Public Health Ontario | Santé publique Ontario

To view an archived recording of this presentation please click the following link:

https://youtu.be/SvPuSVcpIE4

Please scroll down this file to view a copy of the slides from the session.

Disclaimer

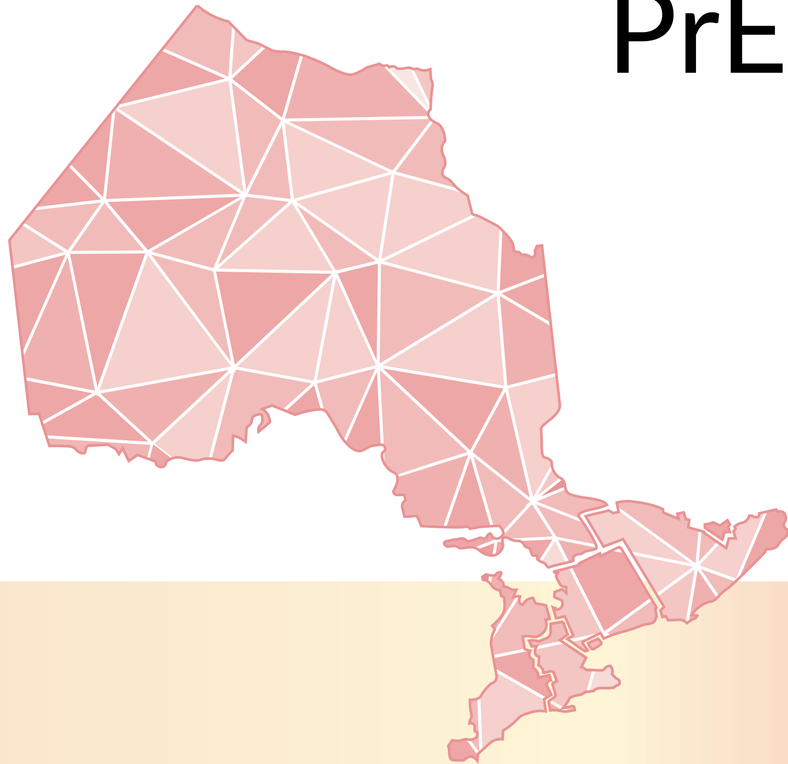
This document was created by its author and/or external organization. It has been published on the Public Health Ontario (PHO) website for public use as outlined in our Website Terms of Use. PHO is not the owner of this content. Any application or use of the information in this document is the responsibility of the user. PHO assumes no liability resulting from any such application or use.

ONTARIO
HIV TREATMENT
NETWORK

HIV Epidemiology and PrEP Dispensation in Ontario

Maria Victoria Dreher Wentz, MSc
Epidemiologist, OHTN

Lydia Makoroka
Sr Director Programs, OHTN



February 26,2026

Disclaimer

- This presentation was created by its author and/or external organization.
- PHO is not the owner of this content. Any application or use of the information in this document is the responsibility of the user.
- PHO assumes no liability resulting from any such application or use.

Disclosure

- Nothing to disclose

Learning Objectives

- Describe recent epidemiologic trends in first-time HIV diagnoses and uptake of HIV PrEP in Ontario.
- Describe the current Canadian guideline recommendations for identifying individuals who are appropriate candidates for HIV PrEP and PEP.
- Identify evidence-based antiretroviral regimens for HIV PrEP and PEP in clinical practice.
- Identify and access accredited, self-directed online educational resources to further support ongoing learning about PrEP and PEP.

Outline

- First Time HIV Diagnosis in Ontario
- PrEP Dispensation in Ontario
  - Where does the data come from?
  - PrEP dispensation by sex, age, region, payer type, and prescriber speciality
- Limitations
- Summary and Conclusions

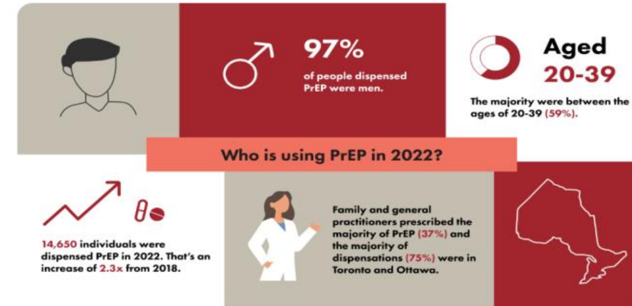
The HIV Response In Ontario

OHTN: Our mission is to improve the health and lives of people living with HIV and at risk of HIV by using data and evidence to drive change.

Ontario HIV Epidemiology and Surveillance Initiative (OHESI) collaborative partnership between:

- Ministry of Health
- Public Health Ontario
- Ontario HIV Treatment Network
- Public Health Agency of Canada

HIV in Ontario • Sharing Evidence • Improving Health •

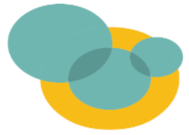


HIV pre-exposure prophylaxis (PrEP) in Ontario, 2022

Download full report

Public Health Agency of Canada

Agence de la santé publique du Canada



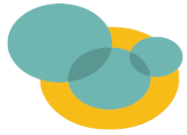
Number of First-time HIV Diagnoses, Ontario, 2015 - 2024

■ First-time HIV diagnoses
▨ Previous evidence of HIV after the Look Back Project

Year	First-time HIV diagnoses	Previous evidence of HIV after the Look Back Project	Total
2015	678		
2016	710		
2017	687		
2018	720		
2019	663		
2020	504		
2021	470		
2022	588		
2023	723	202	925
2024	865		

Takeaway: The number of first-time HIV diagnoses was stable from 2015 to 2019, declined during the COVID-19 pandemic (2020-2021), and increased again in 2022, 2023, and 2024. In 2024, there were 865 first-time HIV diagnoses, a decrease of 6.5% compared to 2023.

Ontario HIV Epidemiology and Surveillance Initiative. HIV diagnoses in Ontario, 2023. Toronto, Ontario, October 31, 2025.



Rate of First-time HIV Diagnoses per 100,000 People, Ontario, 2015 - 2024

Rate of first-time HIV diagnoses

2023 rate of first-time HIV diagnoses after the Look Back Project

4.9 5.1 4.9 5.0 4.5 3.4 3.2 3.9 5.9 5.4

4.6

2015 2016 2017 2018 2019 2020 2021 2022 2023 2024

0 1 2 3 4 5 6 7 8

Takeaway: After several years of stability from 2015 to 2018, the rate of first-time HIV diagnoses declined from 2019 to 2021. Rates began to rebound in 2022 before seeing a slight decline in 2024.

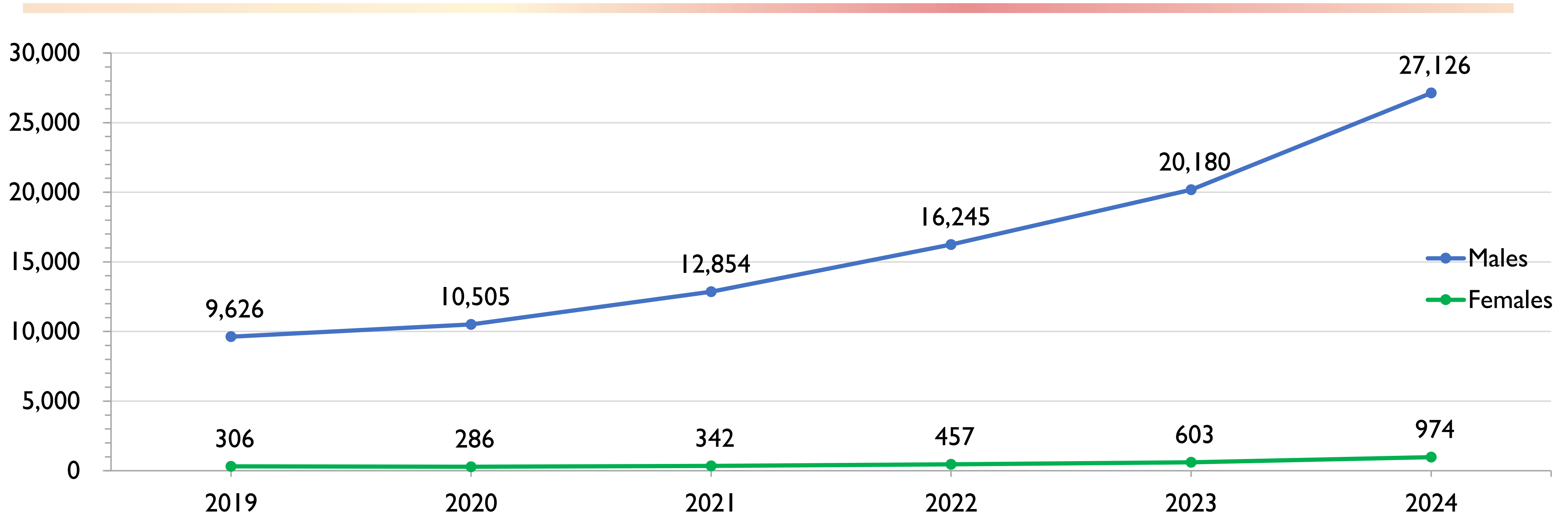
Ontario HIV Epidemiology and Surveillance Initiative. HIV diagnoses in Ontario, 2023. Toronto, Ontario, October 31, 2025.

PrEP Dispensation in Ontario: Where does this data come from?

- Data come from IQVIA, a multinational company which collects dispensation data (medications that have been dispensed to patients) from a representative sample (~70%) of retail pharmacies across Ontario.
- A decision tree[1] is used to assign the dispensation to PrEP.
- Data are then projected to the provincial level to estimate the number of individuals dispensed branded/generic TDF/FTC OR branded TAF/FTC and Cabotegravir.
- Since 2021, adjustment based on online dispensation was introduced.
- Data available:
  - Age (10-year categories)
  - Sex (male/female)
  - Prescriber specialty
  - Payer type (private/public)
  - Geographic location
- No information recorded on important demographic features such as race/ethnicity, gender identity, and HIV risk factors.

1. Ontario HIV Treatment Network. HIV pre-exposure prophylaxis (PrEP) in Ontario, 2022. Toronto, Ontario, March 6, 2024

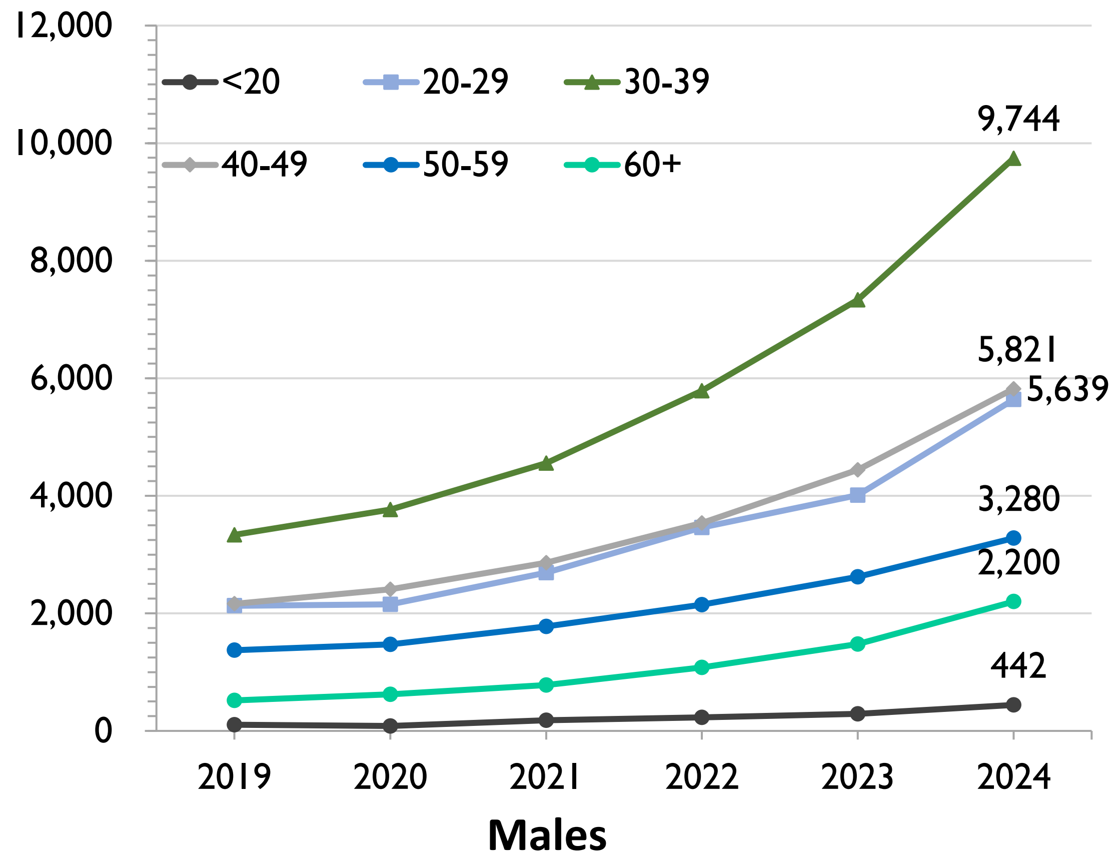
PrEP Dispensation in Ontario by Sex, 2019 - 2024

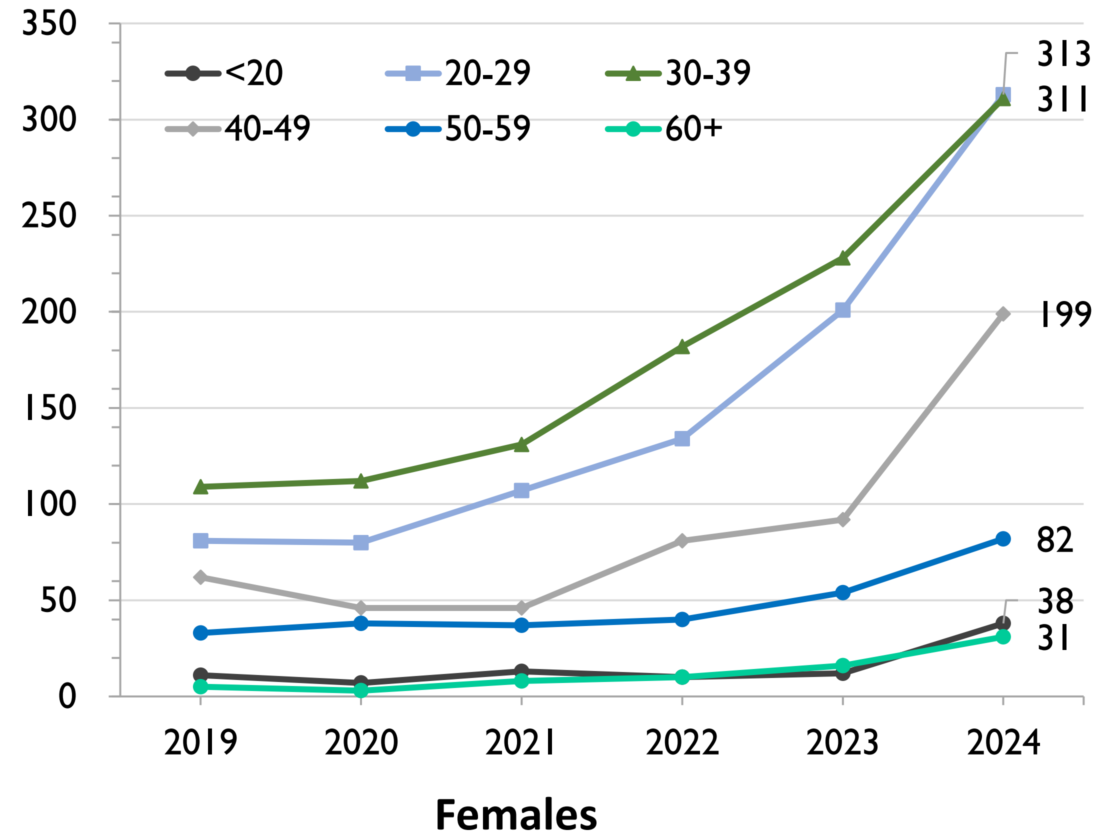


Takeaway: Since 2019, PrEP dispensation has increased among males and females with males accounting for 96.5% of all dispensations in 2024. In 2024, nearly all PrEP in Ontario was dispensed as oral PrEP with injectable PrEP accounting for only 0.4% of dispensations in the province.

Ontario HIV Treatment Network. HIV pre-exposure prophylaxis (PrEP) in Ontario, 2023. Toronto, Ontario, TBD

PrEP Dispensation in Ontario by Age Group and Sex, 2019-2024

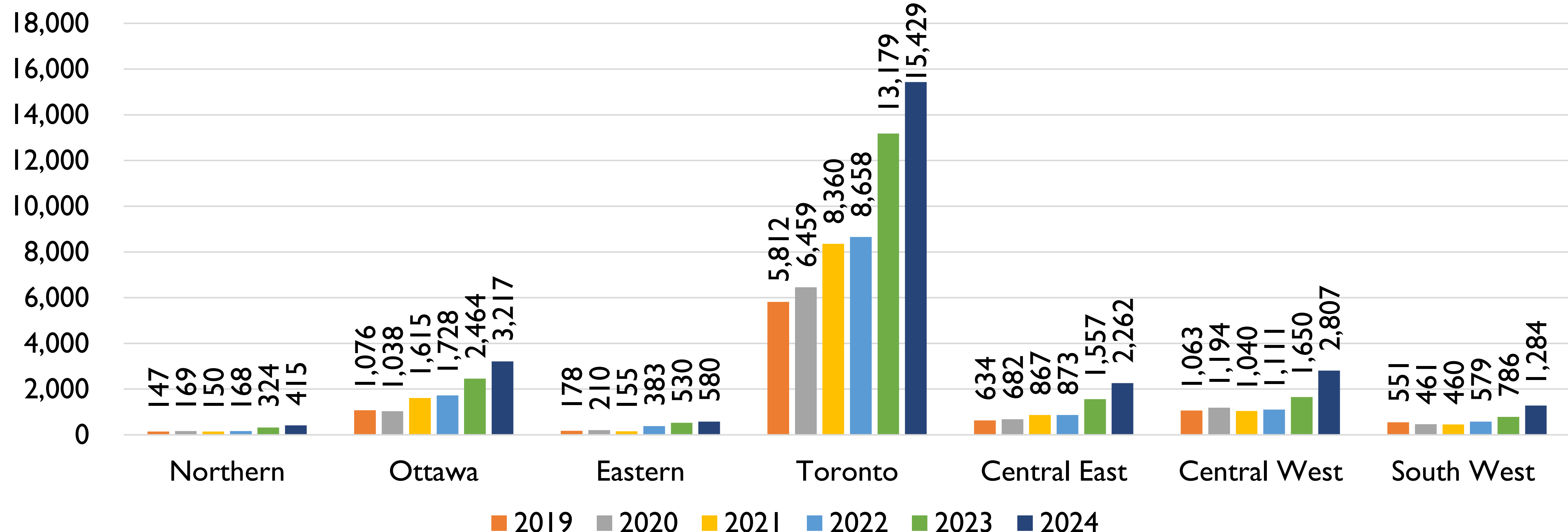




Takeaway: Between 2019 and 2024 the 30-39 age group accounted for the largest number of PrEP dispensations in Ontario for both males and females.

Ontario HIV Treatment Network. HIV pre-exposure prophylaxis (PrEP) in Ontario, 2023. Toronto, Ontario, TBD

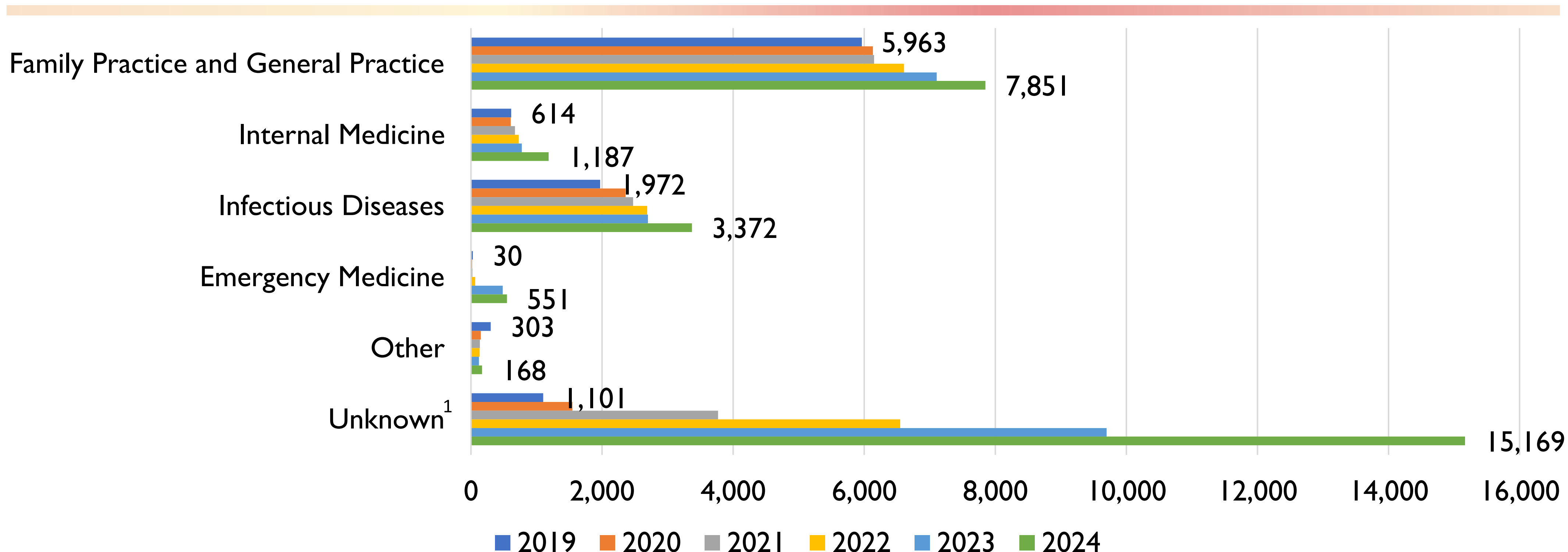
PrEP Dispensation by Region, Ontario, 2019-2024



Takeaway: Overall PrEP dispensation has increased in all the regions, with the majority of dispensations occurring in Toronto. Between 2023 and 2024, the largest relative increase was in the Central West region (70.1%) followed by South West (63.5%) and Central East (45.2%).

Ontario HIV Treatment Network. HIV pre-exposure prophylaxis (PrEP) in Ontario, 2023. Toronto, Ontario, TBD

Number of Projected Patients Dispended PrEP by Prescriber Specialty, Ontario, 2019-2024



Takeaway: Between 2019 and 2024 there was an increase in the number of projected patients dispensed PrEP among all prescribers' specialty types. Due to changes in methods by IQVIA, nurse practitioners are categorized as "Unknown", explaining the rapid increase in that category.

1. nurse practitioners are categorized as "Unknown".

Ontario HIV Treatment Network. HIV pre-exposure prophylaxis (PrEP) in Ontario, 2023. Toronto, Ontario, TBD

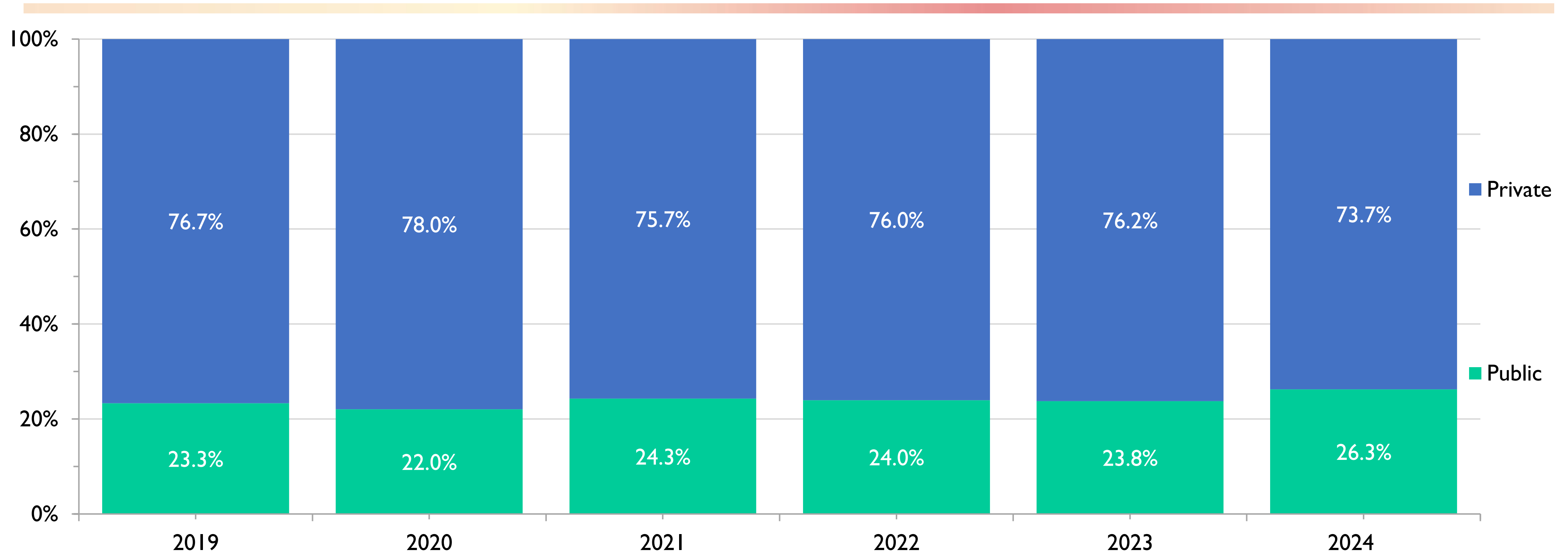
Number of MD's Prescribing PrEP in Ontario, by Specialty, 2023-2024

Number of Prescribing Physicians by Specialty	2023	2024
Family Medicine & General Medicine	1,174	1,205
Infectious Diseases	65	60
Medical Internship/Residents	12	43
Internal Medicine	15	14
Community Medicine/Public Health	7	7
Emergency Medicine	7	4
Other	12	24
TOTAL	**1,292**	**1,357**

Takeaway: Among PrEP prescribing physicians, Family Medicine and General Medicine specialties accounted for 90.8% of prescribers in 2023 and 88.8% in 2024 respectively.

Ontario HIV Treatment Network. HIV pre-exposure prophylaxis (PrEP) in Ontario, 2023. Toronto, Ontario, TBD

Estimated Proportion of Individuals Dispensed PrEP by Payer Type, Ontario, 2019-2024



Takeaway: Between 2019 and 2023, most individuals to whom PrEP was dispensed, did cover the cost of the prescription through private drug insurance.

Ontario HIV Treatment Network. HIV pre-exposure prophylaxis (PrEP) in Ontario, 2023. Toronto, Ontario, TBD

General Limitations

- While the data includes some demographic features (age, sex, payer type and geographical location of pharmacy), it lacks data on race/ethnicity, gender identity, HIV risk factor and geographic location of individual dispensed PrEP.
- PrEP dispensation data does not cover all retail pharmacies in Ontario and the projection/ extrapolation to the provincial level hasn't been validated externally.
  - For example, in-patient hospital pharmacies, clinical/trials/other research and dispensation provided at no cost (e.g. by a local public health unit) are not included in estimates.
- PrEP dispensations do not fully capture data from emerging online PrEP dispensing clinics operating in Ontario.

Summary and Conclusions

- In 2024, there were 28,298 unique PrEP dispensations in Ontario, 96.5% among males and 3.5% among females.
- The highest number of PrEP dispensations occurred among individuals aged 30–39 years.
- Injectable PrEP, approved in 2024, accounted for 0.4% of all PrEP dispensations.
- While most PrEP dispensing occurred in Toronto, all Ontario regions experienced increases in dispensations from 2019 to 2024, with the largest relative increase in Toronto Not Downtown and the Eastern Region.
- Among PrEP physician prescribers, the majority are Family Medicine physicians.
- **These data enhance our understanding of where PrEP is being dispensed in Ontario, highlight implementation gaps, and help inform future HIV prevention planning.**

Acknowledgements

OHESI TECHNICAL WORKING GROUP

- Austin Zygmunt (PHO)
- Vanessa Tran (PHO)
- Ashleigh Sullivan (PHO)
- Juan Liu (PHO)
- Christina Renda (PHO)
- Navjot Bhullar (PHO)
- Ashvini Yogarajah (PHO/PHAC)
- Lydia Makoroka (OHTN)

OHTN TEAM AND COLLABORATORS

- Lydia Makoroka
- Nadine Sookermany
- IQVIA
- Affirming Care Pharmacy

Thank you!

Maria Victoria Dreher Wentz, MSc

mdreher@ohtn.on.ca

Lydia Makoroka

lmakoroka@ohtn.on.ca

Canadian Guideline on HIV PrEP and PEP – 2025 Update

DARRELL H. S. TAN, MD FRCPC PHD

PHO ROUNDS

26FEB2026

Disclosures

- My institution has received support from
  - Gilead, Glaxo Smith Kline and Viiv Healthcare for participation in industry-sponsored research
  - Gilead for investigator-initiated research

- This presentation discusses some off-label use of medications:
  - All PEP is off-label in Canada

Guideline CPD

Canadian guideline on HIV pre- and postexposure prophylaxis: 2025 update

Darrell H.S. Tan MD PhD, Mark W. Hull MD MHSc, Stanley O. Onyegbule MBBS MBA, Wale Ajiboye BPharm PhD, Camille Arkell MPH, Jean-Guy Baril MD, Joseph Cox MD MSc, Marianne Harris MD, Debbie Kelly BSc(Pharm) PharmD, Michael Kwag BA, Gilles Lambert MD, Patrick O'Byrne RN-EC PhD, Shannon O'Donnell MD MPH, Caley B. Shukalek MD MPH, Ameeta Singh BMBS MSc, Tatiana Sotindjo MD, Jaris Swidrovich PharmD PhD, Cécile Tremblay MD, Deborah Yoong BScPhm PharmD

■ Cite as: *CMAJ* 2025 December 1;197:E1374-91. doi: 10.1503/cmaj.250511

GRADE

- GRADE (Grading of Recommendations, Assessment, Development and Evaluations) is a rigorous methodology for guideline development
- Formulate clinical questions
- Systematic reviews of scientific literature, including rating quality/certainty of evidence
- Panel deliberations using Evidence to Decision framework

	JUDGEMENT						
PROBLEM	No	Probably no	Probably yes	Yes		Varies	Don't know
DESIRABLE EFFECTS	Trivial	Small	Moderate	Large		Varies	Don't know
UNDESIRABLE EFFECTS	Large	Moderate	Small	Trivial		Varies	Don't know
CERTAINTY OF EVIDENCE	D Very low	C Low	B Moderate	A High			No included studies
VALUES	Important uncertainty or variability	Possibly important uncertainty or variability	Probably no important uncertainty or variability	No important uncertainty or variability			
BALANCE OF EFFECTS	Favors the comparison	Probably favors the comparison	Does not favor either the intervention or the comparison	Probably favors the intervention	Favors the intervention	Varies	Don't know
RESOURCE USE	No	Probably no	Probably yes	Yes		Varies	Don't know
EQUITY	Reduced	Probably reduced	Probably no impact	Probably increased	Increased	Varies	Don't know
ACCEPTABILITY	No	Probably no	Probably yes	Yes		Varies	Don't know
FEASIBILITY		Probably no	Probably yes	Yes		Varies	Don't know

TYPE OF RECOMMENDATION

1	2	2	1
Strong recommendation against the intervention	Weak recommendation against the intervention	Weak recommendation for the intervention	Strong recommendation for the intervention

Format for GRADE recommendations

- 4 options for recommendations
  - Strongly against Weak against Weak for Strongly for

- Implications of a **strong** recommendation
  - **Patients:** Most people would want the recommended course of action, few would not
  - **Clinicians:** Most patients should receive this course of action
  - **Policy-makers:** The recommendation can be adopted as policy in most situations

- Implications of a **weak/conditional** recommendation
  - **Patients:** Most people would want the recommended action, but many would not
  - **Clinicians:** Recognise that different choices will be appropriate for different patients
  - **Policy-makers:** Need for substantial debate with all stakeholders before this can be adopted as policy

- Other guideline content: “Practical advice”, “Good practice statements”

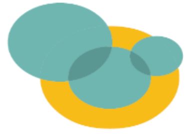
Community consultations

- Zoom meetings to discuss:
  - Communities' hopes and recommendations for the guideline update
  - Relevant health outcomes
- Priorities
  - Broadening eligibility / access
  - Inclusive messaging / language
  - Engaging wider range of providers

Organization	Population(s) represented
CRBC	2SLGBTQ and non-binary people
WHAI	Cis and trans women
CAAN	Indigenous people
COCQ SIDA	Québec community organizations involved in the fight against HIV/AIDS
CHABAC	Black, African and Caribbean communities
CHIWOS	Women living with HIV
CAPUD	People who use drugs
CANAC	Nurses in HIV care
CHAP	Pharmacists in HIV and viral hepatitis care

Guideline Structure and Contents

- Synopsis article
    - Summary of Methods, GRADE recommendations, key tables
- Full guideline (Appendix 1, available online) additionally includes:
    - Epidemiology of HIV in Canada, Biology of HIV transmission, HIV Testing
    - PEP/PrEP in specific populations: pregnancy, hepatitis B, renal dysfunction…
    - Comparison with other guidelines
    - Research priorities
- Other Appendices: HIV risk assessment tools, evidence summaries, evidence-to-decision tables



Endorsements:

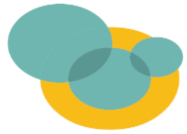
CANADIAN
PUBLIC HEALTH
ASSOCIATION

ASSOCIATION
CANADIENNE DE
SANTÉ PUBLIQUE

Post-exposure prophylaxis (PEP): indications and regimens

Risk of HIV transmission

- Guideline contains section on the biology of HIV transmission
- Panel embraces the Undetectable = Untransmittable principle
  - For transmission purposes, "Undetectable" defined as VL<200 copies/mL, even though clinical viral load assays in Canada often use lower thresholds
  - No evidence that the presence of an STI changes the fact that U=U
  - Data re: whether U=U principle applies to needle-based exposures are lacking
- Clinicians must consider local epidemiology in considering whether person to whom a patient was exposed has transmissible HIV



PEP decisions must consider per-act risk….

Table A7. Per-act risk of infection when exposed to HIV

Level	Exposure type	Estimated risk per act, %
Higher	Anal (receptive)	1.38 (1.02-1.86)
	Needle sharing	0.63 (0.41-0.92)
Moderate	Anal (insertive)	0.11 (0.04-0.28)
	Vaginal (receptive)	0.08 (0.06-0.11)
	Vaginal (insertive)	0.04 (0.01-0.14)
Low	Performing fellatio	*Precise estimates not available*
	Performing cunnilingus	*Precise estimates not available*
Negligible	Receiving fellatio	Potential for transmission exists, but no evidence of transmission
	Receiving cunnilingus	
	Giving/receiving anilingus (oral-anal contact)	
Variable	Blood/body fluids on compromised skin or mucosal surface	Precise estimates not available

[a] Adapted from [28]

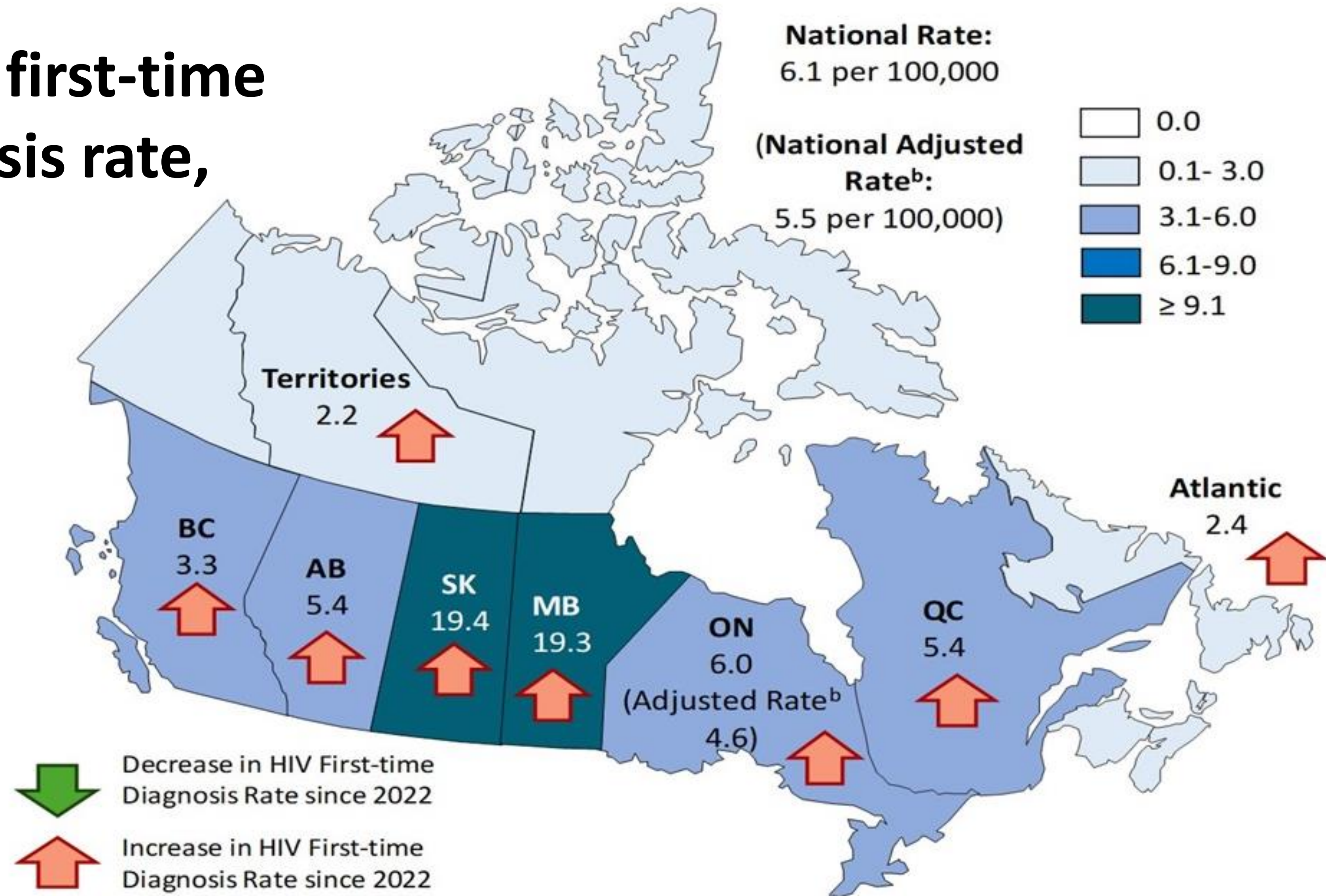
Adapted from AIDS 2014;28:1509

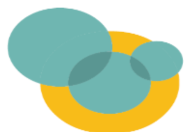
Table 1: Number and proportion of first-time HIV cases (≥15 years of age), by sex and exposure category, Canada, 2023 [a,b,c,d]

Exposure category	Male		Female		Total [a]	
	n	% [b]	n	% [b]	n	% [b]
Male-to-male sexual contact	**630**	**52.2%**	**n/a**	**n/a**	**634**	**36.0%**
Male-to-male sexual contact and IDU	78	6.5%	n/a	n/a	79	4.5%
IDU	164	13.6%	156	28.4%	321	18.2%
Heterosexual contact	320	26.5%	374	68.1%	694	39.4%
Other [c]	16	1.3%	19	3.5%	35	2.0%
Subtotal	**1,208**	**74.6%**	**549**	**69.9%**	**1,763**	**72.8%**
No identified risk [d]	59	3.6%	27	3.4%	88	3.6%
Exposure category unknown or not reported ("missing")	352	21.7%	209	26.6%	571	23.6%
Total	**1,619**	**n/a**	**785**	**n/a**	**2,422**	**n/a**

…and local epidemiology

Changes in first-time HIV diagnosis rate, 2023





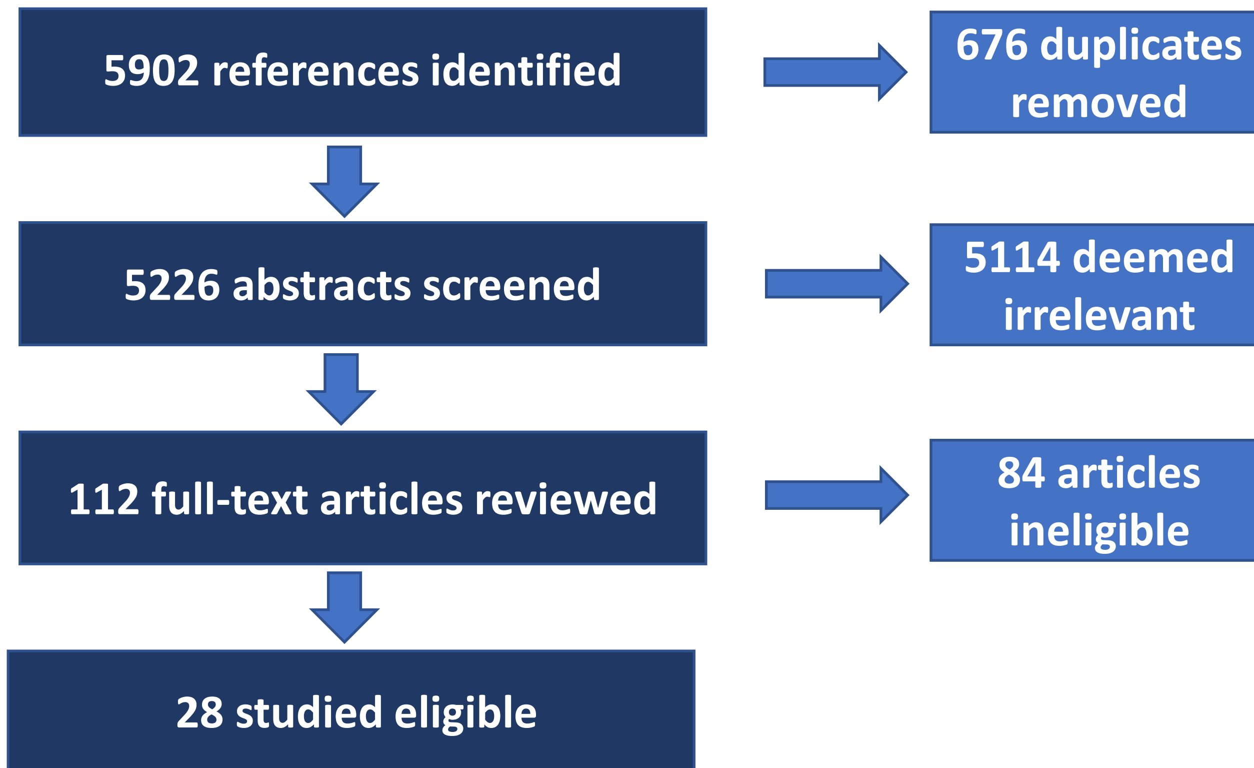
Status of source person	Exposure type				
	Percutaneous[a]	Blood or body fluid on compromised skin/mucosa, bites	Insertive or receptive anal or vaginal sex[b]	Performing oral sex[b]	Receiving oral sex[b]
• HIV+ and viral load >200 copies/mL *or* • HIV status unknown but from high-prevalence population (see Table A3)	INITIATE PEP	CASE-BY-CASE DECISION (see text)	INITIATE PEP	CASE-BY-CASE DECISION (see text)	DO NOT INITIATE PEP
HIV+ with viral load <200 copies/mL	CASE-BY-CASE DECISION (see text)	CASE-BY-CASE DECISION (see text)	DO NOT INITIATE PEP	DO NOT INITIATE PEP	DO NOT INITIATE PEP
HIV status unknown and from general population	DO NOT INITIATE PEP	DO NOT INITIATE PEP[c]	DO NOT INITIATE PEP[c]	DO NOT INITIATE PEP[c]	DO NOT INITIATE PEP[c]
Confirmed HIV negative	DO NOT INITIATE PEP	DO NOT INITIATE PEP	DO NOT INITIATE PEP	DO NOT INITIATE PEP	DO NOT INITIATE PEP

[a] Percutaneous exposures refer to injuries where there is meaningful exposure to blood; trivial or superficial exposures and exposures to other body fluids are not included here.

[b] “Sex” refers to sexual exposures where barrier precautions (e.g. condoms) fail or are not used.

[c] When assessing a survivor of sexual assault, it is reasonable to offer PEP except in cases where the perpetrator is unlikely to have transmissible HIV.

Recommended PEP Regimens based on systematic review of literature, May 2022-Jun 2024



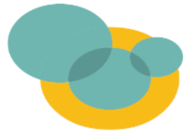
Outcomes	Definition
HIV Acquisition	Seroconversion at or before 3 months
Adherence	Completion of 28 days of PEP
Toxicity	Moderate-severe adverse events
Tolerability	Discontinuation of PEP as a result of adverse events

The panel discussed other considerations based on evidence-to-decision framework

- **Efficacy:** genetic barrier to resistance
- **Cost:** publicly available data from Ontario Drug Benefit formulary
- **Equity:** downgraded for lack of data in pregnant people, food requirements (due to concerns for those with food insecurity)
- **Feasibility:** drug interactions, lack of public drug coverage
- **Acceptability:** pill burden, food requirements, drug interactions

Recommendations on PEP Regimens

Strong recommendation for	Weak recommendation for	Weak recommendation against
BIC/TAF/FTC (Grade 1C)	DTG + TAF/FTC (Grade 2D)	EVG/TDF/FTC/cobi (Grade 2D)
DTG + TDF/FTC (Grade 1C)	RAL +TDF/FTC (Grade 2D)	EVG/TAF/FTC/cobi (Grade 2D)
	DOR/TDF/3TC (Grade 2C)	RAL +TAF/FTC (Grade 2D)
	DOR + TAF/FTC (Grade 2D)	RPV/TDF/FTC (Grade 2D)
	DRV/r + TDF/FTC (Grade 2B)	RPV/TAF/FTC (Grade 2D)
	DRV/r +TAF/FTC (Grade 2D)	
	DRV/cobi + TDF/FTC (Grade 2D)	
	DRV/cobi/TAF/FTC (Grade 2C)	



Suggested baseline and follow-up evaluations for PEP

Test	Baseline	Week 4-6	Week 12
HIV testing[a]	X	X[b]	X[c]
Hepatitis A immunity (hepatitis A IgG)[d]	X		
Hepatitis B screen[d,e] (surface antigen, surface antibody, core antibody)	X		X[f]
Hepatitis C screen (Hepatitis C antibody)[g]	X		X[g]
Screening for gonorrhea and chlamydia[h] (urine nucleic acid amplification test, throat and rectal swabs for culture or nucleic acid amplification; test anatomic sites depending on type of sexual activity reported)	X		X[i]
Syphilis serology[h]	X	X[i]	X[i]
ALT[j]	X		
Serum creatinine[j]	X		
Pregnancy testing (if appropriate)	X		

PEP Implementation Issues

Starter kits

- Dispensing initial few days of PEP at facility where initial assessment done
- Rationale:
  - Facilitates PEP initiation by non-experts
  - Increases uptake of PEP
  - Decreases time to starting PEP
- Other considerations:
  - May necessitate additional clinical encounters / healthcare costs
  - Associated with less PEP completion

Clin Infect Dis 2015;60:S182

PEP-In-Pocket

- Prescription for PEP to be self-initiated as needed in those with infrequent high-risk exposures
- Rationale:
  - PrEP may not be desirable by all
  - Expands access to HIV prevention options, enhances autonomy
  - Decreases time to starting PEP
- Other considerations:
  - Variability in patient preferences
  - Limited clinical and cost-effectiveness data

CMAJ 2024;196:E826

PEP Implementation Recommendations

Starter kits

- We suggest using Starter Kits be considered for HIV-negative individuals in whom PEP is being initiated [Grade 2D: Weak recommendation, Very low certainty of evidence]

PEP-In-Pocket

- We suggest PEP-in-pocket be considered for HIV-negative individuals with infrequent moderate to high risk exposures [Grade 2C; Weak recommendation, low certainty of evidence]

Who to prescribe PrEP to? Revised approach

Impetus to start PrEP may come about in different ways:

Person requesting PrEP themselves	**Healthcare providers**
Good practice statement: It is reasonable to prescribe HIV PrEP to adults / adolescents who request it.	*Good practice statement:* Clinicians are encouraged to assess HIV risk (e.g. using HIV risk assessment tools) during routine health visits to identify people at increased risk of HIV who would benefit from PrEP, but who do not request it themselves, and to recommend PrEP to them.

Diagnostic performance of HIV risk assessment tools for identifying pre-exposure prophylaxis candidates: a systematic review and meta-analysis

Myo Minn Oo,[a,b,*] *Monica Rudd,*[a,b] *Caley Shukalek,*[c] *Teruko Kishibe,*[d] *Mark Hull,*[e] *and Darrell H. S. Tan*[a,b,f]

[a]Division of Infectious Diseases, St. Michael's Hospital, Toronto, ON, Canada
[b]MAP Centre for Urban Health Solutions, Li Ka Shing Knowledge Institute, Toronto, ON, Canada
[c]University of Calgary, Calgary, AB, Canada
[d]Library Services, Unity Health Toronto, Toronto, ON, Canada
[e]British Columbia Center for Excellence in HIV/AIDS, Vancouver, BC, Canada
[f]Department of Medicine, University of Toronto, ON, Canada

- All identified risk tools are available in PDF form as Appendix 2 of the guideline

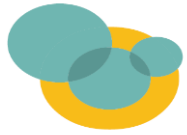
eClinicalMedicine
2025;88: 103487

Published Online xxx
https://doi.org/10.1016/j.eclinm.2025.103487

Recommendations on PrEP Regimens

For persons suitable for PrEP for the prevention of sexually acquired HIV, whose sex assigned at birth and gender identity (and/or that of their partners) are not specifically named in the Recommendations below, clinicians should follow recommendations that align with the person's anatomy and sexual partner types.

Population	Daily oral TDF/FTC	2-1-1 oral TDF/FTC	Daily oral TAF/FTC	Injectable CAB-LA
Cisgender men and transgender women where risk is related to sex with cisgender men	Strong recommendation for (Grade 1A)	Strong recommendation for (Grade 1B)	Weak recommendation for (Grade 2A)	Strong recommendation for (Grade 1A)
Cisgender men where risk is related to heterosexual activity	Strong recommendation for (Grade 1A)	Weak recommendation for (Grade 2B)	Weak recommendation for (Grade 2B)	Weak recommendation for (Grade 2B)
Cisgender women where risk is related to heterosexual activity	Strong recommendation for (Grade 1A)	Strong recommendation against (Grade 1C)	Weak recommendation for (Grade 2C)	Strong recommendation for (Grade 1A)
People who inject drugs	Strong recommendation for (Grade 1A)	Strong recommendation against (Grade 1D)	Weak recommendation for (Grade 2D)	Weak recommendation for (Grade 2D)



Suggested baseline and follow-up evaluations for PrEP

Evaluation	Baseline	30 days	Q 2-3 Months	Q 3-4 months	Q 12 months
Laboratory evaluation					
HIV testing[a]	X	X	X[a]		
Hepatitis A immunity (hepatitis A IgG)[b]	X				
Hepatitis B screen (surface antigen, surface antibody, core antibody)[bc]	X				X[b]
Hepatitis C screen (HCV antibody or HCV RNA)[d]	X				X
Screening for gonorrhea and chlamydia[e] (urine nucleic acid amplification test, throat and rectal swabs for culture or nucleic acid amplification; test anatomic sites depending on type of sexual activity reported)	X			X	
Syphilis serology[e]	X			X	
Creatinine	X			X[f]	
Pregnancy test (as appropriate)	X			X	
Clinical evaluation					
Symptoms of HIV seroconversion	X	X	X		
PrEP adherence		X		X	
Indication for PrEP	X	X		X	
Use of other HIV and STI prevention strategies (e.g. vaccines, condoms, etc.)	X	X		X	
Screening for co-existing mental health conditions and refer if needed	X	X		X	

Screening for HIV during long-acting PrEP

- "Long-acting Early Viral Inhibition (LEVI) Syndrome"
  - CAB-LA may delay timing and detection of HIV seroconversion even more than oral PrEP already does – associated with emergence of INSTI resistance
- Data are still emerging on optimal strategies for HIV screening in people taking long-acting PrEP
- We suggest **not routinely using HIV RNA testing** to screen for incident HIV infection among people using CAB-LA PrEP [Grade 2B, Weak recommendation, moderate certainty of evidence]

Available now!

EN: https://www.catie.ca/resource/self-directed-course-prescribing-prep-and-pep-canadian-guideline
FR: https://www.catie.ca/fr/ressource/prescrire-la-prep-et-la-ppe-ligne-directrice-canadienne

- Series of four online modules to train providers on guideline content
- Accredited by:
  - Canadian Association of Emergency Physicians (CAEP)
  - College of Family Physicians of Canada (CFPC) – under review
  - Canadian Council on Continuing Education in Pharmacy (CCCEP) – under review

Future updates will be posted to CTN+ website

- e.g. Lenacapavir PrEP, guideline implementation tools
- https://www.ctnplus.ca/resources/canadian-guidelines-on-hiv-pre-and-postexposure-prophylaxis-2025-update/

ONTARIO
HIV TREATMENT
NETWORK

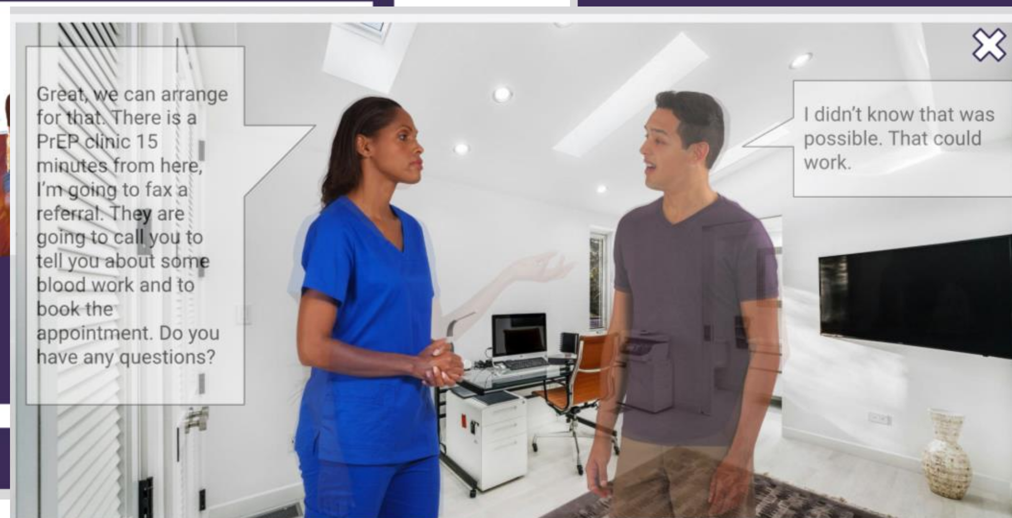
Filling the Gaps: An online self-paced training for primary care providers in linking GBM patients to PrEP

- Developed with ID, psychiatry, family doctors, HIV counselors, PH nurses, CBOs
- Funded by OHTN

Values and/or factors associated with GBM's decision to start PrEP
Select each 'value' to learn more.

Bodily Autonomy
Staying Healthy
Pleasure
Sexual Norms
Relationships with romantic or sexual partners
Relationships with health care, including providers

Exploring Values 19

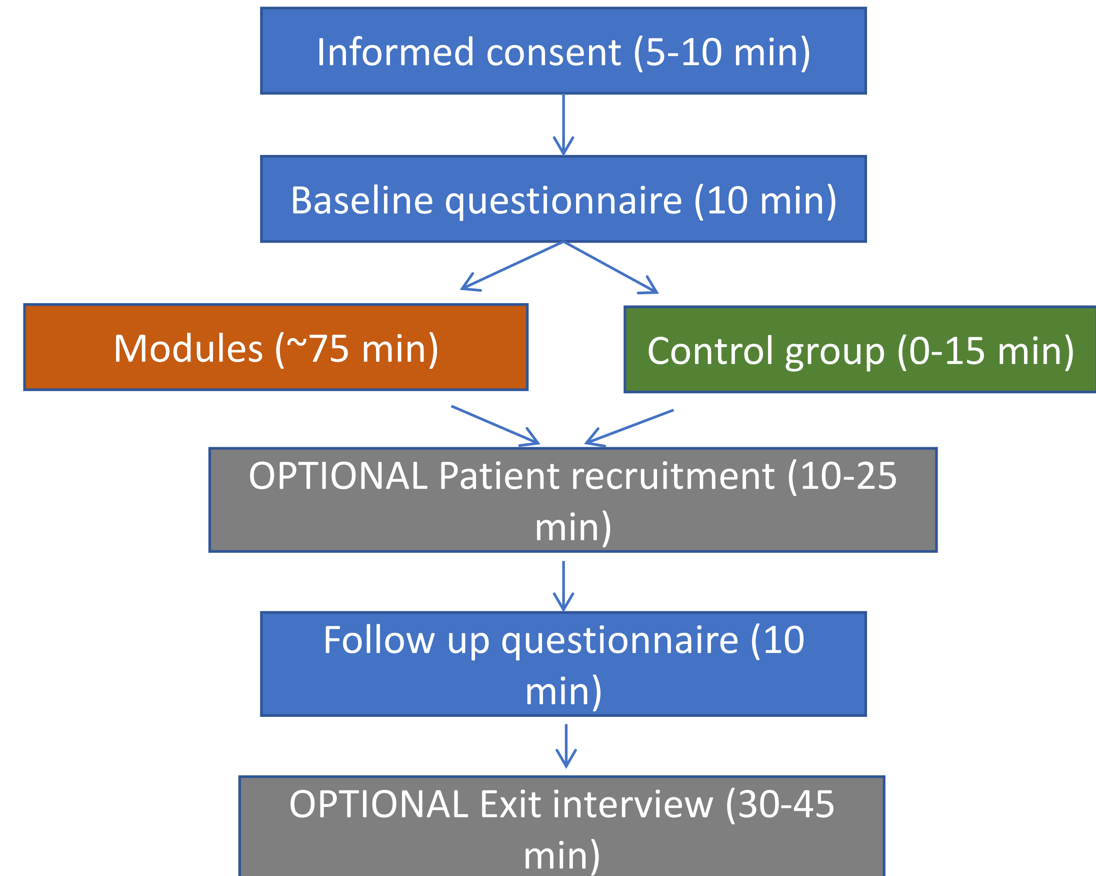


Common Concerns Among GBM and Self-efficacy 51 UNITY HEALTH TORONTO

Eligibility criteria

- Practicing healthcare workers:
    - nurses
    - nurse practitioners
    - physicians (including residents)
    - HIV counselors
    - public health nurses
- Have a valid license in Ontario
- Anticipate to continue working at the same workplace for the 3 months following enrollment in the study.

Activities



Total time: 0.75-4 hours over 3 months

Charles Umeizudike (study coordinator)
optionslab@unityhealth.to

Oscar Pico Espinosa (co-PI)
opicoespinosa@nosm.ca

For more information / to read the consent form:

https://redcap.smh.ca/redcap/surveys/?s=4FLCM98AYDPX7TFR

THANK YOU!