1 that day and schedule initiation visit 2 in one month. Follow-up visits should be scheduled every 2 months thereafter.

Follow-up injection	≤ 3 months since last injection	Proceed with administering follow-up injection that day and schedule the subsequent follow-up injection for 2 months later as a follow-up visit.
	> 3 months since last injection	Rescreen for potential restart and, if clinically eligible, administer initiation injection 1 that day and schedule initiation injection 2 in 1 month. Follow-up visits should be scheduled every 2 months thereafter.
Planned Postponed Injection Visits		
Postponed injection	*Time since prior injection*	*Recommended action for provider*
Initiation injection 2	< 1 month (+/- 7 days) days from initiation injection 1	Schedule initiation injection 2 on the first date the client is available to return (within 1 month [+/- 7 days] since initiation injection 1).
	1 month (+/- 7 days) ≥ from initiation injection 1	Defer start of CAB-LA and consider another PrEP method or HIV prevention strategy as an interim alternative. When the client is available for two appointments in a row separated by 1 month (+/- 7 days), it may be possible to reconsider initiating CAB-LA.
Follow-up injection	Postponement duration is ≤ 3 months from the ideal follow-up injection date	Prescribe up to 90 days of daily oral tenofovir-based PrEP to bridge the gap in the follow-up schedule. Resume or restart CAB-PrEP at the conclusion of this oral PrEP “bridge”:

		▪ If the most recent CAB-PrEP injection (preceding the oral bridge) was ≤ 3 months ago, resume CAB-LA follow-up injections. ▪ If the most recent CAB-LA injection (preceding the oral bridge) was > 3 months ago, restart CAB-LA with initiation injection 1 and schedule initiation injection 2 for 1 month later.
		Administer follow-up injection as soon as the client is available and continue with follow-up injections every 2 months thereafter.
Postponement duration is > 3 months from the ideal follow-up injection date		Do not re-initiate CAB-LA until the client is available to return on time. The client can consider oral daily PrEP as an alternative or another HIV prevention strategy.

*Clients who wish to remain on CAB-LA and anticipate in advance needing to postpone their follow-up visit by 8 days or more may be given a supply of tenofovir-based oral PrEP to use as a "bridge" to cover the gap in follow-up injections. Oral PrEP may be used only to bridge schedules between follow-up injections. Bridging is not an option to address anticipated scheduling gaps between initiation injections 1 and 2. Although there is not a specific maximum duration for bridging with oral TDF-based PrEP, 90 days may be a reasonable limit, given that retesting for HIV should occur quarterly for those using oral PrEP, regardless of whether oral PrEP is being used as the primary PrEP method of choice or as a bridge between postponed CAB-LA injections. It is important for providers to understand in advance how a postponed client's follow-up injection will be managed in order to prescribe the correct type of oral PrEP (cabotegravir vs. tenofovir-based) and a sufficient volume.

Annex 3: Scenarios for Clients Missing LEN Oral loading dose or LEN Injection

For consideration: When a client misses an injection, it may be a postponed injection visit that is planned or an unplanned missed injection visit (without a postponement planned). If the client does not want to continue LEN, providers should support clients in following appropriate procedures for stopping LEN at that time, either by counseling them on and prescribing bridging doses or counseling them on alternative PrEP methods or another HIV prevention strategy if the client is still potentially exposed to HIV while choosing to stop LEN use. The following are potential scenarios for those clients based on the length of time between injections and whether the injection visit is unplanned, missed, or planned but postponed:

Missed oral LEN loading dose on Day 2		
Missed oral LEN Day 2	***Time since initiation injections***	***Recommended action for provider***
Missed Day 2 oral LEN dose (2 x 300 mg)	*≥24 hours*	Encourage the client to take the 2 Oral LEN tablets as soon as remembered.
Unplanned Missed Injection Visits		
Missed injection	***Time since prior injection***	***Recommended action for provider***
Follow-up injection	≤ 28 weeks since last injection	Proceed with administering follow-up injection that day and schedule the subsequent follow-up injection for 26 later as a follow-up visit.
	> 28 weeks since last injection	Rescreen for potential restart and, if clinically eligible: - Administer initiation injection 1 and 2 - Give Oral LEN 300 mg, 2 tablets - Provide Oral LEN 300 mg 2 tablets for the client to take at home the following day - Provide an HIVST for the client to use after 4 weeks.

		- Reschedule the next appointment after 26 weeks (+/- 14 days)

Planned Postponed Injection Visits		
Postponed injection	*Time since prior injection*	*Recommended action for provider*
	≤ 28 weeks since last injection	Prescribe up to 90 days of weekly oral LEN 300 mg to bridge the gap in the follow-up schedule. Continue with next LEN F/U injection
	> 28 weeks since last injection	If oral LEN was taken weekly and last oral LEN dose was taken <7 days ago, continue with LEN continuation injections and schedule FU after 26 weeks. If oral LEN was not taken weekly during the bridging period and/or last oral LEN intake was > 7 days ago, restart LEN initiation package with subcutaneous LEN and 2x300 mg oral LEN on Day one and again on Day 2.

*Clients who wish to remain on LEN and anticipate in advance needing to postpone their follow-up visit by 7 days or more may be given a supply of oral LEN use as a "bridge" to cover the gap in follow-up injections. Oral LEN may be used only to bridge schedules between follow-up injections. Although there is not a specific maximum duration for bridging with oral LEN, 90 days may be a reasonable limit, given that retesting for HIV should occur quarterly for those using oral PrEP, It is important for providers to understand in advance how a postponed client's follow-up injection will be managed in order to prescribe the correct volume of oral LEN.

Annex 4: PrEP Counseling and Educational Messages

Topic	Key Messages
What is PrEP?	▪ PrEP is the use of antiretroviral drugs by HIV-negative clients to prevent HIV. ▪ It is one of several HIV prevention options and, where possible, should be used in combination with condoms and condom-compatible lubricants and other HIV prevention strategies. ▪ There are four PrEP methods available in Eswatini for PrEP: Tablets taken orally, a ring that is inserted into the vagina and 2 different PrEP injections. Injectable CAB-LA is a PrEP method given as 2-monthly injections while LEN is a 6-monthly injection.
Effectiveness of PrEP	▪ When used as prescribed, oral PrEP is more than 90% effective at preventing HIV acquisition and the PrEP ring is about 50% effective (likely more with effective use). CAB-LA and LEN are most effective in preventing HIV, more than 90% compared to oral PrEP. This is likely due to improved adherence with injections. ▪ When choosing a PrEP method, it is important to consider which method(s) will work best for you to prevent HIV during the types of exposures you anticipate, among other factors. **For people assigned female at birth (AFAB) interested in PrEP:** ▪ Daily oral PrEP, CAB-LA and LEN reduce your chance of getting HIV during all types of exposures to HIV. ▪ The PrEP ring works only for sexual exposures during receptive vaginal sex. **For people assigned male at birth (AMAB) interested in PrEP:** ▪ Daily oral PrEP, CAB-LA and LEN reduces your chances of getting HIV during all types of exposures to HIV ▪ Event-drive PrEP, known as ED-PrEP, works only for sexual exposures and can only be used if you are not using any estradiol-based hormones.
PrEP is not for life	▪ You should take PrEP for as long as you feel you may be exposed to HIV. ▪ Some people need to take PrEP only during certain times in their lives, while others have an ongoing need to use PrEP. ▪ If you decide to start oral PrEP or the PrEP ring, you should come back every three months for a follow-up visit,.

Topic	Key Messages
	▪ If you decide to start CAB-LA injectable PrEP, you should come back in a month for a follow-up visit and then return every two months after that. ▪ If you decide to start LEN injectable PrEP, you should come back every 6 months for a follow-up visit.
PrEP and alcohol or other recreational drugs	▪ Taking PrEP while you are using alcohol or other recreational drugs will not harm you. ▪ However, alcohol or other recreational drugs may make it challenging to use PrEP correctly, such as by causing you to miss a dose of oral PrEP, so plan to continue using PrEP effectively if you use alcohol or other substances. Or choose a PrEP method that does not need to be taken daily, such as an injectable option. ▪ We can talk about planning together if that would be helpful.
PrEP and other medications	**Oral PrEP** ▪ Oral PrEP can be taken with hormonal contraceptives and other medications. ▪ For people AMAB using estradiol-based exogenous hormones, there is some indication that the use of estradiol-based hormones may reduce oral PrEP drug levels; therefore, ED-PrEP is not recommended for this population. ▪ Oral PrEP use does not seem to affect levels of estradiol-based exogenous hormones when they are used together. **The PrEP ring** ▪ The ring can be used with most hormonal contraceptives and barrier methods, including condoms and condom-compatible lubricant. ▪ Using the ring with a diaphragm or another vaginal ring, such as a contraceptive vaginal ring, is not recommended. ▪ There are no known interactions between dapivirine, and the hormones used for gender-affirming hormone therapy. **Injectable PrEP** ▪ Injectable PrEP, both CAB-LA and LEN can be taken with hormonal contraceptives, gender-affirming hormones, and most other medication. ▪ Some medicines are not recommended when taking injectable PrEP (CAB-LA or LEN). ▪ It is important to tell your health provider about all other medicines you are taking, particularly when you use medicines to treat or prevent tuberculosis, medicines for

Topic	Key Messages
	seizures/convulsions, high dose of aspirin. ▪ If you take any of these, your provider will discuss whether your PrEP dose needs adjustment, or whether another injectable or a different PrEP option would be safer for you."
PrEP, pregnancy, and breastfeeding	▪ PrEP does not prevent pregnancy. To avoid unintended pregnancy, use a contraceptive method. ▪ Taking PrEP while you are pregnant or breastfeeding will not harm you or your baby. ▪ Because HIV can be transmitted during pregnancy and breastfeeding, taking PrEP during this time prevents both you and your baby from acquiring HIV. You can use PrEP throughout pregnancy and breastfeeding. ▪ If you are pregnant or breastfeeding, or intend to be, we should discuss which PrEP or other HIV prevention option could work best for you.
	PROVIDER NOTE: If a client is pregnant, link to antenatal care or pregnancy options counseling.
PrEP and STIs	▪ PrEP does not prevent any STIs other than HIV. ▪ To prevent other STIs, use a condom and condom-compatible lubricant correctly whenever you have sex.
Starting and stopping PrEP	▪ For PrEP to be most effective, you must use PrEP as prescribed. ▪ When choosing a PrEP method, it is important to consider which method(s) you can use effectively. ▪ Now, I will tell you about how long you should use PrEP before and after potential HIV exposures, which is different for different methods. ▪ If you choose to start PrEP, it is particularly important to try to avoid potential exposures to HIV until adequate drug levels are achieved; use condoms with condom-compatible lubricant and use sterile and non-shared injection-related materials. **For people assigned female at birth interested in daily oral PrEP or the PrEP ring:** ▪ Your choice between daily oral PrEP or the PrEP ring depends on your potential exposures to HIV, including the types of sex you have, as well as your preferences. ▪ **Oral PrEP** must be taken daily and should be used for at least seven consecutive days before it is considered effective. It must be continued for seven days after the last potential

Topic	Key Messages
	exposure. Taken this way, oral PrEP is effective at preventing HIV during all types of exposures to HIV. Oral PrEP can be taken with or without food. ▪ **The PrEP ring** is also an option for you. You can insert the PrEP ring into the vagina yourself or with help from a provider if you would like. The ring should remain in place for one month without removal and should be replaced with a new ring at the end of the month. The ring must be in place for at least 24 hours before it is considered maximally effective. The ring prevents HIV acquisition only during receptive vaginal sex. The ring can be removed by hand, so you can remove it without help. However, if you would prefer support, you can receive help removing it and there is no need for a speculum or other tools. ▪ When **stopping any PrEP method**, it is important to use another PrEP method or HIV prevention strategy if your need for HIV prevention continues. **For people assigned male at birth interested in oral PrEP (daily or ED-PrEP):** ▪ Your choice between daily oral PrEP or ED-PrEP depends upon your potential exposures to HIV, including the frequency and predictability with which you have sex, as well as your preferences. ▪ ED-PrEP may be more appropriate if you find it more effective and convenient, have infrequent sex (for example, less than two times per week on average), and are able to plan for sex at least two hours in advance or delay sex for at least two hours. ▪ You may wish to transition between daily and ED-PrEP use according to your circumstances. ▪ Oral PrEP can be taken with or without food. ▪ **To start daily oral PrEP**, take a loading dose of two tablets at PrEP initiation and delay sex for at least two hours, ideally closer to 24 hours, at which time drug levels will be maximally effective to prevent HIV acquisition from sexual exposures. Continue taking one tablet of oral PrEP at the same time daily. For injection-related exposures, you will need to take one tablet daily for seven days prior to exposure for drug levels to be maximally effective. To discontinue, continue one tablet of oral PrEP daily until two days after the last potential

Topic	Key Messages
	sexual exposure or seven days after the last potential injection-related exposure, whichever is longer. ▪ **To start ED-PrEP**, take a loading dose of two tablets two to 24 hours before having sex, ideally closer to 24 hours, at which time drug levels will be maximally effective to prevent HIV acquisition from sexual exposures. Continue taking one tablet daily at the same time you took the loading dose until two days after the last potential sexual exposure. This process should be repeated for each period of potential sexual exposure to HIV. ▪ When **stopping any PrEP method**, it is important to use another PrEP method or HIV prevention strategy if your need for HIV prevention continues. **For people interested in CAB-LA injectable PrEP:** ▪ **CAB-LA** is injected into the buttocks. The first two injections are one month apart, followed by injections every two months thereafter. CAB-LA starts protecting you about a week after the first injection. ▪ **When stopping CAB-LA,** the medication will stay in the body at levels effective for preventing HIV acquisition for at least two months after your last injection, but then levels decline and may not prevent HIV acquisition. At these reduced levels, if you get HIV, you may develop drug resistance, meaning that medicines used to treat HIV may be less effective or not work at all. This period where drug resistance is possible is called the "tail period." To prevent HIV drug resistance during the tail period, it is important for you to use an effective HIV prevention strategy if you might be exposed to HIV. **For people interested in LEN injectable PrEP:** ▪ LEN is given as an injection just under the skin, usually in your tummy (abdomen) or thigh. When you start, you will receive 2 injections and need to swallow 2 tablets. You will also receive 2 tablets to swallow at home the following day. LEN will start protecting you within one day from completing the initiation regimen. After you have completed your initiation regimen, you need to come back every 6 months. ▪ If you know in advance that you will miss your scheduled injection (for example due to travel or other commitments), talk to your healthcare provider so you can discuss the options

Topic	Key Messages
	to ensure you stay fully protected. ▪ **When stopping LEN,** the medication will stay in the body at levels effective for preventing HIV acquisition for at least six months after your last injection, but then levels decline and may not prevent HIV acquisition. At these reduced levels, if you get HIV, you may develop drug resistance, meaning that medicines used to treat HIV may be less effective or not work at all. This period where drug resistance is possible is called the "tail period." To prevent HIV drug resistance during the tail period, it is important for you to use an effective HIV prevention strategy if you might be exposed to HIV.
Side effects	**Oral PrEP** ▪ Approximately 10 percent of people using **oral PrEP** may experience side effects. Those who do will typically experience only mild side effects, including: - Gastrointestinal symptoms (diarrhea and nausea, decreased appetite, abdominal cramping, and flatulence) - Dizziness - Headaches ▪ Most of those side effects disappear within one month. However, I can help you manage them. **PrEP ring** ▪ Those who have side effects while using the ring typically experience only mild side effects, including: - Urinary tract infections (UTIs) – experienced by about 15% of users) - Vaginal discharge (experienced by about 7% of users) - Vulvar itching - Pelvic and lower abdominal pain (experienced by about 6% of users) ▪ Contact your provider if you experience any urinary or reproductive tract changes, as these could be a sign of an STI or UTI needing treatment. **Injectable PrEP (CAB-LA and LEN)** ▪ Side effects with CAB-LA or LEN are not common but some people who initiate CAB-LA or LEN may experience: - Headache - Dizziness

Topic	Key Messages
	- Nausea/diarrhea - Feeling fatigue or feverish - Localized pain or swelling, redness/bruising at the injection site ▪ Some people may also experience depressive disorders while using CAB-LA, although these are uncommon. If you experience changes in how you are feeling emotionally, let me know so we can discuss how to get you the support you need. ▪ Side effects are more common during the earlier injections and decrease over time.
Switching between HIV prevention options	▪ It is okay to start one PrEP method now and decide later that you want to use another PrEP method or another HIV prevention strategy. Many people switch between methods as their needs change. I am here to help you make the best decision for you. ▪ Some additional strategies to prevent HIV include: - Using condoms and condom-compatible lubricant consistently - Accessing PEP as early as possible, ideally within 72 hours of a potential exposure to HIV - Having other types of sex that come with little or no likelihood of HIV acquisition (such as oral sex or mutual masturbation) - Receiving screening, diagnosis, and treatment for other STIs - Receiving voluntary medical male circumcision - Reducing your number of sexual partners - Accessing drug harm reduction and treatment services - If you have a partner living with HIV, ensuring they have been on effective ART for at least six months, have an undetectable viral load, and remain adherent to ART if not consistently using condoms and condom-compatible lubricant
PROVIDER: It is likely that the client will have enough information now to make an informed choice about whether they want to use a PrEP method or not and, if so, which one. You can ask the client which method they prefer, if any, and what outstanding questions they may have, and then continue with the key messages.	
Follow-up	▪ It is important that you attend follow-up visits for the following

Topic	Key Messages
visits	reasons: - To get support on effective use and managing side effects and to address other concerns you may have. - To verify your HIV status and, if positive, be referred for ART. Between now and your next visit, if you experience sore throat, fever, sweats, swollen glands, mouth ulcers, rash, or muscle aches, please contact me or come back here for a follow-up visit. - To reduce your likelihood of drug resistance if you have acquired HIV ▪ Do you have any upcoming travel, or do you anticipate any other challenges with returning for regular visits that we can discuss and maybe I can help you plan for?
Discontinuing PrEP use	▪ As we already discussed, PrEP use is typically not for life. ▪ How long you use PrEP may vary, and you may start and stop PrEP depending on potential HIV exposures during different periods of your life, including changes in your relationships or behaviors. ▪ If you want to stop PrEP use indefinitely, it would be helpful to us both if you let me know. ▪ If you decide to restart PrEP later, you can always come back, and we can discuss the next steps.
	PROVIDER NOTE: Be sure to inform clients about any post-exposure use of PrEP that is needed for their chosen method to effectively stop PrEP use. Encourage ongoing links to appropriate HIV prevention and contraceptive services, as well as the use of other HIV prevention strategies, as needed. Clients with hepatitis B who are using oral PrEP should be referred to relevant management/treatment services because stopping oral PrEP may have implications for the management of hepatitis B.
Partner disclosure	People have different reasons for sharing or not sharing their PrEP use with their partner(s). Generally, individuals who can disclose their PrEP use with their partners can use it more effectively. If you would like, we can discuss your thoughts on sharing or not sharing your PrEP use together. If you choose not to tell your partner, we can also discuss your plan if your partner happens to learn about your PrEP use.
	PROVIDER NOTE: Assess client's experience of gender-based violence (GBV), including intimate partner violence (IPV). If the

Topic	Key Messages
	client discloses that they have experienced or are at risk of GBV, including IPV, provide first-line support and make referrals as appropriate. Discuss how violence and fear of violence affect their potential HIV exposures and prevention behaviors and discuss ways they can stay safe and protect themselves in the context of their relationship(s). Although the ring may be an option for clients concerned about IPV due to its discreet nature, clients who wish to keep their ring use private from their sexual partner(s) should be counseled on the possibility that a partner may feel the ring during sex and be assisted with a plan to implement should this occur. *Clients experiencing GBV or IPV should not be prohibited from receiving the ring if they can effectively use it.*
FOR CLIENTS WHO CHOOSE ORAL PrEP	
Supporting effective use	▪ During instances or periods of potential exposure to HIV, some people find it easy to remember to take their oral PrEP when they integrate it into a daily routine and take it the same time each day. For example, you could take oral PrEP (or consider taking oral PrEP if using ED-PrEP) when you brush your teeth (either in the morning or evening), or when watching a favorite TV show or listening to a favorite radio program. It is helpful to pair taking oral PrEP with a routine that makes you feel good. *What challenges do you anticipate with taking oral PrEP as prescribed that I can work with you to find solutions for? (Providers should explore and emphasize effective use and pill-taking reminders specific to everyone. This may be an appropriate time to explore gender and intimate partner violence.)*
FOR CLIENTS WHO CHOOSE DAILY ORAL PrEP	
Missed daily oral PrEP dose	▪ If you forget to take a tablet or miss a dose, take it as soon as you remember. For example, if you usually take oral PrEP in the morning but realize at 10 p.m. or the next day that you forgot, it is okay to take your tablet then and resume your usual schedule the following morning. ▪ If you forget more than once a week, come back here or contact someone here and we can discuss what to do.
FOR CLIENTS WHO MAY USE ED-PrEP	
Delayed ED-PrEP loading dose	▪ If it is less than two hours before you plan to have sex, take the loading dose, and try to delay sex until two hours after the loading dose. ▪ However, if you do NOT take the loading dose at least two

Topic	Key Messages
	hours before sex and cannot delay sex you could: ▪ Use a condom and condom-compatible lubricant. ▪ Have other types of sex that come with little or no likelihood of HIV acquisition (such as oral sex or mutual masturbation). ▪ If you have sex before two hours and do not use a condom, you may be a candidate for a 28-day course of PEP, depending upon other factors (per the national guidelines).
Missed ED-PrEP dose(s)	If you miss an ED-PrEP dose (loading or post-sex), you may be a candidate for a 28-day course of PEP per the national guidelines.
	PROVIDER NOTE: Because the timing and type of the sexual event will vary for each client in relation to the timing of the missed dose(s), such cases will require individual adjudication and best clinical judgment.
Switching between ED-PrEP and daily PrEP	▪ Because the frequency and predictability of sex may vary over time, the best PrEP dosing option for you may also vary over time. ▪ **To transition from ED-PrEP to daily oral PrEP:** You should continue taking PrEP every day after your last exposure. You should continue this daily dosing until sex becomes less frequent or more predictable again, or for as long as you prefer the daily dosing option. ▪ **To transition from daily oral PrEP to ED-PrEP:** You should stop daily dosing two days after the last potential exposure and then start following the ED-PrEP regimen until sex becomes more frequent or less predictable.
Dosing scenarios	▪ It is very important for you to try to take the follow-up doses around the same time of day you took the loading dose. ▪ For ED-PrEP to be effective, take PrEP according to the dosing schedule prescribed. Let's walk through some common scenarios together.
	PROVIDER NOTE: Walk through basic regimen with client (2+1+1). Provide client with information, education, and counseling (IEC) materials showing different scenarios for ED-PrEP use (see *Oral PrEP Use* above)
FOR CLIENTS WHO CHOOSE THE RING	
Supporting effective use	▪ The ring is designed to be in place for a full month without being removed. However, if you decide to remove the ring, it is important to clean it and insert it again as soon as possible. ▪ The ring can be reinserted after removal until the 28-day

Topic	Key Messages
	period has expired, though levels of dapivirine drop quickly after ring removal and therefore removal is not recommended during the window of use. ▪ Because levels of dapivirine drop quickly after ring removal, the need for other HIV prevention measures should be reinforced until the ring is reinserted. If the ring is removed for a longer period, it should be cleaned prior to reinsertion. ▪ Once reinserted, the ring must be in place for at least 24 hours for maximum protection. ▪ Since it needs to be changed monthly, it could be helpful to set a reminder in your phone if you have one or to record it somewhere else where you look frequently to help you remember when it is time to replace your ring with a new one.
	PROVIDER NOTE: Walk through insertion and removal instructions with the client (see *PrEP Ring Use* above) *What challenges do you anticipate with using the ring as prescribed that I can work with you to find solutions for? (Providers should explore and emphasize effective use and ring replacement reminders specific to everyone. This may be an appropriate time to explore gender and intimate partner violence.)*
Cleaning the ring	▪ The ring does not need to be removed and cleaned for any reason. ▪ However, if desired, it is acceptable to remove the ring, rinse it in clean water only, and then reinsert it immediately.
Ring reinsertion	▪ Although it is unlikely, it is possible that the ring may fall out. If this happens in a clean location, the ring should be rinsed in clean water and reinserted. ▪ If the ring falls out in a dirty location, the ring should be replaced with a new ring.
Ring use during sex	▪ The ring does not interfere with sexual intercourse and should be worn during sex. ▪ It can be used with condoms (internal and external) and condom-compatible lubricant. ▪ Although it is unlikely, it is possible that your partner may feel the ring during sex. If this happens, you may need to confirm ring placement, as it may mean that the ring should be pushed further into the vagina. ▪ The ring does not cause harm to your partner, but it does not prevent your partner from acquiring HIV.
The ring and menses	▪ The ring should be worn for one month, including during menses, to be most effective.

Topic	Key Messages
	▪ The ring does not cover the cervix and does not interrupt the flow of menstrual fluids. ▪ There are no safety concerns related to the use of tampons, menstrual pads, menstrual cups, or other menstrual hygiene products while using the ring. ▪ If using a tampon, be careful not to accidentally remove the ring when removing the tampon. ▪ Although it is unlikely, it is possible that the ring may fall out. ▪ If this happens in a clean location, the ring should be rinsed in clean water and reinserted. ▪ If the ring falls out in a dirty location, the ring should be replaced with a new ring.
Sharing the ring	▪ The ring should not be shared with others. ▪ If other people you know are interested in using the ring, they can come to the nearest health care facility.
The ring and douching	▪ It is possible that flushing the vagina with water to clean it (or any form of douching) may dilute the concentration of dapivirine in the vagina. ▪ Douching is not recommended at any time, including while using the ring, because it may have a negative impact on the health of the vagina.
Ring storage	▪ Store rings in their original packaging in a cool, dry place, away from children and direct sunlight, and secured from any pets or animals. ▪ The ring does not need to be refrigerated and can be safely stored at or around 25°C or 77°F for up to five years.
Ring disposal	Used rings can be placed inside the original wrapper provided with the ring or wrapped in tissue or toilet paper and disposed of in a trash bin out of reach of children. If you prefer, you can return your used ring to your health care provider/service provision point.
FOR CLIENTS WHO CHOOSE CAB-LA INJECTABLE PrEP	
Missed CAB-LA injection(s)	If you miss an injection visit, it is important to contact your health care provider immediately and schedule an appointment for the missed injection as soon as possible. If keeping to the injection schedule is not working for you, we can discuss changing to a different PrEP method or HIV prevention strategy.
Switching from CAB PrEP to other PrEP methods	It is okay to stop CAB PrEP and switch to another PrEP method. Depending on the method you would like to switch to, we can discuss the best way to switch safely and effectively.

Topic	Key Messages
Stopping CAB PrEP and the "tail period"	When you stop getting CAB PrEP injections, the drug cabotegravir can remain in your body for about a year, but not at high enough levels to prevent HIV. At these levels, if you acquire HIV, you may develop drug resistance, meaning that medicines used to treat HIV may be less effective or not work at all. This period when HIV drug resistance is possible is called the "tail period." If you decide to stop your CAB PrEP injections, we should talk about transitioning you to another PrEP method or another HIV prevention strategy during the tail period for as long as exposure to HIV is possible.
FOR CLIENTS WHO CHOOSE LEN INJECTABLE PrEP	
Missed LEN PrEP injection(s)	If you miss an injection visit, it is important to contact your health care provider immediately and schedule an appointment for the missed injection as soon as possible. If keeping to the injection schedule is not working for you, we can discuss changing to a different PrEP method or HIV prevention strategy.
Switching from LEN to other PrEP methods	It is okay to stop LEN and switch to another PrEP method. Depending on the method you would like to switch to, we can discuss the best way to switch safely and effectively.
Stopping LEN and the "tail period"	When you stop getting LEN injections, the drug lenacapavir can remain in your body for about a year, but not at high enough levels to prevent HIV. At these levels, if you acquire HIV, you may develop drug resistance, meaning that some medicines used to treat HIV may be less effective or not work at all. Because LEN is not used in Eswatini for treatment, this should not be a major concern. This period when HIV drug resistance is possible is called the "tail period." If you decide to stop your LEN injections, we should talk about transitioning you to another PrEP method or another HIV prevention strategy during the tail period for as long as exposure to HIV is possible.

Annex 5: Mental Health and Alcohol Abuse Screening Tools

Patient Health Questionnaire (PHQ 9)

Patient name: _____ Date: _____
Date of birth: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems? Please circle your answers.

PHQ-9	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things.	0	1	2	3
2. Feeling down, depressed or hopeless.	0	1	2	3
3. Trouble falling or staying asleep or sleeping too much.	0	1	2	3
4. Feeling tired or having little energy.	0	1	2	3
5. Poor appetite or overeating.	0	1	2	3
6. Feeling bad about yourself-or that you are a failure or have let yourself or your family down.	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television.	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite- being so fidgety or restless that you have been moving around a lot more than usual.	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way.	0	1	2	3
Add the score for each of the columns.				

Total score (add your column scores): _____

If you checked of any problems, how difficult have these been made it for you to do your work, take care of things at home, or get along with other people? (Circle one).

Not difficult at all Somewhat difficult Very difficult Extremely difficult

PHQ-9 Score	Depression Severity	Proposed treatment Actions
0 – 4	None- minimal	None
5 – 9	Mild	Watchful waiting; repeat PHQ-9 at follow- up
10 – 14	Moderate	Treatment plan, considering counseling, follow-up and/or pharmacotherapy.
15 – 19	Moderately Severe	Active treatment with pharmacotherapy and/or psychotherapy.
20 - 27	Severe	Immediate initiation of pharmacotherapy and, If severe impairment of poor response to therapy, expedited referral to a mental health specialist for psychotherapy and/or collaborative management.

Annex 6: Management of PrEP side-effects

Injection Site Reaction Management (with CAB-LA and LEN)

Mild	Advice clients to use a warm or cold compress, depending on what works best with the symptoms they experience and what is available.
Moderate	Prescribe pain medication or non-steroidal anti-inflammatory drugs (NSAIDs), which may be taken before as well as after injections to minimize pain and swelling (if there is no contra-indication).
Severe	If severe signs/symptoms or fluctuant abscess is present and does not drain spontaneously, refer for appropriate care, which may include incision and drainage and antibiotics.

Headache/Dizziness Management (with oral PrEP, CAB-LA and LEN)

Mild	Reassure the client this is common and will improve with time.
Moderate	Suggest non-prescription pain medication or NSAIDs, provided there is no contra-indication for use in the client.
Severe	Consider alternative diagnosis and refer for care

Feeling fatigue or feverish (with oral PrEP, CAB-LA and LEN)

Mild	Reassure the client this is common and will improve with time.
Moderate	Suggest symptomatic treatment with a non-prescription antipyretic.
Severe	Refer for further evaluation

Nausea/diarrhea management (with oral PrEP, CAB-LA and LEN)

Mild	Reassure the client this is common and will improve with time.
Moderate	Provide symptomatic treatment (anti-emetics or anti-diarrheal).
Severe	Check liver function test, consider alternative diagnosis, and refer for further evaluation.

Annex 7: Management of PrEP adverse reactions

Adverse reactions are very rare with any PrEP products. Clients should be advised to return to the clinic immediately if they have any signs/symptoms of hypersensitivity, including prolonged vomiting, shortness of breath, fever and/or severe generalized rash (blistering, sores in the mouth)

Assessment	Management
Hypersensitivity reactions (with clients using oral PrEP, CAB-LA or LEN)	
▪ Assess signs and symptoms including severe generalized rash (blistering, sores in the mouth), fever, swelling, angioedema or difficulty in breathing. ▪ Monitor vital signs	▪ If hypersensitivity reaction is suspected, no further PrEP should be administered. ▪ Give an antihistamine and refer for further evaluation. ▪ Assess other medication use.
Hepatotoxicity (with clients using CAB-LA)	
▪ Assess signs/symptoms including nausea, vomiting and jaundice. ▪ Ask about recent alcohol consumption (types and volume) as well as recent symptoms of illness and infection.	▪ If there is jaundice or suspected hepatotoxicity, stop CAB-LA injections while the client is evaluated. ▪ Take liver function test and consider additional testing based on clinical concern (e.g. acute viral hepatitis).
Depression (clients using CAB-LA)	
▪ Obtain detailed history and evaluation. ▪ Ask about a history of depressed mood or clinical depression, and document accordingly, prior to treatment with CAB-LA. ▪ Screen for other possible contributory factors, including use of alcohol or other drugs, financial or family stressors, grief or loss, and domestic violence.	▪ If the client reports new onset of depression with no prior history of depression, or significantly worsening depression since starting CAB-LA, stop CAB-LA injections while referring for diagnosis and treatment of depression. ▪ Consider another PrEP method while client is evaluated for depression. ▪ If it is not clear that the depressive symptoms are related to CAB-LA use (e.g. prior history of major depressive disorder or significant stressors, such as death or financial stress that are a more likely cause), consider continuing CAB-LA while referring for diagnosis and treatment of depression.

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