

HIV PREVENTION LEARNING COMMUNITY



Bimonthly Newsletter

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August Newsletter

WHAT'S IN A NAME?

What is the difference between **PrEP on-demand** and **same-day PrEP**?

Same-day PrEP is exactly what it sounds like - providing PrEP to patients on the same day that they request it. This is endorsed by the CDC (find guidelines [here](#) on p. 35!).

PrEP on-demand is also known as PrEP 2-1-1, event-based PrEP, vacation PrEP, and more. PrEP on-demand refers to a dosing strategy where certain patients are able to take PrEP (only TDF/FTC) around the time of a sexual encounter or during 'riskier' periods. CDC discusses this in the [guidelines](#) (p. 55).

JULY LC RECAP

In July, the LC focused on **Choosing Daily vs. On-Demand PrEP**. The majority of clinics in attendance did not yet offer PrEP on-demand. Hopefully, Dr. Carnevale's presentation provided some food for thought!

Some of the areas of discussion included:

1. Patient evaluation for on-demand PrEP
2. Patient education
3. Benefits of PrEP on-demand

Offering PrEP on-demand provides more **PrEP choice**, something we discussed at the May LC as a factor in addressing PrEP retention.

Interested in offering PrEP on-demand at your clinic? We would love to help!



RESOURCES

- [July LC Slides](#)
- [PrEP on-demand patient resource](#)
- [CDC: HMPXV Information for Providers](#)
- [CDC: HMPXV FAQs for Clinicians](#)
- [CDC: Reducing Stigma](#)
- [HMPXV Webinar: 7/11/22](#)

What's next?

NEXT MONTH'S LC

Details:

- September 27th at 12-1pm EST
- Topic: Express STI Care

Reminder!

- Goal of LC is to have a discussion where clinics can learn from each other
- All participants keep cameras on. Need a webcam? Let us know!
- All participants contribute to the discussion
- 2-4 individuals per site participating



FREQUENTLY ASKED QUESTIONS

Q: How is Human Monkeypox Virus (HMPXV) presenting during this outbreak?

A: During the 2022 HMPXV outbreak the disease is not following its classic course. It is occurring primarily among men who have sex with men, likely due to shared sexual networks. While it classically starts as a viral prodrome (fevers, chills, muscle aches, swollen lymph nodes), in this outbreak those symptoms may or may not be present. Most patients continue to have a rash; during this outbreak, however, the rash is often starting in the genital and peri-anal areas.

Q: How do you test for HMPXV?

A: Healthcare staff should collect two swabs from each lesion for testing, using sterile synthetic swabs (not cotton). Lesions should be swabbed vigorously; it is not necessary to de-roof the lesion first. Two to three lesions should be sufficient, preferably from different locations on the body or from lesions which differ in appearance. [Find CDC protocols here.](#)

Q: If someone has a rash and tests positive for an STI, can I safely assume they do not have HMPXV?

A: No. We are seeing a large number of patients with HMPXV co-infected with HIV, syphilis, gonorrhea, and chlamydia. HMPXV can present similarly as many of these STIs (with a rash, proctitis, and more), so co-infection cannot be discounted.

Have a clinical question? Check out the clinical consultation line: www.stdccn.org