



PREVENTION

What You Need to Know

Preventing the transmission of STIs and HIV is about knowing the risks, and taking responsibility for minimising the risks through safer practices.

This can mean practising safer sex to reduce the risk of STI and HIV transmission, or safer injecting practices to reduce the risk of HIV or Hepatitis C transmission.

Practising safer sex is not just about using condoms. If you are sexually active, particularly with short-term partners, it is recommended that you get tested for STIs regularly.

It's important to consider also that alcohol and drug use can influence your ability to make responsible decisions about your sexual health.

There are many ways to reduce the risks:

- Practice safer sex – use condoms consistently when having anal, oral and vaginal sex.
- Try to avoid contact with body fluids such as semen during sexual contact, and don't share fingers, hands or sex toys.
- Remember that some sexual practices which may be described as 'safer' in terms of HIV transmission might still be risky for transmission of other STIs like syphilis or Hepatitis.
- Get tested regularly. Keep in mind that it is possible to have an STI and show no signs or symptoms. Testing is available free of charge in many public clinics and some community settings.
- Vaccinations are available for Hepatitis A and B free of charge from your STI/GUM clinic.
- There is a post-exposure treatment available for HIV. Details of this are in the section on PEP.
- If using drugs, do not share any drug using equipment – see more information in our Safer Injecting Practices section.
- Educate yourself, know the risks, and take responsibility for your sexual health

Condoms & Lube

What are Condoms?

Using condoms is as much about protecting yourself as it is about protecting your partner(s).

Used correctly, condoms can prevent transmission of most sexually transmitted infections (STIs) including HIV.

Most condoms are made of latex but non-latex varieties are also available. They can be sensitive and pleasure-enhancing, and are ideal for people who are allergic or sensitive to latex.

Lambskin or "natural" condoms do not provide reliable protection against HIV and other STIs and should not be used.

Condoms come in different sizes. The width measurement of the base of a condom is usually shown in millimetres on a box of condoms. Try different sizes to find the one that fits you best.

Good quality condoms display a kite mark and/or CE mark.

Condoms do go out of date, so always check the expiry date on the package.

How to use condoms correctly?

Using condoms is easy once you know how, but like anything it's good to practice a few times before you're caught up in the heat of the moment! Practicing on yourself is a good way to get used to putting condoms on correctly.

Here are some basic guidelines for how to properly put a condom on, make sure it stays intact, and safely remove it.

1. Always choose condoms with the CE mark – a recognised safety standard.
2. Check the expiry date and don't use it if it is out of date.
3. Check that the roll of the condom is on the outside.
4. Hold the tip (closed end) of the condom and squeeze out the air to make room for semen.
5. Unroll the condom over your penis all the way to the base.
6. Apply plenty of water-based or silicone-based lube on the outside of the condom and in and around your partner's anus.
7. During sex, check to make sure the condom is still on correctly.
8. If you are having penetrative sex for more than 20 minutes, the risk of condom failure increases, so it's advisable to change the condom if you are having sex for longer than this.
9. After you come, while you're still hard, hold onto the base of the condom as you pull out so that it doesn't slip off.
10. After you've pulled out carefully remove the condom keeping the tip lower than the open end so semen doesn't spill out.
You can tie the end, or wrap it up in toilet roll and throw it away.

Tips when using condoms

- Always use a fresh condom every time you have sex.
- Put the condom on before there is any contact with the mouth, vagina or anus and not just before ejaculation (cumming).
- Change condoms during sex if you're having sex for a long time (every 20 minutes).
- Use water-based lubrication with your condoms for safer anal sex. This helps to stop the condom breaking. Remember, never use oil-based lubrication (like Vaseline) with latex condoms as this destroys the latex.
- Never use two condoms together.
- If you accidentally start unrolling a condom inside out, throw it away and start again with a fresh one.
- Never unroll a condom fully before putting it on – it's almost impossible to put on a condom properly after it is unrolled completely.
- Squeeze all the air out of the end of the condom before you start putting it on.
- Be careful with fingernails – they could tear the condom.
- After sex, hold the condom during withdrawal (pulling out).
- Don't put lubrication inside a condom – it is more likely to slip off
- Make sure the condom is the right size – too small and it may break – too big and it may slip off.
- Try flavoured condoms for oral sex. Some flavoured condoms should not be used for penetrative sex so always check the packet for details.

What if the condom breaks?

If you think you may have been exposed to HIV through unprotected sex, or if a condom tears or slips off during anal sex, there is a treatment option available that may prevent HIV infection.

Post Exposure Prophylaxis (PEP) involves taking a combination of anti-HIV drugs for four weeks to prevent the HIV infection from taking hold in the body.

You must begin PEP within 72 hours (3 days) of the exposure to HIV – the earlier treatment starts the better.

PEP is available only by prescription from hospital Accident and Emergency (A&E) Departments, and some sexual health and STI clinics. Not everyone who asks for it will be prescribed PEP. There are guidelines for prescribing and each person is assessed based on their potential risk of exposure to HIV.

If you and/or your partner find yourselves in such a situation, seek medical advice as soon as possible.

See the section on PEP for more information and where to go for advice and assistance.

Whether you avail of PEP or not you should get tested for STIs if you had sex and the condom broke. Getting tested will help you know for sure if you have an STI, even if there are no symptoms. Find out where you can get tested here.

Lube

If you're having anal sex using plenty of lube is a must! Put a generous amount of lube all over the outside of the condom, and in and around the anus. Be sure to apply more lube during long periods of sex.

If you're using latex condoms, use only water-based or silicone-based lubes. Oil-based lubricants (like vaseline, baby oil, or massage oil) will damage latex condoms and should never be used with them.

Some latex condom-friendly lubes include: 'Wet Stuff', 'Pasante TLC', 'Liquid Silk', and 'K-Y Jelly.' You can find lube at most chemists and some larger grocery stores, and sex shops will have an even bigger selection.

Never use saliva (spit) as a lubricant, this increases the risk of a condom splitting because it dries quickly. Never put lube on the penis before putting the condom on, this can increase the risk of the condom slipping off.

Free Condoms & Lube

Free condoms and lube are available in venues listed below. Feel free to get in touch with us if you can't make it to any of these venues but would like free condoms & lube.

Third-Level Colleges

The Union of Students Ireland (USI) offer free condoms and lube through their affiliated Student Union Offices.

PEP

HIV PEP – What You Need to Know

During sex a condom tears or slips off, or maybe one wasn't used. You might have been drunk or high and don't know for sure. Whatever the reason, you or your partner may have been sexually exposed to HIV. But try not to panic, as there is a treatment option available called PEP, that may prevent the HIV virus from taking hold in your bloodstream. The important thing is to attend an STI/GUM clinic or Emergency Department and talk to a healthcare provider to see if you need to take it. Familiarising yourself with the information below might be helpful for yourself, a sexual partner or a friend in the future.

What You Need To Know

PEP can stop HIV replicating itself in the body after the virus has entered the body:

1. PEP is an emergency measure if you have been exposed to HIV.
2. The earlier PEP is taken the better. If you've had a high-risk sexual encounter within the last 72 hours (three days), it's important to get help straight away (check the list of where to get PEP here). It is vital that this medication is given within 72 hours (three days) of the potential exposure to the virus, otherwise it will not work, so, 'please don't leave it until the 72 hours is up or nearly up'.
3. PEP can only be prescribed by doctors and if certain criteria are met. <http://www.hpsc.ie/a-z/EMIToolkit/appendices/app7.pdf>
4. Most STI or GUM clinics can provide PEP, as can Emergency Departments (ED) and sexual assault units (for sexual assault only).
5. PEP is free of charge at all public STI/GUM clinics, however at Emergency Departments and if you have no referral letter, you may have to pay the €100 mandatory attendance fee (some Hospitals may charge more if you are a non-EU National).
6. All public STI/GUM clinics listed below are free to attend.

What is PEP?

Post= after,

Exposure= a situation where HIV has a chance to get into someone's blood stream.

Prophylaxis= a treatment to stop an infection happening.

PEP is a combination of anti-viral drugs. It involves a 28-day (4 week) course of tablets that is prescribed to someone who has been exposed to HIV.

To be effective, PEP must begin as soon as possible after the exposure and before 72 hours (3 days) is up. 'So, the sooner you start after exposure, the better it works'.

You must remember to take the medication every day for the full 4 weeks. If you miss any doses or do not complete the course it greatly affects the chance that PEP will not work.

How do I get PEP?

PEP is available for free (at all public STI/GUM Clinics and Emergency Departments, (the €100 fee might be charged –if you have no referral letter-for attendance at Emergency Departments)

PEP is only given to people who meet the national guidelines for its use <http://www.hpsc.ie/a-z/EMIToolkit/appendices/app7.pdf>

These national guidelines help doctors decide who might be offered PEP. Some of the questions asked are;
Do you know your own HIV status?

- The person you had sex with (and the chances that person had HIV).
- What kind of sex happened (vaginal, oral or anal?).
- If the other person definitely had HIV, what was their 'viral load' (if this is known)?

Once a doctor has considered your risk, a decision will be made about whether PEP is provided. At the same time, you will have a series of blood tests. This makes sure that you don't already have HIV, depending on the result, you will continue PEP.

The best place to go for PEP is your nearest STI/GUM clinic, check the list. If you need PEP over the weekend, outside of STI/GUM clinic hours or during a public holiday, the best place to go is the nearest Emergency Department of a hospital. Most are open 24 hours with some community departments open till midnight (see list 'Where to Get PEP'). PEP is not available from GPs (family doctors) or from pharmacies.

In Emergency Departments and some STI/GUM clinics you will be given a "PEP starter pack". This means if the doctor decides to prescribe PEP to you after the assessment, you will be given a short course of PEP for four to six days. This is not the full course. If given a PEP starter pack, you will be referred to another clinic for further assessment based on your blood results and for continuation of treatment if recommended.

Sometimes people might face obstacles when asking for PEP. The medical staff or receptionists may not know about it or may give out incorrect information such as 'PEP is not available to the general public'.

If this happens, ask to speak to the 'doctor on duty' who should know about the PEP guidelines. 'Don't panic' check the list for nearby options also see the support section here for helplines that you can call for help and advice.

How do I take PEP?

In 2017, the combination medication used for HIV PEP is a tablet called Truvada® (which contains Tenofovir and Emtricitabine) and either two tablets called Isentress® (containing Raltegravir) or one table called Tivicay® (containing Dolutegravir). These antiretroviral drugs are commonly used to treat HIV.

For PEP to have the best chance of working it must be taken exactly as instructed by a doctor and for 28 days.

When you are prescribed PEP you should receive printed information of; the types of tablets, what to do if you miss a dose, the possible side effects, and what medicines or herbal treatments may affect you. There is an outline for this below;

Skipping doses, or not taking the pills for the full month, makes it likely that PEP will not work – if you miss more than 48 hours (two days) please tell your prescriber as they may advise that PEP be discontinued.

If you forget to take your PEP tablets, follow this procedure;

1. If you remember within (12 hours for Truvada) or (six hours for Isentress) after you were due to take it, 'take the missed dose and go back to the usual time for the next one'.
2. If more than 12 hours or the six hours, after you were due to take the dose, 'wait and take your dose at the usual time'.

'Don't take extra tablets to make up for the missed dose.'

As recreational drugs can have dangerous interactions with HIV medication, it's advisable not to use them while taking PEP.

Tell the doctor assessing you about any prescribed drugs, recreational drugs, herbal treatments or over-the-counter medicines you're taking.

If you do get side effects from PEP they are likely to be mild ones experienced in the first few days, such as nausea, headaches, dizziness or tiredness – they should pass after a day or two.

Once you're finished taking PEP you will be tested for HIV again four weeks after finishing the course.

You may be advised to follow-up for other blood and STI tests three months after this.

PrEP – What You Need To Know

What is PrEP?

PrEP is a course of HIV drugs taken by HIV negative people before and after sex to reduce the chance of getting HIV.

Results in trials have been very successful, with PrEP significantly lowering the risk of becoming HIV positive and without major side effects.

The medication used for PrEP is a tablet which contains tenofovir and emtricitabine (sometimes known as Truvada).

How does PrEP work?

PrEP is a course of HIV drugs taken by HIV negative people before and after sex to reduce the chance of getting HIV.

Results in trials have been very successful, with PrEP significantly lowering the risk of becoming HIV positive and without major side effects.

The medication used for PrEP is a tablet which contains tenofovir and emtricitabine (sometimes known as Truvada).

How does PrEP work?

Taking PrEP before and after being exposed to HIV means there is enough drug inside you to block HIV if it gets into your body – before it has the chance to infect you.

How often do you take it?

PrEP is licensed for daily use but studies have shown that it can be effective when taken episodically.

The two ways to take PrEP are:

- taken regularly (one tablet per day)
- only taken when needed (two tablets 2 hours before sex, one tablet 24 hours after sex and a further tablet 48 hours after sex). This is often called 'on-demand' or 'event based' dosing.

Both methods have been shown to be effective. If PrEP becomes available in Ireland it is likely that both approaches will be used, depending on what is most suitable.

Who could take PrEP?

People who are at high risk of getting HIV. This includes gay and bisexual men, ethnic minorities, trans people and those in a relationship with an HIV positive partner who is not on successful treatment.

Other factors are related to a higher risk of HIV. These include:

- A recent STI (especially rectal infection or syphilis).
- Recent use of PEP (post-exposure prophylaxis).
- Using some recreational drugs sex (crystal meth, mephedrone or GHB) – also known as Chemsex drugs.

Any of these mean you are likely to benefit even more from taking PrEP.

Where do I get PrEP?

At the moment PrEP is not available in Ireland.

In Ireland, it is illegal to supply medication by mail order, including over the internet. The Health Products Regulation Authority provides information for the public in relation to sourcing medication over the internet which is available [here](#).

We recently updated our information about getting PrEP online. You can read that [here](#).

PrEP has recently been made available in Scotland. For more information about PrEP we recommend you check out the [prep.scot](#) website.

What you need to do before taking PrEP?

Please talk to a health advisor, nurse or doctor at the clinic. They can help you if you are planning to take, or are already taking PrEP.

It is really important to have an HIV test before or as you start.

PrEP can only be used if you are HIV negative. If you are already HIV positive and don't realise it, you could develop resistance to drugs that you will need for treatment.

Ask for a '4th generation' HIV blood test. This is also called a 'combined antigen/antibody' test. This tells you your HIV status approximately 4 weeks ago. Most finger prick tests are currently '3rd generation'. They tell you your HIV status approximately 3 months ago. So don't rely on a fingerprick test alone before you start PrEP.

If you are just starting PrEP and had a risk in the last 4 weeks, have another 4th generation HIV blood test 4 weeks after starting, just to be sure an early infection was not missed. Don't start PrEP if you have flu-like symptoms and a recent HIV risk. This is to check that these symptoms are not related to a recent HIV infection (ie seroconversion).

If you are starting PrEP after PEP, it is best to start immediately if you have ongoing risks. Ideally you should have an HIV blood test around the time you finish PEP/start PrEP plus another HIV blood test 4 weeks into PrEP.

Remember that unprotected sex while taking PrEP will reduce your risk of HIV but not other STIs, use condoms to reduce your risk of other STIs.

You will also need to have your kidney function checked. Kidney monitoring just involves a blood test for creatinine, and a urine test for protein. These should ideally be done just before or on the day you start.

What you need to do while taking PrEP

Once you have started PrEP, monitoring is important.

Every 3-4 months:

- Have a '4th generation' HIV blood test. This is also called and 'antigen/antibody' HIV blood test.
- Have a full screen for other sexually transmitted infections (STIs).
- Have a urine dipstick test for protein when you have your STI check up; if there is more than a trace, an additional blood or urine test can be sent off for kidney function.

Every 12 months:

- Have a blood test to check your kidney function.

What about other sexually transmitted infections?

Research has shown that PrEP is highly effective at preventing HIV as long as it's taken as directed.

However, PrEP will not protect you from other sexually transmitted infections (STIs) whereas condoms will. If you're using PrEP it's important that you go for regular STI screens every three months so you can get any other infections treated.