HIV Pre-Exposure Prophylaxis (PrEP) – New Zealand Guideline Summary

Dr Paul Tervit

Topic	Recommendation (NZ)	Clinical Pearls / Pitfalls
What is PrEP?	Daily or event-driven HIV pre-exposure prophylaxis using **tenofovir disoproxil fumarate 245 mg + emtricitabine 200 mg (TDF/FTC)** to prevent HIV acquisition.	Reduces sexual HIV transmission by **>99%** when taken correctly. Does **not** prevent other STIs.
Who should be offered PrEP?	Anyone at substantial risk of HIV acquisition, including: MSM with condomless anal sex, recent bacterial STI, HIV-positive partner not durably virally suppressed, multiple partners, chemsex, transactional sex, some transgender people, people who inject drugs (individualised assessment).	PrEP should be discussed routinely with MSM attending STI clinics or primary care.
Contraindications	Confirmed HIV infection, suspected acute HIV seroconversion, eGFR <60 mL/min/1.73 m² (generally), hypersensitivity.	Never start PrEP before excluding acute HIV infection. Starting PrEP during undiagnosed HIV can select resistant virus.
Baseline investigations	• HIV Ag/Ab test (4th generation)• HIV RNA if symptoms suggest acute HIV• eGFR/creatinine• Hepatitis B serology (HBsAg, anti-HBs ± anti-HBc)• Hepatitis C testing where indicated• Syphilis serology• Three-site GC/CT NAAT (urine, throat, rectum as appropriate)• Pregnancy test if applicable	HBV status is essential because TDF/FTC suppresses HBV. Stopping PrEP in chronic HBV can cause hepatitis flare.
Daily dosing	**1 tablet once daily**	Preferred regimen for most patients. Suitable for vaginal exposure, transgender women, people with HBV, and those with unpredictable sexual activity.
Event-driven PrEP (2-1-1)	**Only recommended for cisgender MSM (and some people assigned male at birth not taking oestrogen therapy).** Take:• 2 tablets 2–24 hours before sex• 1 tablet 24 hours later• 1 tablet 48 hours after first dose	Not recommended for vaginal sex, injecting drug use, chronic HBV or pregnancy. Requires good planning.
Starting protection	Receptive anal sex: approximately **7 days** of daily dosing before maximal protection. Vaginal exposure requires approximately **21 days** of daily dosing.	Important when counselling patients commencing daily PrEP.
Monitoring (every 3 months)	• HIV test before repeat prescription• STI screen• Assess adherence• Side effects• Risk assessment	Never prescribe repeat PrEP without confirming HIV-negative status.
Renal monitoring	eGFR at baseline, at 3 months, then every 6–12 months depending on age and renal risk factors.	More frequent monitoring in age >40 years, hypertension, diabetes or CKD risk.
Hepatitis B	Screen all patients. Vaccinate susceptible patients. Chronic HBV is **not** a contraindication to PrEP but requires careful management if stopping therapy.	Avoid event-driven PrEP in chronic HBV because intermittent therapy may precipitate hepatitis flares.
Common adverse effects	Mild nausea, headache, GI upset during first few weeks. Small reductions in renal function and bone mineral density may occur.	Usually transient. Significant nephrotoxicity is uncommon in healthy individuals.
Drug interactions	Few significant interactions. Use caution with nephrotoxic medications (e.g. NSAIDs, aminoglycosides).	Recreational drugs do not interact pharmacologically with PrEP but may reduce adherence.

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Missed doses (daily PrEP)	Occasional missed doses have minimal effect in MSM, but adherence should be encouraged.	Protection falls with prolonged interruptions. Restart according to exposure timing.
Stopping PrEP	Continue daily PrEP for **2 days after the last episode of anal sex** (longer for vaginal exposure—generally 7 days).	Reassess ongoing HIV risk before discontinuing.
If HIV exposure occurred before PrEP started or after poor adherence	Assess urgently for **HIV post-exposure prophylaxis (PEP)** if within 72 hours.	PEP and PrEP are different interventions. Patients completing PEP should usually transition directly to PrEP if ongoing risk exists.

Event-Driven (2-1-1) PrEP

Timing	Dose
2–24 hours before sex	**2 tablets**
24 hours after first dose	**1 tablet**
48 hours after first dose	**1 tablet**
If sexual activity continues	Continue **1 tablet daily** until **2 days after the last sexual exposure**

Follow-up Schedule

Time	Assessment
Baseline	HIV, renal function, HBV, HCV (if indicated), STI screen, pregnancy test (if applicable), counselling
1 month (optional)	Adherence, adverse effects, questions
3 months	HIV test, STI screen, adherence, renal review if indicated
Every 3 months thereafter	HIV testing, STI screening, risk assessment, adherence review
Every 6–12 months	Renal function (frequency based on age and CKD risk)

Counselling Points

Topic	Advice
HIV prevention	PrEP is highly effective against HIV when taken correctly but does **not** prevent gonorrhoea, chlamydia, syphilis or mpox.
Condoms	Continue to discuss condoms as part of combination prevention, particularly for reducing bacterial STIs.
STI screening	Regular three-site STI testing remains important even when taking PrEP.
Vaccination	Assess and offer **hepatitis A**, **hepatitis B**, **HPV**, and **mpox** vaccination where indicated.
Acute HIV symptoms	Fever, rash, lymphadenopathy, sore throat or myalgia after a recent exposure should prompt urgent HIV testing before continuing or restarting PrEP.
U=U	For patients with an HIV-positive partner who is on effective antiretroviral therapy with a sustained undetectable viral load, explain that **Undetectable = Untransmittable (U=U)**, while individual decisions about PrEP should still be based on the overall clinical context and patient preference.