

MANITOBA HIV PROGRAM

HIV PREVENTION

GUIDELINES

Support your patients to reduce their risk of HIV with the following prevention strategies:

Routine testing for HIV and other sexually transmitted and blood born infections (STBBIs)

Regular HIV-STBBI testing facilitates early diagnosis and treatment of HIV and other STBBI's, thus preventing onward transmission. Regular screening for STBBIs is an important component of HIV prevention, as untreated STBBIs are independently associated with an increased risk of acquiring and transmitting HIV.

Know the HIV-STBBI status of all patients in your care. For more information refer to the:

- [Manitoba HIV Program HIV Testing Guidelines](#)
- [Canadian Guidelines on Sexually Transmitted Infections¹](#)

Consistent and correct use of internal and external condoms

Harm reduction for people who inject drugs (PWID), including:

- Using new needles, syringes and other drug use equipment
- Opioid agonist therapy (OAT) if indicated

Refer patients to [Street Connections](#) for access to supplies, condoms and testing across Manitoba: www.streetconnections.ca/service_map.php

Pre-exposure prophylaxis (PrEP)²

PrEP is the use of certain antiretroviral medications for people who are HIV negative. It is an evidence-based way to prevent new infections among those at higher, ongoing risk for HIV.

Eligibility Criteria for PrEP³

Individuals who are current Manitoba residents registered for health coverage, or have Interim Federal Health Coverage, are HIV negative, and meet the following criteria are eligible to access coverage for HIV PrEP:

Men who have sex with men (MSM), transgender women and gender diverse people

- Condomless anal sex within the last six months and any of the following:
 - Infectious syphilis or bacterial sexually transmitted infection (STI) in the past 12 months
 - Use of non-occupational HIV post-exposure prophylaxis (nPEP) more than once
 - Ongoing sexual relationship with HIV positive partner(s) with *substantial risk of transmissible HIV**
 - HIV Infection Risk Index for MSM[±] (HIRI-MSM) risk score ≥ 11

Heterosexual people

- HIV negative with ongoing exposure to HIV positive partner(s) involving condomless vaginal or anal sex, where the HIV positive partner(s) has a *substantial risk of having transmissible HIV**
- HIV negative in similar situations where the HIV positive partner(s) has a *low but non-negligible risk of transmissible HIV**

People who inject drugs (PWID)

- Ongoing sharing of injection drug use paraphernalia with a person with a *non-negligible risk of HIV infection**
 - The ARCH-IDU Risk Index is a screening tool that can be used to help clinicians stratify risk of acquiring HIV among PWID. Refer to Alberta HIV Pre-Exposure Prophylaxis (PrEP) Guidelines, Appendix C: [ARCH-IDU Risk Scoring Sheet⁴](#)
 - PrEP is not indicated for those in a monogamous relationship with a single partner with *no or negligible risk of having transmissible HIV**
 - Consult an HIV specialist for people with hepatitis B infection and people who are pregnant or breastfeeding

For more information on eligibility for coverage, refer to the [Eligibility Criteria and Clinical Guidance for the Manitoba HIV Pre-Exposure Prophylaxis Program, Manitoba Health & Seniors Care.](#)³

*Risk categories for transmissible HIV

Substantial

- HIV positive and viral load (VL) >40 copies/mL
- HIV status unknown, but from a population with high HIV prevalence compared to the general population (ie. MSM, PWID)

Low

- HIV positive and believed to have a VL <40 copies/mL with concomitant STBBI present at the time of exposure

Negligible or none

- Confirmed HIV negative
- HIV positive with confirmed VL <40 copies/mL and no known STBBI present at time of exposure
- HIV status unknown, and not from a population with high HIV prevalence compared to the general population (ie. MSM, PWID)
- General population

± HIV Infection Risk Index for MSM⁵

Question:	Response	Score
1. How old are you today?	< 18 years	0
	18–28 years	8
	29–40 years	5
	41–48 years	2
	≥ 49 years	0
2. How many men have you had sex with in the last 6 months?	> 10 men	7
	6–10 men	4
	0–5 men	0
3. How many of your male sex partners were HIV positive?	> 1 positive partner	8
	1 positive partner	4
	< 1 positive partner	0
4. In the last 6 months, how many times did you have receptive anal sex (you were the bottom) with a man without a condom?	≥ 1 times	10
	0 times	0
5. In the last 6 months, how many times did you have insertive anal sex (you were the top) with a man who was HIV positive?	5 or more times	6
	0–4 times	0
6. In the last 6 months, have you used methamphetamines such as crystal or speed?	Yes	5
	No	0
7. In the last 6 months, have you used poppers (amyl nitrate)?	Yes	3
	No	0
Total Score:		

Discuss the benefits and risks of PrEP with eligible patients

Benefits	Risks
Daily PrEP using tenofovir disoproxil fumarate (TDF)/ Emtricitabine (FTC) is highly effective at reducing the risk of HIV acquisition when it is used consistently and correctly.	Antiretroviral drug resistance may develop if a person initiates or continues PrEP when they are already HIV seropositive.
PrEP medications are safe and side effects are rare	The most common side effects of initiating PrEP may include nausea, vomiting, diarrhea, headache and dizziness. More serious, longer term side effects may include: <ul style="list-style-type: none"> – Decrease in bone mineral density that appears reversible on PrEP discontinuation – Decrease in kidney function that generally resolves on discontinuation

Baseline evaluation and follow-up monitoring for PrEP

Primary care providers initiating PrEP should see patients at baseline, 30 days after initiating PrEP, and every three months thereafter. Automatic refills should not be provided for more than three months at a time.

	Baseline	At 30 days	Every 3 months	Every 12 months
Clinical assessments				
Confirm patient is eligible for PrEP	✓	✓	✓	
Evaluate for signs and symptoms of acute HIV infection (fever, sore throat, rash, fatigue, muscle aches and headache). Delay initiation of PrEP for symptomatic patients and repeat HIV testing in 7-21 days to confirm HIV negative prior to first initiating PrEP.	✓	✓	✓	
Assess for and counsel on HIV and STBBI prevention strategies, syndemic conditions (depression, substance use, violence, sexual stigma, homelessness, incarceration), drug toxicities and PrEP adherence	✓	✓	✓	
Consider and discuss the risks and benefits of PrEP for patients with low bone mass or osteoporosis. Dual-energy X-ray absorptiometry (DXA) to measure bone mineral density is not recommended unless otherwise indicated.	✓			
Laboratory assessments				
Confirm patient is HIV negative using a 4 th generation HIV test (available at Cadham Provincial Lab) prior to initiating PrEP	✓	✓	✓	
Screen for Hepatitis A (hepatitis A IgG) and vaccinate if susceptible	✓			
Screen for Hepatitis B (surface antigen, surface antibody, core antibody) and vaccinate if susceptible	✓			✓
Screen for Hepatitis C (total antibody if previously HCV negative; HCV RNA if previously HCV antibody positive)	✓			✓
Screen for syphilis	✓		✓	
Screen for gonorrhoea and chlamydia (urine NAAT). Determine if additional anatomic testing sites needed (e.g. throat, rectal swabs) based on type of sexual activity reported.	✓		✓	
Complete blood count	✓			
Screen for kidney disease	Urinalysis	✓		
	Creatinine (eGFR should be > than 60 mL/min)	✓	✓	✓
Screen for pregnancy in people of child-bearing years	✓		✓	

Regimens

- Tenofovir disoproxil fumarate (TDF) 300 mg/Emtricitabine (FTC) 200 mg, one tablet once daily, OR
- Alternative for MSM (not eligible for coverage by Pharmacare): Tenofovir disoproxil fumarate (TDF) 300 mg/Emtricitabine (FTC) 200 mg administered “on demand” (two pills taken together two to 24 hours before first sexual exposure, followed by one pill daily until 48 hours after last sexual encounter)

For coverage under Pharmacare or EIA, prescribers must write “meets part 2 EDS” on patient prescriptions.

Cessation of PrEP

PrEP should be discontinued:

- Immediately if the patient has a positive HIV test. HIV positive patients should be referred to the Manitoba HIV Program.
 - Electively if PrEP is no longer indicated for a minimum of two days and up to a maximum of 28 days after the last HIV exposure. Perform HIV test upon discontinuation, and again four to six weeks after discontinuing PrEP.
- Assess whether there is an ongoing need for Hepatitis B treatment, as the medications in PrEP are active against Hepatitis B. Hepatitis B flares should be monitored for in people with Hepatitis B who are not on any other hepatitis B therapies.
 - A person who wishes to resume PrEP after discontinuing it should undergo the same assessments as a person being newly-prescribed PrEP.

Expand PrEP use in Manitoba and help prevent HIV. Primary care providers can:

- Contact the Manitoba HIV Program for support:
 - For general questions about PrEP, call the Manitoba HIV Program at 1-866-449-0165.
 - To consult the pharmacists for patient specific questions about PrEP using BASE eConsult. Contact the Digital Health service desk to register for eConsult: servicedesk@sharedhealthmb.ca

Postexposure prophylaxis (PEP)²

PEP is the use of antiretroviral medications for 28 days, and is initiated within 72 hours after potential exposure to HIV. PEP is covered by Pharmacare in Manitoba for patients who meet the eligibility criteria.

Refer patients to urgent care or emergency if they are HIV negative and present no later than 72 hours after a potential exposure to HIV.

For more information, refer to the [Postexposure Prophylaxis for HIV, HBV and HCV: Integrated Protocol for Managing Exposures to Blood and Body Fluids in Manitoba, Manitoba Health & Seniors Care](#)⁶

Antiretroviral therapy (ART) for HIV positive patients

All patients who have been diagnosed with HIV should begin ART as soon as possible after diagnosis. People living with HIV who take treatment and maintain an undetectable viral load cannot sexually transmit the virus. Reinforce to patients living with HIV in your care: *When HIV is undetectable, it is untransmittable (U = U)*.

Prevention of mother-to-child transmission (PMTCT)

For women who are HIV positive, not pregnant and of child bearing years. Primary care providers should counsel patients on contraception.

For pregnant women who are HIV negative. Primary care providers should:

- Offer HIV testing as part of all STBBI testing to pregnant women at their first prenatal visit, in the third trimester, and at delivery.
- Urgently refer pregnant women who test positive for HIV to the Manitoba HIV Program and pediatric infectious diseases.

For pregnant women who are HIV positive. Primary care providers should:

- Refer to pediatric infectious diseases and to the Manitoba HIV Program if the patient is not already being followed by the program.
- Reassure patients that transmission of HIV from mother to child is less than 1% with interventions facilitated by the Manitoba HIV Program. These include antiretroviral prophylaxis during pregnancy, delivery, and to infants after birth. Caesarean section may also be considered as part of a comprehensive prevention strategy.

Any patient diagnosed with HIV should be referred by the healthcare provider receiving the test results to the Manitoba HIV Program. [Refer patients using the program's referral line or referral form.](#)

For more information on PrEP and nPEP, refer to the [Canadian guideline on HIV pre-exposure prophylaxis and nonoccupational postexposure prophylaxis](#)²

References: <https://mbHIV.ca/guidelines>



MANITOBA
HIV PROGRAM

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