HSE interim guidance on Doxycycline as Prophylaxis for Sexually Transmitted Infections, July 2024

Background and context:

In Ireland, as in many other countries sexually transmitted infections (STIs) notification rates continue to rise, particularly affecting gay, bisexual and other men who have sex with men (gbMSM) and young people.

With the introduction of the World Health Organization (WHO) targets for STIs in July 2022[1], there is renewed focus on STIs. The WHO has published Global Health Sector Strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022-2030 (GHSS). The targets for 2030 are very ambitious and include a 90% reduction in the number of new cases of syphilis and gonorrhoea as well as 50% reduction in the number of new cases of chlamydia and trichomoniasis by 2030. Their aim is to eliminate STIs as a significant public health problem by 2030.

Concerted efforts are needed to respond to increases and reverse the trends in STIs, taking a combination approach which includes supporting people in achieving good sexual health, delivery of condoms at scale, good access to testing, treatment, partner notification and investment in services.

Doxycycline taken as Post-Exposure Prophylaxis (doxyPEP) following sexual exposure has been shown to reduce incident syphilis and chlamydia in three randomised controlled trials amongst gbMSM and transgender women (TGW)[2,3,4]. One of these studies also showed a reduction in incident gonorrhoea infections[4]. The absence of this effect in the other studies is likely related to background tetracycline resistance in gonorrhoea isolates in the settings where these studies were conducted. One study in heterosexual women did not find a benefit in incident STI reduction, most likely related to poor adherence to doxyPEP amongst participants[5]. The impact on incident bacterial STIs when doxyPEP is taken in heterosexual women is biologically plausible.

There remain unanswered questions about doxyPEP use particularly in relation to the impact of this intervention on: 1) antimicrobial resistance in bacterial STIs and other organisms (for example *Staph aureus*); 2) the host microbiome; 3) host immunological response to infections and impact on STI diagnostics, particularly syphilis serology. Further information on the important considerations around doxyPEP is available in a recent literature review published in 2023[6].

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[1] Global health sector strategies on, respectively, HIV, viral hepatitis and sexually transmitted infections for the period 2022-2030, July 2022. https://www.who.int/publications/i/item/9789240053779

[2] Molina JM et al. ANRS IPERGAY Study Group. Post-exposure prophylaxis with doxycycline to prevent sexually transmitted infections in men who have sex with men: an open-label randomised substudy of the ANRS IPERGAY trial. Lancet Infect Dis. 2018 Mar;18(3):308-317. doi: 10.1016/S1473-3099(17)30725-9. Epub 2017 Dec 8. PMID: 29229440.

[3] Molina JM et al. ANRS 174 DOXYVAC: an open-label randomized trial to prevent STIs in MSM on PrEP. In Conference on Retroviruses and Opportunistic Infections (CROI) 2023 Feb 19 (pp. 19-22).

[4] Luetkemeyer AF et al. Postexposure Doxycycline to Prevent Bacterial Sexually Transmitted Infections. N Engl J Med. 2023 Apr 6;388(14):1296-1306. doi: 10.1056/NEJMoa2211934. PMID: 37018493; PMCID: PMC10140182.

[5] Stewart J et al. Doxycycline Prophylaxis to Prevent Sexually Transmitted Infections in Women. N Engl J Med. 2023 Dec 21;389(25):2331-2340. doi: 10.1056/NEJMoa2304007. PMID: 38118022; PMCID: PMC10805625

[6] F Yuh Shiong Kong, C Kenyon, M Unemo. Important considerations regarding the widespread use of doxycycline chemoprophylaxis against sexually transmitted infections. Journal of Antimicrobial Chemotherapy, Volume 78, Issue 7, July 2023, Pages 1561–1568, https://doi.org/10.1093/jac/dkad129J Antimicrob Chemother https://doi.org/10.1093/jac/dkad129

Around the world countries have developed position statements[7,8] in response to emerging data, whilst the CDC have issued guidelines in June 2024[9]. A summary of recommendations from a range of international settings is set out in Appendix 1. At this time doxyPEP is not standard of care in the majority of settings. This is likely to change in the near future as evidence emerges and, in Ireland will be kept under active review. In the meantime, the gbMSM community is increasingly aware of doxyPEP with anecdotal reports from clinicians and the community in Ireland of self-sourcing of doxyPEP.

The British Association for Sexual Health and HIV (BASHH) has convened a guideline development group on doxyPEP. The HSE (via the Clinical Lead in Sexual Health) is participating in the British Association for Sexual Health and HIV (BASHH) doxyPEP guideline development group. These guidelines are expected to be completed by Q4 2024. It is expected that these guidelines will make recommendations in favour of using doxyPEP in specific circumstances. Once published, the BASHH guidelines will be considered in Ireland. Formal implementation of doxyPEP recommendations in Ireland will require careful consideration and resourcing to ensure that implementation is safe and effective.

The purpose of this document is to set out interim recommendations for healthcare professionals whilst the BASHH guidelines are being developed and until such time that they are considered for implementation in Ireland. In parallel information resources for the public, in particular gbMSM and TGW are in development.

This document was developed by a short lifetime working group, see Appendix 2 for membership, and has been reviewed by the HSE Antimicrobial Resistance and Infection Control General Practitioner Team and Consultants at the network of public STI, HIV and PrEP services. The document has been signed off by the National Clinical Advisory Group Lead in Primary Care.

[7] Australian consensus statement on doxycycline post-exposure prophylaxis (doxy-PEP) for the prevention of syphilis, chlamydia and gonorrhoea among gay, bisexual and other men who have sex with men. Med J Aust. 2024 Mar 13. doi: 10.5694/mja2.52258.

[8] BASHH position statement on doxycycline as prophylaxis for sexually transmitted infections (2021 update), https://www.bashh.org/resources/guidelines

[9] CDC Clinical Guidelines on the Use of Doxycycline Postexposure Prophylaxis for Bacterial Sexually Transmitted Infection Prevention, United States, 2024 https://www.cdc.gov/mmwr/volumes/73/rr/rr7302a1.htm#:~:text=Administration%20and%20Dosage,200%20mg%20every%2024%20hours

Recommendations:

- Inform doxyPEP users and any service user enquiring about doxyPEP that there is no evidence to support the use of antibiotics other than doxycycline to prevent STIs;
- Inform doxyPEP users and any service user enquiring about doxyPEP of the potential harms associated with self-sourcing medicines (HPRA);
- Inform doxyPEP users and any service user enquiring about doxyPEP of the known and unknown impacts of doxyPEP use on antimicrobial resistance in STIs and other off target bacteria;
- Inform doxyPEP users and any service user enquiring about doxyPEP of the unknown impact of doxyPEP use on the host microbiome;
- doxyPEP prescribing outside consultant led STI clinics or outside the setting of a doxyPEP study is not recommended;
- Within consultant led STI clinics it may be appropriate to offer doxyPEP to individuals on a case by case basis in a shared decision making process. The decision to offer doxyPEP and provide doxyPEP to individuals is at the discretion of lead consultants in STI clinics.
- When doxyPEP is being prescribed, ensure that individuals have a follow up appointment for STI testing, treatment as needed and assessment of ongoing need for doxyPEP. A 3 to 6 month timeframe is recommended but should be tailored to individual need. Interval testing can be done via the home STI testing service.
- Ensure that treatment and management of incident bacterial STIs is in line with national treatment guidelines;
- Ensure that incident gonorrhoea cases have culture and sensitivity undertaken from the site of infection prior to treatment;
- Inform doxyPEP users of the correct dosing schedule and signpost to information resources;
- Inform doxyPEP users of risk for photosensitivity reaction with doxycycline exposure;
- doxyPEP users should be advised to present early if they develop symptoms of an STI despite taking doxyPEP;
- doxyPEP users should be offered other available STI prevention interventions including condoms, sexual lubricant, vaccination as appropriate to their needs;
- doxyPEP users should be offered HIV prevention tools, including PrEP, PEPSE, TasP, and condoms as appropriate to their needs;
- Document doxyPEP use where it is identified to inform any future implementation;
- Where a consultant led STI clinic does offer and provide doxyPEP, local protocols and pathways based on the recommendations set out above should be developed.

Appendix 1. International Response to doxyPEP data (some predate publication of most recent studies).

1. CDC published guidelines June 2024 [9]

BOX 1. CDC recommendations for use of doxycycline as postexposure prophylaxis for bacterial sexually transmitted infections prevention	
Recommendation*	**Strength of recommendation and quality of evidence**
Providers should counsel all gay, bisexual, and other men who have sex with men (MSM) and transgender women (TGW) with a history of at least one bacterial sexually transmitted infection (STI) (specifically, syphilis, chlamydia or gonorrhea) during the past 12 months about the benefits and harms of using doxycycline (any formulation) 200 mg once within 72 hours (not to exceed 200 mg per 24 hours) of oral, vaginal, or anal sex and should offer doxycycline postexposure prophylaxis (doxyPEP) through shared decision-making. Ongoing need for doxy PEP should be assessed every 3–6 months.	A1 High-quality evidence supports this strong recommendation to counsel MSM and TGW and offer doxyPEP.
No recommendation can be given at this time on the use of doxy PEP for cisgender women, cisgender heterosexual men, transgender men, and other queer and nonbinary persons.	Evidence is insufficient to assess the balance of benefits and harms of the use of doxyPEP

*Although not directly assessed in the trials included in these guidelines, doxyPEP could be discussed with MSM and TGW who have not had a bacterial STI diagnosed during the previous year but will be participating in sexual activities that are known to increase likelihood of exposure to STIs.

BOX 2. Considerations for ancillary clinical services to provide to persons receiving doxycycline postexposure prophylaxis for the prevention of syphilis, chlamydia, and gonorrhea
At initial postexposure prophylaxis (PEP) visit

• Screen and treat as indicated for sexually transmitted infections (STIs) (obtain nucleic acid amplification test for gonorrhea and chlamydia at anatomic sites of exposure and serologic testing for syphilis). For persons without HIV infection receiving HIV pre-exposure prophylaxis (PrEP), screen per CDC HIV PrEP guidelines (https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf). For persons without HIV infection not receiving HIV PrEP, consider screening for HIV infection every 3–6 months.
• Counsel on use of prevention strategies including condom use, consideration of reducing the number of partners, and accessing HIV PEP, PrEP or HIV treatment as indicated.
• Counseling should include:
  ○ A discussion of the benefits and potential harms of doxycycline PEP including known side effects such as photosensitivity, esophagitis and esophageal discomfort, gastrointestinal intolerance (nausea, vomiting, and diarrhea), and the potential for the development of antimicrobial resistance in other pathogens and commensal organisms and changes in the microbiome and the unknown long-term effects that might cause.
  ○ Guidance on actions to take to mitigate potential side effects including taking doxycycline on a full stomach with a full glass of liquid and avoiding lying down for 1 hour after taking doxycycline to prevent esophagitis.
  ○ The need to take doxycycline exactly as individually prescribed and only for its intended purpose. Patients should not take more than 200 mg of doxycycline per 24 hours; doses should be taken as soon after sex as possible, but no later than 72 hours.
  ○ Counsel on potential drug interactions including the importance of separating the doxycycline dose by at least 2 hours from dairy products, antacids, and supplements

that contain calcium, iron, magnesium, or sodium bicarbonate. No clinically relevant interactions between doxycycline and gender-affirming hormonal therapy are likely. • Because doxycycline interacts with other drugs, providers should review patient's medication list, including over the counter medications, to assess for possible drug interactions. • Provide enough doses of doxycycline to last until the next follow-up visit, based on individual behavioral assessment through shared-decision making.
At follow-up visits
• Screen for gonorrhea and chlamydia at anatomic sites of exposure and syphilis every 3–6 months per CDC STI treatment guidelines recommendations for screening men who have sex with men and transgender women • For persons without HIV receiving HIV PrEP, screen per CDC HIV PrEP guidelines (https://www.cdc.gov/hiv/pdf/risk/prep/cdc-hiv-prep-guidelines-2021.pdf). For persons without HIV infection not receiving HIV PrEP, consider screening for STIs and HIV infection every 3–6 months. Assess for the need for HIV PEP and encourage the use of HIV PrEP. • Confirm or encourage linkage to HIV care for persons living with HIV infection. • Assess for side effects from doxycycline. • Provide risk reduction counseling and condoms. • Re-assess continued need for doxy PEP. • Provide enough doses of doxycycline until next follow-up visit, based on individual behavioral assessment through shared-decision making.
Additional services to consider
• Screen for hepatitis B and C infection; vaccinate against hepatitis B if susceptible. Administer other vaccines as indicated (mpox, hepatitis A, and human papillomavirus). • Refer for comprehensive primary care, mental health services, substance use treatment, and other services as appropriate.

2. Australian consensus statement on doxycycline post-exposure prophylaxis March 2024 [7]

Recommendations for community and clinicians

Recommendation 1. Doxy-PEP should be considered *primarily* for the prevention of syphilis in GBMSM who are at risk of this STI, although, for some individuals, the reduction in chlamydia and the lesser reduction of gonorrhoea might be important. Four of the listed stakeholders held the view that doxy-PEP should be considered *only* for the prevention of syphilis in GBMSM, for the reasons listed above.

Recommendation 2. Although the evidence for appropriate suitability criteria for commencing doxy-PEP is limited, the following might be appropriate for considering doxy-PEP until further data emerge:

- GBMSM with a recent syphilis diagnosis (eg, within the previous six or 12 months); or
- GBMSM with two or more recent other (ie, not syphilis) bacterial STI diagnoses (eg, within the previous six or 12 months), as a marker for syphilis risk; or
- GBMSM who identify an upcoming period of heightened STI risk (eg, attendance at a sex event, or holiday plans that likely involve sexual activity with multiple casual sex partners);
- GBMSM with concurrent male and cisgender female sex partners or other sex partners with a uterus, recognising the additional health risks posed by chlamydia, gonorrhoea and syphilis for people with a uterus;

- GBMSM who present for HIV PEP can also consider doxy-PEP, although the indications for HIV PEP do not necessarily indicate a need for doxy-PEP.

Recommendation 3. Given that STI risk is often not static, it is recommended to use doxy-PEP for a pre-defined period (eg, three to six months), followed by review of the need for ongoing use.

Recommendation 4. Doxy-PEP users should be assisted to maximise the benefits of doxy-PEP while minimising overall antibiotic consumption. For example, if a doxy-PEP user tends to have multiple sex partners during weekends but few during the week, then a single Monday morning dose of 200 mg doxy-PEP should adequately cover their STI risk, rather than multiple doses over the weekend.

Recommendation 5. In general, it is not recommended to use daily doxycycline as pre-exposure prophylaxis (doxy-PrEP, 100 mg daily), as this often results in greater antibiotic consumption than doxy-PEP and fewer data support the use of doxy-PrEP. However, for some people, doxy-PrEP might be appropriate during periods of frequent (daily) sexual activity that places them at risk of STIs.

Recommendation 6. Other antibiotics (eg, azithromycin) should not be used instead of doxycycline for STI prevention.

Recommendation 7. Doxy-PEP users should continue to undergo STI screening in line with STI testing guidelines for GBMSM, as the ideal STI screening interval for people using doxy-PEP has not yet been determined. Current guidelines recommend screening every three months for chlamydia, gonorrhoea and syphilis for this population, but this recommendation might change. In addition, doxy-PEP users should be encouraged to attend for STI testing whenever they have symptoms.

Recommendation 8. Culture samples must be collected for all gonorrhoea diagnoses prior to administration of antibiotics to treat gonorrhoea, to enable AMR surveillance for *Neisseria gonorrhoeae*.

Recommendation 9. It is recommended to discuss personal and population-level AMR risks with doxy-PEP users. Resources should be made available to assist clinicians to raise AMR issues during these conversations in a manner that is appropriate and sensitive to the patient's needs.

Recommendation 10. HIV infection risk must be assessed and addressed during doxy-PEP use. GBMSM who are HIV-negative must be supported to access effective HIV infection prevention strategies such as HIV PrEP, and GBMSM living with HIV who are not accessing HIV care must be supported to do so.

Recommendations for research, guidelines and policy

Recommendation 1. Formal clinical guidelines need to be developed as more evidence emerges. Guidelines may include suitability criteria, scenarios for prescribing, dosing recommendations, and background information on AMR.

Recommendation 2. Education and support materials should be codesigned by clinicians, researchers, and community to ensure that information is consistent across resources, understanding that GBMSM are likely to be a source of doxy-PEP information for clinicians, and vice versa.

Recommendation 3. Further research is needed to understand community members' and other stakeholders' views of doxy-PEP, including priority populations such as GBMSM, sex workers, and Aboriginal and Torres Strait Islander people.

Recommendation 4. Doxy-PEP education should be incorporated into existing STI resources, including the *Australian STI management guidelines* (https://sti.guidelines.org.au/), decision-making tools, and STI-related training courses, such as HIV PrEP courses.

Recommendation 5. Clear guidance for clinicians should be developed on whether and how to monitor for the emergence of AMR, both in bacterial STIs and in bystander organisms.

Recommendation 6. Molecular tests to monitor AMR should be developed, which could be deployed as reflex tests on all samples positive for *Chlamydia trachomatis* and *N. gonorrhoeae* (and swabs positive for *Treponema pallidum* polymerase chain reaction [PCR]), to comprehensively monitor for the emergence of AMR in STIs and other organisms.

Recommendation 7. Pathology and public health bodies should be appropriately funded to monitor AMR.

Recommendation 8. Clinical and community-controlled HIV organisations should be appropriately funded to develop and maintain up-to-date clinical and other educational resources on doxy-PEP.

Recommendation 9. Concerns about AMR are broader than doxy-PEP and warrant a broad review of STI management in Australia. This review should include revision of optimal STI screening intervals, as frequent STI screening drives up antibiotic consumption and antibiotic prescribing practices for both index patients and their sex partners.

3. California Department of Public Health, April 2023 recommends [10]

Offer doxy-PEP using shared decision-making to all non-pregnant individuals at increased risk for bacterial STIs and to those requesting doxy-PEP, even if these individuals have not been previously diagnosed with an STI or have not disclosed their risk status.

Provide comprehensive preventative sexual health counseling and education to all sexually-active individuals to include HIV/STI screening, doxy-PEP, HIV pre-exposure prophylaxis (PrEP)/HIV post-exposure prophylaxis (PEP), vaccinations (e.g. Hepatitis A/B, Human Papilloma Virus (HPV), Mpox, Meningococcal/MenACWY), expedited partner therapy, and/or contraception where warranted.

4. San Francisco Department of Public Health, October 2022 recommends[11]

Recommend doxy-PEP to cis men and trans women who: 1) have had a bacterial STI in the past year and 2) report condomless anal or oral sexual contact with ≥ 1 cis male or trans female partner in the past year. These were the eligibility criteria used for the DoxyPEP study. Patients with a history of syphilis should be prioritized for doxy-PEP.

Offer doxy-PEP using shared decision making to cis men, trans men and trans women who report having multiple cis male or trans female sex partners in the prior year, even if they have not previously been diagnosed with an STI.

An ongoing randomized controlled trial in Kenya is assessing the safety and efficacy of doxy-PEP in cis women. **At this time, there is insufficient evidence to recommend doxy-PEP for STI prevention**

[10] https://www.cdph.ca.gov/Programs/CID/DCDC/CDPH%20Document%20Library/CDPH-Doxy-PEP-Recommendations-for-Prevention-of-STIs.pdf

[11] https://www.sfcdcp.org/wp-content/uploads/2022/10/Health-Update-Doxycycline-Post-Exposure-Prophylaxis-Reduces-Incidence-of-Sexually-Transmitted-Infections-SFDPH-FINAL-10.20.2022.pdf

for individuals who report receptive vaginal sex. If used in people who are able to become pregnant, pregnancy testing should be conducted as doxycycline use should be avoided during pregnancy.

When initiating doxy-PEP, discuss the following key points with patients:

a. Efficacy:
   i. In persons taking HIV PrEP, doxy-PEP reduced syphilis by 87%, chlamydia by 88% and gonorrhoea by 55%.
   ii. In PLWH, doxy-PEP reduced syphilis by 77%, chlamydia by 74% and gonorrhoea by 57%.
   iii. Efficacy against other bacterial STIs is not known, and doxy-PEP does not prevent HIV, monkeypox (MPX) or other viral infections, for example HPV and HSV.

b. Dosing and prescribing:
   i. 200 mg of doxycycline should be taken ideally within 24 hours but no later than 72 hours after condomless oral, anal or vaginal sex.
   ii. Doxycycline can be taken as often as every day, depending on frequency of sexual activity, but individuals should not take more than 200 mg within a 24 hour period.
   iii. Either doxycycline hyclate delayed release 200 mg (1 tab) OR doxycycline hyclate or monohydrate immediate release 100 mg (2 tabs taken simultaneously) are acceptable.
   iv. Immediate release may be less expensive than delayed release and should be equivalently bioavailable.
   v. For ICD10 diagnosis code, use Z20.2 (Contact with and (suspected) exposure to infections with a predominantly sexual mode of transmission).

c. Counselling messages:
   i. People taking doxycycline should be counselled about possible drug interactions, risk of sun sensitivity, remaining upright for 30 minutes after taking doxycycline to reduce the risk of pill esophagitis, and the rare risk of benign intracranial hypertension and other serious side effects.
   ii. Study data on the impact of doxy-PEP on antibiotic resistance and the gut microbiome are being collected and reviewed.
   iii. Impacts of long-term use of doxy-PEP for STI prevention for individual patients and for population-level rates of antimicrobial resistance are unknown, but doxycycline has been previously used safely for long-term prophylaxis of malaria.

d. Monitoring while taking doxycycline:
   i. Per the doxycycline package insert, LFTs, renal function and a CBC should be checked periodically in patients taking doxycycline for a prolonged period. LFTs and CBCs were monitored in the DoxyPEP study, and there were no laboratory-related severe adverse events. Consider checking these laboratory parameters annually, particularly in individuals with a history of liver disease.

ii. Persons taking doxy-PEP should be screened every three months for gonorrhoea and chlamydia at all anatomic sites of exposure, syphilis, and HIV (if not known to be living with HIV).

iii. If a patient is diagnosed with an STI while using doxy-PEP, they should be treated according to standard CDC STI treatment guidelines.

Recommend a comprehensive package of sexual health services to sexually active cis men and trans people who have sex with cis men or trans people.

a. Counsel patients about HIV PrEP and consider a "2-1-1" dosing regimen or long-acting cabotegravir for patients at risk for sexually acquired HIV who are not interested in taking daily PrEP.

b. Ensure people living with HIV are in care and inform patients that maintaining an undetectable HIV viral load eliminates the risk of transmitting HIV to sexual partners.

c. Screen patients for gonorrhoea and chlamydia using urine, pharyngeal and rectal NAAT testing, and a serologic test for syphilis, every 3 months, regardless of HIV serostatus.

d. Recommend and offer the following vaccines which protect against sexually transmitted or sexually associated infections, according to current local eligibility criteria and ACIP guidance: MPX vaccine (Jynneos), Meningococcal vaccine (MenACWY), Hepatitis A, Hepatitis B and HPV.

5. BASHH statement, November 2021 [7]

Key points:

Doxycycline taken as Pre- or Post-Exposure Prophylaxis for syphilis or chlamydia is not endorsed by BASHH or the UK Health Security Agency (UKHSA).

The use of other antibiotics as prophylaxis for syphilis and chlamydia or to prevent other sexually transmitted infections (STIs) is unlikely to be effective and should be discouraged.

Recognising that many patients are taking doxycycline as prophylaxis for STIs, BASHH and the UKHSA recommend that clinicians inform patients about potential risks and limited benefit. Clinical monitoring for adverse effects and advice should be offered to patients who are using doxycycline as prophylaxis for STIs.

Several clinical studies are currently underway to measure the impact of prophylactic doxycycline on antimicrobial resistance (AMR) at an individual and population level.

Appendix 2. Membership of short life doxyPEP working group and affiliation

Prof Fiona Lyons, Clinical Lead, HSE Sexual Health and Crisis Pregnancy Programme

Dr Eimear Brannigan, Clinical Lead, HSE Antimicrobial Resistance and Infection Control

Dr Eamonn O'Moore, Director, HSE National Health Protection

Dr Derval Igoe, Consultant Public Health Medicine, National Health Protection

Dr Giovanni Villa, Consultant in Genitourinary Medicine, St. James's Hospital, Dublin

Dr Brendan Crowley, Consultant Microbiologist, Director National Gonococcal Reference Laboratory

Appendix 3. Acronym glossary

HIV	Human Immunodeficiency Virus
HPRA	Health Products Regulatory Authority
PEPSE	Post-Exposure Prophylaxis following Sexual Exposure A type of medication that can be taken up to 72 hours after exposure to HIV to prevent HIV infection.
PLWH	People living with HIV
PrEP	Pre-exposure Prophylaxis PrEP is taken by HIV negative people before having sex and after sex, to prevent HIV infection.
STI	Sexually transmitted infection
TasP	Treatment as Prevention TasP refers to taking HIV medication to prevent the onward transmission of HIV.