

# Answers - Guidance on the use of HIV Pre-exposure Prophylaxis (PrEP)

## in Hong Kong (August 2022, SCAS)

Validity Period: 21 September 2023 - 31 December 2025

	College/ Programme	CME/ CPD/ CNE Point
CME/CPD Accreditation:	MCHK CME Programme for Practising Doctors who are not taking CME Programme for Specialists	1 (Accredited by DH)
	Other colleges	0.5-1*
CNE Accreditation:	-	1

\*Details of CME accreditation for specialists, please refer to [International Network for Continuing Medical Education and Continuous Professional Development](#). Please contact respective authorities directly for CME/CPD accreditation if it is not on the list.

1. Which of the following is not true regarding the situation of MSM and PrEP in Hong Kong?
  - a. PrEP awareness among the MSM community has increased in recent years
  - b. More MSM reported ever use of PrEP in surveys over time
  - c. Less than 10% of the respondents in a 2020 MSM survey had never heard of PrEP
  - d. **Regular public PrEP programme is available for MSM ✓**
  - e. None of the above
2. What are the principles of PrEP practice/programme?
  - a. PrEP should target people at high ongoing risk of HIV infection
  - b. PrEP is an effective biomedical component of combination HIV prevention for the uninfected
  - c. Adherence and correct use is critical and should be monitored
  - d. Other HIV prevention modalities should be delivered concurrently
  - e. **All of the above ✓**
3. Which of the following investigations should be done for people on PrEP?
  - a. HIV testing every 3 months
  - b. STI screening, e.g. syphilis, Chlamydia, every 3 months
  - c. Baseline hepatitis B and C serology if unknown status
  - d. Regular renal function tests if on TDF/FTC
  - e. **All of the above ✓**

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4. Which of the following is not an indication for considering PrEP in HIV negative MSM with a 6-month history and ongoing condomless anal sex?
  - a. Diagnosis of bacterial STI, e.g. gonorrhea
  - b. Diagnosis of viral hepatitis
  - c. **HIV positive partner on stable ART and fully suppressed viral load ✓**
  - d. Use of post-exposure prophylaxis in the previous year
  - e. Practice of chemsex
5. Which of the following is not recommended for PrEP?
  - a. TDF/FTC
  - b. TAF/FTC
  - c. **TDF ✓**
  - d. Cabotegravir
  - e. None of the above
6. Which of the following is not true about on-demand PrEP?
  - a. It is an alternative for MSM who have less frequent high risk sexual activities
  - b. **TDF/FTC and TAF/FTC are drug choices ✓**
  - c. It should not be used in people with untreated chronic hepatitis B
  - d. None of the above
7. Which of the following is not part of the assessment and preparation for PrEP prescription?
  - a. Exclusion of pre-existing HIV infection
  - b. Counselling on the pros and cons of PrEP
  - c. Emphasis on drug adherence and regular monitoring
  - d. Education to watch out for HIV seroconversion
  - e. **None of the above ✓**
8. Which of the following is not true about risk compensation from PrEP?
  - a. Risk compensation refers to an increase in condomless sexual contacts due to perceived HIV protection
  - b. Increase in STI is not uncommonly observed among PrEP users
  - c. There was study showing a decrease in some STI incidence after a wider uptake of PrEP
  - d. Timely STI screening, diagnosis and treatment is important
  - e. **None of the above ✓**

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9. Which of the following is not true about the PrEP studies implemented in Hong Kong for MSM?
  - a. Good acceptance of PrEP among study participants
  - b. Cost was a major concern reported for PrEP utilisation
  - c. **STI incidence increased in on-demand and not daily PrEP users ✓**
  - d. More adverse effects were reported among daily PrEP users
  - e. None of the above
  
10. Which of the following is true about the management and support of PrEP users?
  - a. HIV risk reduction counselling should be provided
  - b. Chemfun has to be specifically addressed if present
  - c. Conduct periodic assessment on the need of continuing PrEP and the appropriate regimen
  - d. Withhold PrEP if there is evidence to suspect breakthrough HIV infection
  - e. **All of the above ✓**