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Pre-exposure Prophylaxis (PrEP) delivery in the United States includes a system of prevention and support services, a PrEP care system, that contributes to making PrEP available, accessible, and acceptable. To request that a classroom training be scheduled, please submit a training request through the Capacity Building Assistance (CBA) Tracking System (CTS). To register for scheduled classroom sessions or access eLearning modules, please visit CDC TRAIN and access the HIV CBA Learning Group and Training Plan.

PrEP is a medication that users take daily to lower their chances of getting HIV. The Centers for Disease Control and Prevention (CDC) recommends PrEP as an HIV prevention strategy. Taking PrEP medication as prescribed reduces the risk of getting HIV via sexual contact by about 99% and reduces the risk of getting HIV by at least 74% among persons who inject drugs. Two oral medications, emtricitabine and tenofovir disoproxil fumarate (Truvada®) and emtricitabine and tenofovir alafenamide or (Descovy®) are currently approved for daily use as HIV PrEP. Multiple generic formulations of tenofovir disoproxil fumarate/emtricitabine—the equivalent of Truvada—are now available in the United States for HIV prevention with PrEP. In addition to the oral medications already approved, in December 2021, the FDA approved APRETUDE (cabotegravir extended-release injectable suspension), for intramuscular use as HIV PrEP. Health departments, community-based organizations (CBOs), and clinics can form partnerships as part of a comprehensive PrEP Care System to make PrEP available, accessible, and acceptable. A continuum of PrEP care, like the one below*, provides a framework for the steps needed for population health and prevention with PrEP. ↓ Click image to enlarge ↓ The following graphic shows the essential elements and the basic flow of PrEP care in a clinic. PrEP clinical care includes identifying and engaging patients in need of PrEP, conducting necessary exams and lab

tests and prescribing PrEP for the patients, as well as ongoing patient monitoring with follow-up visits and prescriptions—for as long as the patient needs PrEP. Health departments fund, guide, and lead collaborative planning and delivery of health protective measures—like PrEP. A public health model for prevention with PrEP includes national, state, and local levels of public health collaborating with and supporting clinics and nonclinical CBOs to ensure that PrEP is available, accessible, and acceptable. Community-wide education on PrEP happens in a variety of complementary ways, including: Some examples include: There are several community-level interventions that use effective strategies for promoting PrEP. Enhance Provider Knowledge and Support of PrEP Health departments can develop their own PrEP educational materials and provide training for clinicians. Identification, Recruitment and Navigation of People in Need of PrEP Persons at risk for HIV can be identified in clinics, through outreach, community testing, and other community program services and interventions. Integrating PrEP education and referrals into program services is an effective way to promote PrEP to likely candidates. Testing and risk assessment resources Linkage and Navigation Those at risk of HIV often encounter barriers, such as stigma, medical mistrust, and perceived payment barriers, that prevent them from receiving health services. PrEP navigation includes identifying and linking persons in need of PrEP-to-PrEP care, assisting with health insurance, identifying and reducing barriers to care, and tailoring education to the client to influence his or her health-related attitudes and behaviors. This may also include retention—supporting the person to stay on PrEP. CBOs that do not provide clinical services may develop working relationships with PrEP clinicians to facilitate linkage of community members to PrEP services. Clinical programs may also involve staff from CBOs to help to support PrEP patients. Working relationships with behavioral health clinics, substance abuse treatment clinics, and other clinical service providers may be beneficial for providing services to persons in need of PrEP. Clinical/Prescribing PrEP Financing PrEP Jurisdictions may have local funds

and leverage existing patient assistance program resources to establish their own PrEP patient assistance program. Providers may be able to leverage other public health resources such as: PrEP candidates may need assistance with transportation, communication with clinicians, and other services, such as navigating payment coverage. Here are some resources to help with the cost of PrEP: Continuing Education (CE) elearning modules on CDC TRAIN Classroom (or virtual, synchronous learning) on CDC TRAIN PrEP users should be provided all the information and support needed to ensure they take PrEP daily as directed. Health departments can support clinics and CBOs with adherence-related activities by providing PrEP education to clinical providers and providing resources for patients. Compendium of Evidence-Based Interventions and Best Practices for HIV Prevention- PrEP Chapter Continuing Education (CE) eLearning modules on CDC TRAIN Training and Continuing Education Online (TCEO) A comprehensive directory of HIV and other health services should support navigation and guidance of clients. The health department, local CBOs, or jurisdictional planning groups may have created such a directory. If none are available in your jurisdiction, you may want to create one that includes online resources, programs, and services. Compiling, using, and maintaining a directory for PrEP providers and PrEP-related services is a great way to provide information to the community and collaborate with others on prevention with PrEP. To view and register for scheduled virtual, instructor-led trainings: To access eLearning modules, including training prerequisite courses: To request technical assistance or that a training session be scheduled: If you have questions or need additional assistance, please contact HIVCBA@cdc.gov.

