SYM14: Bridging the gap: the epidemiology and strategic implementation of pre-exposure prophylaxis (PrEP) in HIV prevention

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(ORAL) PRE-EXPOSURE PROPHYLAXIS

- A pill you take to prevent HIV (taken 7 days before and after exposure) combination of tenofovir disoproxil and emtricitabine (TDF/FTC).
- Oral PrEP is **not a stand-alone** intervention.
- Patients only take PrEP during "increased seasons of risk".
- One can "cycle on and off PrEP"(start and stop) depending on one's current risk.

Other approved PrEP methods:

- Injectable PrEP (CAB-LA), taken every 2-months
- Dapivirine vaginal rings (DVR)





WHO recommends 3 PrEP products

Oral PrEP containing tenofovir disoproxil fumarate (TDF) (2015)

Oral pre-exposure prophylaxis (PrEP) containing TDF should be offered as an additional prevention choice for people at substantial risk^a of HIV infection as part of combination HIV prevention approaches (strong recommendation, high certainty evidence).

*See Box 3.2 for reflections on the definition of substantial risk of HIV infection.

Source: Guidelines: updated recommendations on HIV prevention, infant diagnosis, antiretroviral initiation and monitoring (12).

Dapivirine vaginal ring (DVR) (2021)

The dapivirine vaginal ring may be offered as an additional prevention choice for women^a at substantial risk of HIV infection as part of combination prevention approaches (conditional recommendation, moderate-certainty evidence).

*For the recommendation on the dapivirine vaginal ring, the term women applies to cisgender women, meaning women assigned female at birth. There is no research at this time to support the dapivirine vaginal ring for other populations.

Source: Guidelines: updated recommendations on HIV prevention, infant diagnosis, antiretroviral initiation and monitoring (12).

Long-acting injectable cabotegravir (CAB-LA) (2022)

Long-acting injectable cabotegravir may be offered as an additional prevention choice for people at substantial risk of HIV infection, as part of combination prevention approaches (conditional recommendation; moderate certainty of evidence). All recommendations refer to people/women at substantial risk of HIV (no restrictions regarding specific populations)

Technical brief on PrEP during pregnancy and breastfeeding (2017)

PREVENTING HIV DURING PREGNANCY AND BREASTFEEDING IN THE CONTEXT OF PREP

ECHNICAL BRIEF

World Health

PrEP could complement established HIV prevention strategies for pregnant and breastfeeding women as part of a comprehensive package to reduce HIV infections among women and transmission from mothers to infants in settings with high HIV incidence.

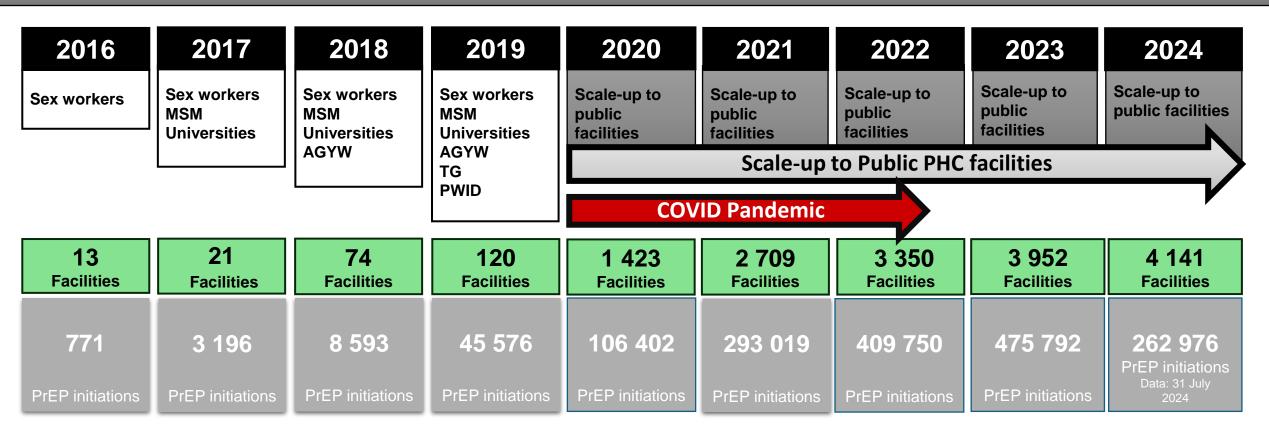
The existing safety data support the use of PrEP in pregnant and breastfeeding women who are at continuing substantial risk of HIV infection.



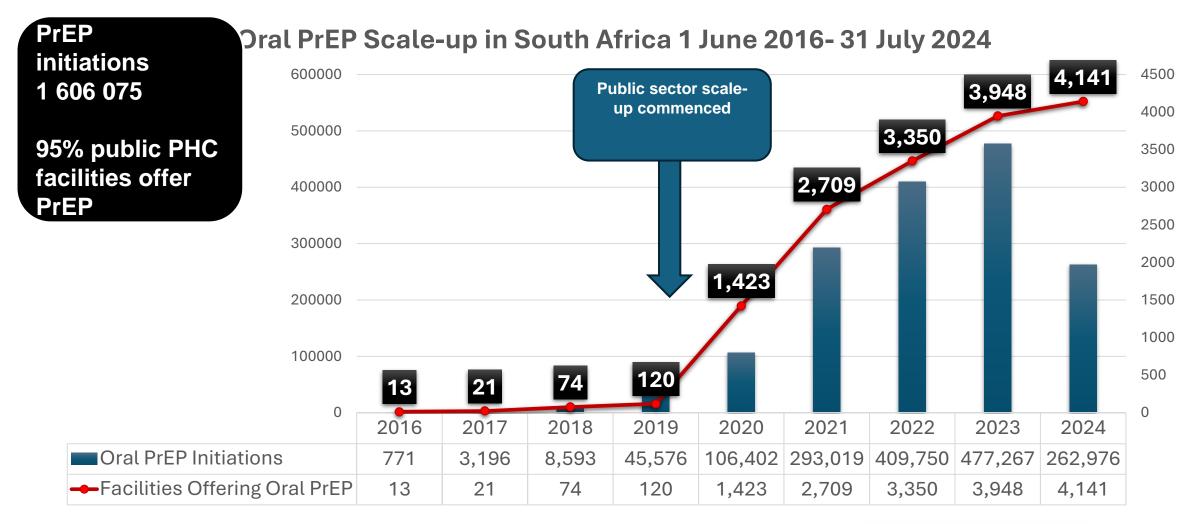
Slide courtesy of Robin Schaefer, WHO



Since 2016, 1 606 075 individuals were initiated on oral PrEP in South Africa

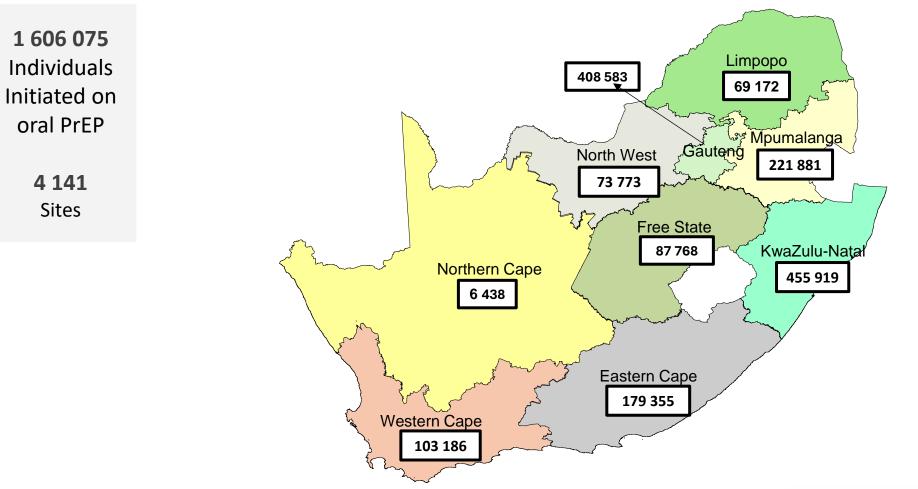






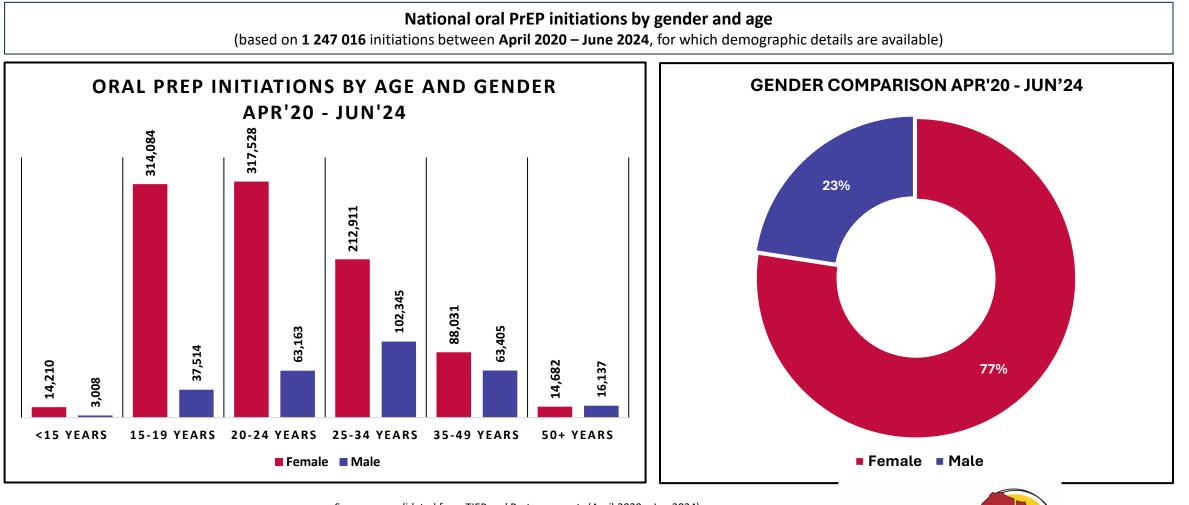


Total Oral PrEP Initiations: Provincial Distribution (June 2016 – July 2024)



Source: Consolidated from DHIS, TIER and implementing partner reports.





Source: consolidated from TIER and Partner reports (April 2020 – Jun 2024).



Bridging the gap: the epidemiology and strategic implementation of pre-exposure prophylaxis (PrEP) in HIV prevention: Speakers & Topics

1. Evaluating PrEP during pregnancy and postpartum in a high-risk setting

Kalisha Bheemraj, University of Cape Town, South Africa

2. Unravelling the Complexities of Monitoring Different PrEP Methods

Nthabiseng Koloane, Wits RHI, University of the Witwatersrand, South Africa

3. An implementation science project to evaluate uptake, coverage and effectiveness of a youthfocused, decentralized district-wide PrEP program

Keitumetse Lebelo, Desmond Tutu HIV Foundation, South Africa

