



Please note that protective levels of TDF/3TC in the vagina take longer to establish, compared with levels in the rectum, and vaginal levels drop off rapidly after stopping the PrEP. Therefore adherence, although important for both genders, is especially so for women.

Dosing



- TDF 600 plus 3TC/FTC 300 mg daily, ideally starting a week prior to intended high-risk sexual encounter, and continuing for one month after the last high risk encounter.
- Preventative tissue levels of the drugs are achieved within 4 days for rectal mucosa and 7 days for penile and vaginal epithelium. If a high risk encounter occurs before the tissue levels have been achieved, it is recommended that PEP, instead of PrEP, is taken for the next 28 days. (See PEP guidelines later in this chapter.)

Monitoring for side effects of PrEP

Tenofovir is well known for its potential renal toxicity. In addition, nausea, cramps and headache are known side effects. The latter are, however, mild and usually disappear after the first few weeks.

3TC and FTC have only very rare side effects, so there is no need to inform the patient of anything, nor monitor anything specific.

Recommendation for monitoring: Creatinine level should be checked at baseline, then every 3 months for the first year, then annually thereafter.

Table 8.1 PrEP monitoring summary

Timing	Test/intervention
Baseline	HIV rapid test
	Creatinine
	HBsAg RDT
	Counselling and linkage to other healthcare services
Months 3, 6, 9 and 12	HIV rapid test
	Creatinine
	Counselling and linkage to other healthcare services
Ongoing three monthly as long as PrEP is being used	HIV rapid test
	Counselling and linkage to other healthcare services
Annually	Creatinine