

PrEP For Cisgender Women



A Guide for Health Care Providers

PrEP can be a reliable prevention tool for cisgender¹ women at high risk of HIV. To improve uptake among women who could benefit, providers must make PrEP available and accessible².

Why PrEP for Cisgender Women?

PrEP is an approved, safe and effective way to prevent HIV infection among people at high risk of exposure. [Between 2016 and 2021](#), PrEP usage increased among both men and women in Ontario, however uptake of PrEP remains relatively low among cisgender women compared to gay, bisexual and other men who have sex with men (gbMSM): cisgender women account for about 3% of people on PrEP in Ontario even though they made up about 20% (97) of first-time diagnoses in 2021. Although most cisgender women are not at high enough risk of acquiring HIV to need PrEP, this form of HIV prevention may be underused by cisgender women who could benefit – due in part to low awareness of PrEP for women among both providers and patients.

When Ontario PrEP prescribers were interviewed, about half reported that they had had at least one discussion with a cisgender woman about PrEP, but almost all (95%) of these conversations did not result in a PrEP prescription. According to providers, the lack of uptake is due to low awareness and limited guidance for providers on how to assess the appropriateness of PrEP for cisgender women. They said that a cisgender women-specific PrEP guide or series of risk indicators would help. This guide was created to supplement current Canadian PrEP guidelines on prescribing PrEP to cisgender women and provide tips on how to talk to cisgender women about PrEP.

1. A person whose gender identity corresponds with the sex registered for them at birth is referred to as cisgender.
2. This document is focused on improving PrEP uptake for cisgender women at high risk. Trans women, who may also benefit from PrEP, continue to be a priority and are reflected in current Canadian PrEP guidelines. Two-spirit, non-binary femme people, while not explicitly considered in this resource, may also face barriers to gender-affirming care and may benefit from PrEP.

Which cisgender women would benefit from PrEP?

In Ontario, first-time diagnoses among women occur disproportionately among African, Caribbean and Black women. Other populations known to be at increased risk are women who use injection drugs, women whose sex partners inject drugs, and Indigenous women. However, not all women in these populations are at high risk.

Risk factors for HIV among cisgender women – which include the social determinants of health – are complex and intersectional. Specific, calculable risk indicators for HIV among Canadian cisgender women are not well described in the academic literature. Both the complexity of women’s risk and the lack of risk indicators makes it difficult for providers to identify women who might benefit from PrEP.

What risk factors should providers look for?

Cisgender women at risk of HIV are not always easily identifiable. **In addition to the Canadian PrEP Guidelines**, the academic literature and PrEP guidelines from other regions identify potential risk factors for cisgender women. When the following risk factors are considered and explored in partnership with HIV-negative, cisgender women, they may suggest that a woman is a good candidate for PrEP:

Source	Direct (personal) risk factors	Indirect (partner) risk factors
Current Canadian PrEP Guidelines*	<ul style="list-style-type: none">Shared injection drug use paraphernalia with a person with a non-negligible risk of HIV infection	<ul style="list-style-type: none">Condomless vaginal or anal sex with a heterosexual serodiscordant partner with a detectable (i.e. >200 copies) viral load (strong recommendation), or with a heterosexual serodiscordant partner with a low risk of transmitting HIV (weak recommendation)
Academic literature and PrEP guidelines from other regions comparable to Ontario	<ul style="list-style-type: none">Self-referral for PrEPNo or inconsistent condom useRecent STBBI diagnosisSex work, if compounded by other social determinants of health and structural risk factors such as economic insecurity, violence and criminalizationInjection drug use, whether or not shared equipment is reported	<ul style="list-style-type: none">Sexual partner of unknown HIV statusSexual partner who uses injection drugsSexual partner who has sex with menIntimate partner violence

*[When considering PrEP for heterosexual adults](#) in the absence of multiple clear risk factors, practitioners should assess people on a case-by-case basis, using local epidemiologic data and patient-reported risk behaviours as well as their partner’s possible exposures. They should also provide information on different prevention options.

Note: The above risk factors should be used to guide conversations and decision-making alongside consideration of other social determinants of health that may impact a patient’s autonomy to negotiate safe sex and HIV prevention, as well as an appreciation of the patient’s preferences. To view the Health Canada product monograph for PrEP, visit https://pdf.hres.ca/dpd_pm/00046237.PDF



PrEP

PrEP+talk

How should providers start HIV prevention/PrEP conversations with cisgender women?

Not everyone has the same level of comfort discussing sexual health-related topics like HIV. It can be difficult for both patients and providers to know when and how to bring up HIV concerns and PrEP. Women may not always disclose risk factors such as poverty, intimate partner violence, or exchanging sex for a place to stay.

Successful PrEP conversations with cisgender women may benefit from the **ACT** approach:

AVOID STIGMA. Be non-judgmental and non-stigmatizing. Use neutral language about sexual/risk behaviours and avoid making assumptions, particularly about activities like sex work and drug use. Try to echo the language the patient uses and in general, avoid terms like “prostitution/prostitute” or “addict” in favour of terms like “sex work/sex worker” and “person who uses drugs”. Work to address personal conscious and unconscious biases and assumptions based on race, ethnicity, sexuality, and gender, and approach each client interaction through an intersectional lens.

COLLABORATE. Take a collaborative decision-making approach alongside the patient. Make space for the patient to express the outcome they’d like and their thoughts on how PrEP may fit into their lifestyle. The patient should feel like they have been heard and have a say in their own health care decisions.

TAKE YOUR TIME. Carefully explain the different prevention options for women, including condoms, PrEP and PEP (post-exposure prophylaxis). Explain what PrEP is, what it does, and the benefits and potential risks associated with PrEP use. Allow patients an opportunity to ask questions and bring up any concerns so they can make autonomous decisions about their health. PrEP rumination (or an extended period of deliberation) is common among women when considering whether to initiate PrEP, and patients may require more than one conversation with their provider before making a decision.

As a provider, any of the following are good opportunities to start a conversation about HIV prevention and PrEP:

- During any health care appointments, including sexual/reproductive health, primary care and behavioural health – even if a patient has come in for an unrelated issue
- If a patient asks about STI/HIV risk or prevention
- If you suspect any of the other personal or partner risk factors described in this guide

REMEMBER: Women may not identify as being at risk or feel comfortable talking about risk factors.

Once a conversation has been started, providers can use the 5 Ps of Sexual Health to help women understand and assess their HIV risk.

THE 5 Ps ARE:

- 1 Partners:** The number of sexual partners the woman has over a given time, and the gender(s) of her partners.
- 2 Practises:** The kinds of of sexual practises the woman engages in (i.e. vaginal, oral, anal).
- 3 Protection from STBBIs:** The kind(s) of STBBI protection the woman uses, if any (e.g. condoms).
- 4 Past History of STBBIs:** Any history of STBBIs, and whether she is at risk of HIV and/or viral hepatitis.
- 5 Pregnancy:** Any use of pregnancy prevention methods and whether the woman is currently trying to get pregnant. A discussion of HIV prevention and PrEP is also a good time to talk with women about their interest in birth control and different options. Note: pregnant people whose partners are living with HIV and have a detectable viral load (i.e. >200 copies) may be good candidates for PrEP to protect both themselves and their baby.

HIV risk amongst women is complex and multifactorial. Standard risk assessments may miss cisgender women who could benefit from PrEP. To fully assess a cisgender woman's risk of HIV and eligibility for PrEP requires time, appreciation for nuance and two-way communication with the patient, as well as respect for patients' autonomy and expertise in their own health.

For more information about PrEP, paying for PrEP and resources for healthcare providers, visit ontarioprep.ca

Interested in more hands-on training about delivering PrEP? Visit ontarioprep.ca/book-a-consultation/ to request free provider training from the Ontario HIV Treatment Network.

For more information on HIV prevention methods for women, visit the Women & HIV Initiative (WHAI) Preventing HIV page: whai.ca/women-hiv-ontario/preventing-hiv/



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Note that the information contained within this document is subject to change as guidelines and best practices are updated. For the most recent available information, visit ontarioprep.ca



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