

PrEP Facts

There is an exciting development in HIV prevention that puts another tool in the hands of HIV-negative people. It's called pre-exposure prophylaxis (PrEP), and we think you should know about it!

Use this brochure to learn more about PrEP and figure out whether this HIV prevention strategy may be useful for you or someone you know. Those who are at higher risk of HIV exposure include gay and bisexual men, people who inject drugs, and transgender women.

If you determine PrEP is right for you, this brochure can serve double duty with helpful information to show your medical provider to ensure they're just as informed as you are. For more information, visit PrEPfacts.org.

What is PrEP?

PrEP is an HIV prevention strategy in which HIV-negative people take anti-HIV medications before coming into contact with HIV to reduce their risk of becoming infected.

PrEP protects against HIV infection much like a malaria pill protects against malaria or a birth control pill protects against pregnancy.

PrEP is different from post-exposure prophylaxis (PEP). PEP is taken within 72 hours *after* HIV exposure and involves a month-long course of anti-HIV medications. If PrEP protects against HIV infection like the birth control pill for pregnancy, think of PEP like the morning-after pill.

PrEP does not protect against other sexually transmitted infections (STIs) or pregnancy and is not a cure for HIV.

Medications & Effectiveness

The EMA approved Emtricitabin/TenofovirDF for PrEP in October 2016. The medication has been used as part of combination therapy to treat HIV-positive people since 2004.

Emtricitabin/TenofovirDF combines two anti-HIV medications—Viread (tenofovir disoproxil fumarate or TDF) and Emtriva (emtricitabine or FTC)—into one pill. A prescription consists of 1 pill daily. A 30- to 90-day supply is usually prescribed at a time.

The EMA reviewed the results of several clinical studies, including iPrEX, which followed nearly 2,500, sexually active, HIV-negative gay and bi men and trans women for nearly two years. Participants were assigned to take either Emtricitabin/TenofovirDF for PrEP or a sugar pill (placebo). All received safer sex counseling, condoms, and regular HIV and STI testing.

Results showed that people who took Emtricitabin/TenofovirDF every day reduced their HIV risk by more than 90%.

It is important to take Emtricitabin/TenofovirDF consistently every day. It is not meant to be used sporadically or only before or only after sex. When starting, it takes up to seven days of taking daily Emtricitabin/TenofovirDF for PrEP to reach high levels of HIV protection. If a daily dose is missed, the level of HIV protection may decrease.

How Does PrEP Work?

Emtricitabin/TenofovirDF for PrEP works by blocking an enzyme called HIV reverse transcriptase. This prevents HIV from making more copies of itself and establishing infection in the body.

Emtricitabin/TenofovirDF for PrEP is taken once a day as an oral pill. It can be taken with or without food. It's helpful to take it at the same time every day to establish a regular routine and ensure doses are not missed. Maximum protection comes from taking the pill every day.

Side Effects

There is the possibility of experiencing mild nausea, headaches, or weight loss for the first 4–8 weeks of taking Emtricitabin/TenofovirDF for PrEP. For most people in studies, these side effects went away on their own after the first few days or weeks of treatment or when medication was stopped.

More serious side effects, related to kidney and bone mineral density issues, are rare. Some people can have mild increases in serum creatinine (an indicator of kidney health) while on Emtricitabin/TenofovirDF. Blood tests for creatinine monitoring will be ordered by your doctor. If present, both kidney and bone mineral density issues go away once the drug is stopped.

By the Numbers:

- **1 in 10 will have nausea**
- **1 in 100 will experience decreasing bone mineral density issues**
- **1 in 200 will have kidney problems**

Emtricitabin/TenofovirDF for PrEP is not known to interact with alcohol or recreational drugs, most medications for depression, hormonal birth control, or hormonal therapy, and is not known to have sexual performance side effects.

There is significant data on the safety of Emtricitabin/TenofovirDF for HIV- positive people and it is deemed safe for long-term use. Long-term side effects on HIV-negative people are unknown. Safety for infants exposed to Emtricitabin/TenofovirDF for PrEP during pregnancy or breastfeeding has not yet been determined.

Drug Resistance

Before you begin using Emtricitabin/TenofovirDF for PrEP, it is essential to ensure that you are HIV-negative by getting an HIV test before starting the drug. It's important to specifically test for HIV antibodies as well as testing for very recent or acute HIV infection. Depending on the type of testing available where you access PrEP, there may be a delay in your being prescribed PrEP. You will also need to be tested for HIV regularly while taking the drug.

Emtricitabin/TenofovirDF for PrEP is not sufficient on its own for treating HIV; if you are infected with HIV and take PrEP, or if you take PrEP inconsistently and become infected, the virus could become resistant to the two drugs in the Emtricitabin/TenofovirDF pill. This may limit your options for HIV treatment.

If you are found to be HIV-positive, your doctor will tell you to stop taking Emtricitabin/TenofovirDF for PrEP to avoid drug resistance. To note, if you are also infected with hepatitis B virus (HBV) and stop taking Emtricitabin/TenofovirDF for PrEP, your hepatitis may suddenly get worse. You will need to work with your doctor to monitor your health.

Should Condoms Still Be Worn?

Condoms have been and continue to be an effective tool in reducing HIV risk. They are also the only tool that protects against both HIV and certain STIs and prevents pregnancy when used correctly and consistently.

For people who do not use condoms every time they have sex, PrEP provides an effective layer of protection against HIV. The choice to use PrEP, like the choice to use condoms, is a personal decision. The important thing is to find an HIV prevention strategy that fits your needs and meets your sexual health goals.

How Long Can I Take PrEP?

Emtricitabin/TenofovirDF for PrEP can be discontinued whenever the protection it offers is no longer necessary.

PrEP may make sense for you at different points in your life—for example, when you are in a relationship with a partner who is HIV-positive, when you are having sex without condoms with partners who may have HIV, or if you are in a situation in which you can't negotiate condom use with a partner.

If your risk for HIV or your preferences change, you might consider other HIV prevention strategies. It's important to consult your doctor when stopping or starting Emtricitabin/TenofovirDF for PrEP.

Who Should Consider PrEP?

If you are HIV-negative and can answer “yes” to any of the questions below, Emtricitabin/TenofovirDF for PrEP might be an HIV prevention strategy to consider:

- Do you use condoms sometimes or not at all?
- Have you had STIs in your butt in the past 6 months?
- Have you had STIs in your vagina in the past 6 months?

- Do you bottom?
- Have you taken post-exposure prophylaxis (PEP) in the past year?
- Are you in a relationship with an HIV-positive partner?
- Are you having anal and/or vaginal sex with more than one partner and use condoms sometimes or not at all?
- Are you having sex with someone whose HIV status you don't know?
- Are you potentially exposed to HIV through injection drug use?
- Have you used stimulants, poppers, cocaine, meth, ecstasy, or GHB in the last 3–6 months?
- If you are a woman, are you trying to safely have a child with an HIV-positive partner?

What Does Taking Emtricitabin/TenofovirDF for PrEP involve?

Taking Emtricitabin/TenofovirDF for PrEP is more than just taking a pill every day; it also means frequent medical provider visits.

If you're considering taking Emtricitabin/TenofovirDF for PrEP, the following checklist can serve as a guide to help you and your medical provider discuss and understand what is involved, and to decide together if this will be a useful HIV prevention strategy for you.

Before Starting

- Talk about why you're interested in taking Emtricitabin/TenofovirDF for PrEP.
- Review potential side effects, HIV risk reduction practices, and the importance of adherence (*taking the pill consistently*).
- Take an HIV test.
- Test for hepatitis B.
- Test for kidney health.
- Test for STIs like syphilis, gonorrhea, and chlamydia.
- If applicable, discuss whether you are pregnant or planning to become pregnant, or breastfeeding.

Every 1–3 Months

- Review potential side effects, HIV risk reduction practices, and the importance of adherence.
- Re-test for HIV.
- Re-test for changes in kidney health.
- Talk about any STI symptoms. (*Re-test every 3–6 months even if no symptoms are present.*)
- If applicable, test for pregnancy.

Stopping PrEP

- Stopping PrEP includes testing for HIV and choosing an alternative HIV prevention strategy. If possible, you should continue Emtricitabin/TenofovirDF for 4 weeks after your last significant exposure to HIV.
- Emtricitabin/TenofovirDF must be discontinued following a positive HIV test result.
- If you test HIV-positive, it is important to get into care for HIV as soon as possible.
- If you test HIV-positive and also have hepatitis B, your hepatitis may suddenly get worse when you stop PrEP. Work with your doctor to monitor your health.

How often you meet for testing and monitoring is a decision best made between you and your medical provider. There may be more visits in the beginning for side effects and adherence monitoring, but less frequently after the first few months.

For your health and safety, it is essential that you start Emtricitabin/TenofovirDF for PrEP with a medical provider and not share HIV medications with HIV-positive or HIV-negative friends.

Cost & Availability

- You will need to visit a specialized health center that provides PrEP-service.
- Emtricitabin/TenofovirDF for PrEP is available by prescription from doctors
- You will need to talk with a medical provider about your sexual health when you ask for Emtricitabin/TenofovirDF for PrEP.
- In Germany the general health insurance covers the cost of Emtricitabin/TenofovirDF for PrEP as well as the concomitant lab tests
- If you have no health insurance, please ask for the individual costs for the lab tests. The price for one month of Emtricitabin/TenofovirDF in Germany is approximately 50€.

References & Resources

Information about PrEP

- PrEPfacts.org
- projectinform.org/prep
- prepwatch.org
- myprepexperience.blogspot.com
- frontiersla.com/mylifeonprep
- whatisprep.org

CDC Interim PrEP Guidance for Providers cdc.gov/hiv/prevention/research/prep/

Heterosexuals: cdc.gov/mmwr/preview/mmwrhtml/mm6131a2.htm

Men who have sex with men: cdc.gov/mmwr/preview/mmwrhtml/mm6003a1.htm

Injection drug users: cdc.gov/mmwr/preview/mmwrhtml/mm6223a2.htm

New York State's PrEP Guidance: hivguidelines.org/prep

Who We Are

This project is a collaboration of San Francisco AIDS Foundation, San Francisco Department of Public Health, Project Inform, Be The Generation Bridge, and other local health agencies, community-based providers, and PrEP advocates, with support from Gilead Sciences.

If you have feedback about this brochure, please email us at feedback@sfaf.org. *PrepFacts*.

The brochure was adapted to german guidelines and regulations by Dr. Daniel Beer, PZB Aachen in 02/2020.