

## Prevention for All Bodies – Made Simple

### Before

### Vaccines

Vaccines can prevent a number of sexually transmitted or blood-borne infections (STBBIs). Most STBBIs do not have a vaccine, but there are vaccines available for Hepatitis A & B, as well as HPV. If you don't know whether or not you've had these vaccinations (some are often given when you're quite young) ask your healthcare provider or department of Public Health.

While some argue that that HPV vaccinations are less effective for adults who have already been sexually active, increasing evidence points to potential benefits of vaccination for adults of all ages, especially men who have sex with men, and trans women.

Vaccination appointments can take time to arrange and some vaccines can require multiple doses, months apart from one another. If you plan to use vaccinations as a part of your prevention strategy, consider planning well in advance.

In NL, some vaccinations (such as those for Hepatitis B and HPV) are provided for free as part of the school health program. For more information please see the Newfoundland & Labrador Immunization Manual [online](#) or contact the CDC Nurse in your regional health authority.

### PrEP

PrEP (pre-exposure prophylaxis) is the use of HIV medication by someone who is HIV negative, **in advance** of possible exposure to HIV, to prevent HIV infection.

PrEP acts like a chemical shield which stops HIV from making more copies of itself, ultimately preventing someone from becoming HIV positive, even if they were exposed to the virus.

PrEP is most often taken daily, though some people take it intermittently (on-demand). When taken at least four times per week, PrEP reduces the risk of HIV infection by 99% (CDC). PrEP does *not* provide protection against other STBBIs.

PrEP can be a safe and effective HIV prevention option for many different people who are at a higher risk of HIV transmission, regardless of race, ethnicity, sexual orientation, or gender identity. If you feel that PrEP might be right for you, speak with your healthcare provider.

The process of finding a prescriber and completing the necessary screening required before you receive your PrEP prescription can often take several weeks. If you plan to use PrEP as part of your prevention strategy, consider planning in advance.

To start the process of accessing PrEP, you can speak to your family doctor, a doctor at Planned Parenthood - NL Sexual Health Centre, or at a walk-in clinic (it is best that you call ahead to your desired walk-in location to confirm that they will offer this service). The cost of PrEP is covered by most private insurances but requires a special authorization form that you can obtain from your insurance provider. The cost of PrEP can also be covered by special authorization through the NL prescription drug program (NLPDP) if you do not have private insurance. For authorization for NLPDP coverage, your doctor should fill out the form available on the NLPDP website (<https://www.health.gov.nl.ca/health/prescription/>). Please note some doctors will charge a fee to fill out insurance forms.

## Testing & Treatment

One of the most effective ways to prevent HIV and STBBIs (sexually transmitted infections) transmission is through regular testing and treatment.

If you're sexually active, the best-case scenario is to get tested after every new sex partner (or at least annually if you only have one sex partner).

If you're experiencing any of the following, you should get tested at least once every 3-6 months: multiple sex partners; inconsistent use of condoms or other barriers; group sex; intravenous drug use/needle sharing; drug use during sex; exchanging sex for money, shelter, or goods; or are taking HIV treatment or PrEP.

You should also be tested anytime you experience symptoms. These might include:

- burning when you pee,
- discharge from the genitals,
- abnormal bleeding, , cramping, or pelvic pain,
- sores, bumps, or warts on the genitals, and/or
- a sore throat.

By getting tested regularly, if you or your partners do have HIV or STBBI, you can take action early to benefit your own health and to reduce the chance of passing something on to others. These actions include getting treatment, adjusting your sexual activities, and informing your previous partners, to benefit their health and the health of their partners.

Many STBBIs can be cured with treatment, eliminating the chance that you can pass them on to another person. Other STBBIs have no cure but can often be managed through treatment, reducing the likelihood of passing them onto others.

In NL, you can get tested and treated for STBBIs through your family doctor, at Planned Parenthood NL Sexual Health Centre (St. John's), Western Sexual Health Clinic (Corner Brook), Eastern Health's Community Services clinic (Mount Pearl), and some walk-in clinics (call ahead to confirm availability of this service).

**Undetectable = Untransmittable (U=U)**

HIV treatment is a great example of how treatment can be an effective form of prevention!

When someone living with HIV takes their HIV treatment as prescribed, most often, they will achieve an undetectable viral load. This means that the amount of the virus in their body is so low that it is not detected by common HIV testing.

When someone has an undetectable viral load, they cannot transmit HIV to their sexual partners. In other words, Undetectable = Untransmittable!

If you'd like to learn more about U=U, you can check in with your healthcare provider or local sexual health centre.

### **Making a Plan**

It's hard to stick to a plan if you don't have one. Don't leave your HIV and STBBI prevention options to the last minute. Consider the prevention options that work best for you and make a plan for how you will use them.

For example, if you plan to use barrier methods like condoms or dental dams, make sure you have access to them before you enter a situation where you might need them. Or, if you are on PrEP or HIV treatment and plan to use drugs or alcohol, set reminders on your phone so you don't accidentally miss a dose.

There's no one right way to make a plan. Prevention plans can look as different as the different tools and options available. The main thing is to make sure you have one – and that it's attainable. Don't set the bar so high that you can't reach it. And don't be too hard on yourself if things don't turn out exactly as you planned. Like anything else, finding prevention strategies that work for you can be a learning process.

Don't forget. Some prevention options require longer-term planning. If you're relying on PrEP, HIV treatment, or vaccines as part of your prevention strategy, you may want to start planning weeks or even months in advance to make sure you have access to **what** you need **when** you need it.

### **Having a Conversation with Your Partner(s)**

While people often think of tools like condoms or PrEP when considering possible prevention options, they sometimes overlook one of the most effective prevention strategies there is: having open communication.

Having a conversation with your partner(s) before having sex is a great way to discuss a number of important things like:

- When you were last tested for HIV and STBBIs
- Your current STBBI and HIV statuses and whether you're on treatment to reduce or eliminate risk of transmission if you do have something
- Which sexual activities you are most comfortable with and consent to and which boundaries you'd like to set
- Which prevention strategies you are already using (i.e. PrEP, HIV treatment) and/or would like to use during sex (i.e. condoms, dental dams)

Sometimes when you're having sex, it might be more challenging to have these important conversations. Covering these bases before you get down to business can help make sure that the only surprises that happen during sex are welcome ones!

<b>During</b>	<b>Using Barrier Methods</b>
	<p>Whereas some prevention options like PEP (post-exposure prophylaxis, explored below) and PrEP only prevent transmission of HIV and not other STBBI, barrier methods can be effective tools to prevent both!</p> <p>There are a range of barrier methods that you and your partner(s) can use depending on the body parts and activities you use during sex. These include:</p> <ul style="list-style-type: none"> <li>● Internal or external condoms for use during penetrative anal or vaginal/frontal sex, including penetrative sex with shared sex toys; external condoms can also be used during oral sex</li> <li>● Dental dams for use during oral sex</li> <li>● Gloves for use while fisting</li> <li>● While not a barrier method, to prevent damage to your body and to the barrier methods that you're using, use lots of lube. There are many kinds of lube and they can prevent genital tearing, which can prevent STBBI transmission. Be sure to check which lube works best for your needs, whether it's for sex toys or barrier methods (i.e. condoms or dental dams).</li> </ul> <p>Most barrier methods are one-time-use only and should not be reused. Anything that is reusable (i.e. sex toys) should be cleaned as per manufacturer instructions before being reused or shared with other partners.</p> <p>Barrier methods can be found in pharmacies, grocery stores, sex toy stores, and some convenience stores. Free barrier methods can be found at the Planned Parenthood NL Sexual Health Centre, and some schools,</p>

universities, doctor's offices, family resource centres, and Public Health offices.

### Choosing Activities with a Lower Chance of Transmission

Some sexual activities carry a higher chance that HIV or STBBI can be passed on than others. For example:

- Mutual masturbation typically carries a lower chance of transmission than oral sex and oral sex carries a lower chance of transmission than penetrative anal or vaginal/ frontal sex
- Only having sex with one partner generally carries a lower chance of transmission than you and your partner(s) having sex with multiple partners
- Topping (being the insertive partner) typically carries a lower chance of infection than bottoming (being the receptive partner)
- Ensuring that each partner only uses their own sex toy, and that condoms are used for each new toy use, carries a lower chance of transmission than if sex toys are shared between partners.
- Please note that the chance of transmission for different types of sexual activity can change if you are using other HIV and STBBI prevention options like PrEP, HIV treatment, or barrier methods

By choosing sexual activities that carry a lower chance of HIV and STBBI transmission, you can help reduce or eliminate transmission between you and your partners, especially if you're not using other prevention strategies.

Your healthcare provider or local sexual health centre can help you make choices about what activities are safer for you. There are also some great charts online, such as at:

<https://www.srhweek.ca/caring-for-yourself/sexually-transmissible-and-blood-borne-infections-stbbis/assessing-risk/>

**After**

**PEP**

PEP (post-exposure prophylaxis) is the use of HIV medication by someone who is HIV negative, **after** a potential exposure to HIV, to prevent HIV infection. PEP is usually reserved for emergency situations, for example after a needle prick injury, non-consensual sex, etc.

PEP should be started as soon as possible (and **no later** than 72 hours) after a potential exposure to HIV. Once started, PEP is taken daily for 28 days. When taken as prescribed, PEP is very effective at preventing HIV infection from occurring.

To get PEP treatment, you should visit an emergency room as soon as possible after exposure. A family doctor or walk-in clinic will not prescribe you PEP. There, you will be assessed to determine your risk of getting HIV. The healthcare provider determines if PEP is necessary.

You may be offered a “starter pack” of pills to start taking PEP right away and be given a prescription for the remainder of the full 28-day course. The cost for PEP may be covered by some private insurance plans but is not currently covered by Newfoundland and Labrador’s Medical Care Plan (MCP). A month-long course of PEP can cost \$900 or more.

### Testing & Treatment

*Didn’t we already cover this already? Yes, we did. However, testing (and treatment if you receive a positive result) should be repeated frequently. So, here it is again!*

If you’re sexually active, the best-case scenario is to get tested after every new sex partner (or at least annually if you only have one sex partner). If you participate in riskier sexual activities, or are taking HIV treatment or PrEP, you should get tested at least once every 3-6 months.

You should also be tested anytime you experience symptoms. These include:

- burning when you pee,
- discharge from the penis or vagina/front hole or anus,
- abnormal bleeding, , cramping, or pelvic pain,
- sores, bumps, or warts on the genitals, and/or a sore throat.

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