National HIV Programme: Guidance for the Prescription of HIV Pre-Exposure Prophylaxis (PrEP) in Singapore

(Last updated 19 October 2023)

Abstract

Pre-exposure prophylaxis (PrEP) is a supplementary preventive measure against HIV. In recent years, trials involving PrEP have suggested that it may also be considered in specific groups as an additional strategy to prevent HIV infection. Recognising that physicians in Singapore may wish to prescribe PrEP for their patients, the PrEP Guidance Advisory Group, convened by the National HIV Programme (NHVIP), met to develop guidance for physicians on how to do so. It is hoped that the development and dissemination of this guidance will be helpful for physicians who are keen to use PrEP as an additional tool to prevent HIV infection.

Keywords: PrEP, HIV, Pre-exposure prophylaxis

What is new in the Guidance?

Introduction

- A note on the availability of intramuscular long acting cabotegravir as PrEP in Singapore has been added to this section.

Table I

- All individuals who request for PrEP should be given priority to be offered PrEP as requesting for PrEP indicates that there is a risk of acquiring HIV.
- The indications for PrEP have been simplified and made more easily applicable to all individuals who wish to have PrEP.

Table IV

- Under the counselling section: clients should also be counselled on the difference between daily PrEP and on-demand PrEP, whether they are eligible for one or both methods and the correct way to take them.

Table V

Under counselling section: For cisgender MSM individuals, physicians should assess at each visit if modality of PrEP used is still appropriate for patients. If patients wish to switch the mode of PrEP used (i.e., daily to on-demand PrEP), appropriate counselling should be provided.

- Under counselling section: For all other individuals, physicians should counsel that on-demand PrEP has not been studied in this population and clients should not switch to this mode of PrEP until further data is available.
- Under assess if PrEP is still needed: Individuals other than cisgender MSM should continue daily PrEP for 7 days after last potential exposure to HIV before stopping PrEP rather than 28 days. Only cisgender MSM can safely stop PrEP after taking a dose 24 and 48 hours after last at-risk exposure regardless of whether they are using on-demand PrEP or daily PrEP.

CONTENTS

Introduction

In 2022, approximately 1.3 million people were diagnosed with human immunodeficiency virus (HIV) infection [1]. While the availability of highly active combination antiretroviral therapy (cART) has drastically improved the quality of life and life expectancy of people living with HIV, 630 000 people still died of acquired immunodeficiency syndrome (AIDS)-related illness across the globe in 2022 [1, 2].

The number of new cases of HIV infection reported each year in Singapore remained fairly constant between 2008 and 2017, and ranged from 400-500 new cases annually [3]. There has been a decreasing trend in the number of new cases since 2018, with 202 new cases being reported among Singapore residents in 2022 [3-5]. This decrease is likely to be due to multiple factors, including ongoing campaigns focusing on conventional behavioural prevention strategies such as condom use, as well as biomedical strategies such as widespread use of highly effective cART for HIV-infected individuals for prevention of transmission.

HIV is primarily transmitted via sexual intercourse, exposure to infected blood or perinatal transmission. In Singapore, sexual intercourse is the main mode of transmission, with 93% of the cases diagnosed in 2022 acquiring HIV infection via sexual intercourse [3]. HIV prevention strategies, therefore, include a combination of methods, including the national framework of "ABCD", which stands for: A (Abstinence), B (Be Faithful), C (Correct and Consistent condom use) and D (early Detection and treatment for viral suppression) [6]. The most effective way to prevent HIV infection is to remain faithful to one's spouse/ partner, and avoiding casual sex or engaging in sex with sex workers. Persons engaging in high-risk sexual behaviour, such as having multiple sexual partners or engaging in casual or

commercial sex, are strongly advised to use condoms to reduce their risk of HIV infection and other sexually transmitted infections (STI). Condoms should be used consistently and correctly during every sexual encounter.

Pre-exposure prophylaxis (PrEP) is a supplementary preventive measure against HIV. In recent years, trials involving PrEP have suggested that it may also be considered in specific groups as an additional strategy to prevent HIV infection. PrEP involves the use of antiretroviral drugs by HIV-negative individuals at high risk of acquiring HIV infection to prevent transmission and its use has been increasing worldwide. These include the combination of tenofovir disoproxil fumarate or TDF, and emtricitabine or FTC (co-formulated as a single pill known as Truvada™), or tenofovir alafenamide or TAF and FTC (co-formulated as a single pill known as Descovy™ or bioequivalent generics).

In recent years, long-acting injectable cabotegravir (LA-CAB) has also been found to be an effective alternative form of PrEP[7, 8] in heterosexual women, cisgender men who have sex with men and transgender women who have sex with men. At the time of writing, LA-CAB has been approved for use as PrEP in the United States of America, Australia and Zimbabwe[9]. However, it is currently not licensed for use as PrEP in Singapore. Hence, this recommendation will not cover the use of LA-CAB as PrEP.

Recognising that physicians in Singapore may wish to prescribe PrEP for their patients, in May 2019, the PrEP Guidance Advisory Group, convened by the National HIV Programme (NHVIP), met to develop guidance for physicians on how to do so. The PrEP Guidance Advisory Group consisted of clinicians and researchers with expertise in HIV, as well as representatives of

community-based organisations involved in Singapore's HIV response and adopted a consensus decision-making process. The guide is an updated adaptation of current major international guidelines on PrEP from the World Health Organization (WHO) [10, 11], the US Centers for Disease Control and Prevention (CDC) [12], British HIV Association (BHIVA) [13], the Australasian Society for HIV Medicine (ASHM)[14], European AIDS Clinical Society [15], the Taiwan AIDS Society [16], as well as a previous local guideline created by the PrEP taskforce in April 2018. The guide aims to: assist clinicians in their evaluation of patients who are seeking PrEP; and assist clinicians in commencing and monitoring their patients on PrEP. It is hoped that the development and dissemination of this guide will be helpful for physicians who are keen to use PrEP as an additional tool to prevent HIV infection.

Recommendations for the Use of PrEP in Singapore

Providers need to obtain and document the following important aspects of history-taking and discussion during their initial consultation with patients:

- Thorough sexual history, including the timing of the last unprotected sex acts
- HIV and STI screens in the last year, and the date of the last HIV test
- History of bone or renal disease
- Importance of 3-monthly HIV/STI screens
- Importance of taking TDF/FTC or TAF/FTC for PrEP as directed
- Options for a source of TDF/FTC or TAF/FTC for PrEP
- Risk reduction, including information and support for recreational drug use as appropriate

Prior to starting PrEP, all clients will need a baseline 4th generation HIV test to exclude HIV infection. The initiation of PrEP in the context of undiagnosed HIV infection puts an individual at risk of developing antiretroviral resistance. If they test positive for HIV, PrEP should not be started, and they should be linked to care for HIV treatment instead. PrEP should also be stopped immediately if clients show early signs of HIV seroconversion while on PrEP.

Special Clinical Scenarios

There are certain clinical scenarios which physicians need to take note of when prescribing PrEP:

a. <u>Hepatitis B virus (HBV) infection</u>

TDF and FTC are both active against HIV and HBV infections. All individuals who test positive for the hepatitis B surface antigen (HBsAg) will need a baseline HBV DNA quantitative assay to determine the level of replication prior to starting PrEP[17]. HBV DNA levels should be monitored 6-12 monthly in these cases.

As TDF and FTC can treat HBV infection, these individuals should be started on daily PrEP rather than on-demand PrEP. It is important to emphasize adherence to the regimen to prevent the reactivation of HBV infection with potential acute liver injury, and to reduce the risk of developing TDF-resistant HBV infection [18].

In 2020, the DISCOVER trial found that TAF/FTC is non-inferior to TDF/FTC for the prevention of HIV infection in adult cisgender men who have sex with men and transgender women who have sex with men [19]. Similar to TDF, TAF can treat HBV infection. Cisgender men who have sex with men and transgender women who have chronic HBV infection starting on TAF as PrEP should be on the daily PrEP regimen rather than on-demand PrEP[20].

If PrEP is no longer required for HIV prevention, a clinical decision will have to be made on whether TDF or TAF is needed for the treatment of HBV infection. While acute flares from reactivation of HBV infection have been seen in HIV-infected individuals who stop TDF and other medications used to treat HBV infection, similar flares have not been documented in individuals on PrEP [21, 22]. Nevertheless, given the potential risk involved,

these individuals should be monitored closely by an experienced clinician after stopping PrEP.

b. *Raised creatinine after starting PrEP*

TDF has been associated with increased renal toxicity and osteoporosis when used as regular treatment for people living with HIV[23, 24], but the same effect has not been seen in patients on PrEP. A meta-analysis of 13 randomised trials comparing TDF/FTC or TDF alone as PrEP versus placebo found no significant differences in risk of grade 3/4 clinical adverse events, bone or renal adverse outcomes [25]. In cases where there was a substantive decline (i.e. more than 25% of baseline) in the estimated glomerular filtration rate (eGFR), cessation of PrEP resulted in normalization of the eGFR in almost all patients [26]. In addition, a meta-analysis of global programme data found that <1% who were screened before starting oral PrEP had abnormal creatinine clearance levels, and less than 3% of oral PrEP users experienced a decline in creatinine clearance to <60 mL/min. Older individuals, especially those over 50 years, with baseline creatinine clearance of <90 mL/min and with kidney-related co-morbidities such as diabetes or hypertension, had a higher probability of declining to abnormal levels of creatinine clearance[10]. Less than 1% of oral PrEP users younger than 30 years old experience abnormal creatinine clearance[10]. In view of the above data, the population of individuals who require creatinine monitoring and the frequency of creatinine monitoring has been changed to better adapt the above findings (refer to table IV and V).

However, there is no data concerning the use of PrEP for individuals with eGFR < 60ml/min. Hence, the use of TDF should still be stopped in individuals whose eGFR falls to

<60ml/min. For cisgender men who have sex with men and transgender women who have sex with men with eGFR between 30ml/min and 60ml/min, there is now an option to use TAF/FTC instead [27]. As there is limited data on the use of TAF in patients with eGFR < 30mL/min, most international guidelines have advised avoiding the use of TAF in these patients.

c. *<u>High-Risk Exposures within 72 hours</u>*

It is important to ensure that individuals are HIV-negative prior to starting PrEP. In individuals who have high-risk exposure within the last 72 hours, it may be appropriate to consider the use of post-exposure prophylaxis (PEP) prior to the use of PrEP. As it takes up to 72 hours for HIV to be detected in regional lymph nodes and up to 5 days to be detected in blood, the use of PEP can help prevent the acquisition of HIV infection following exposure by inhibiting viral replication [28]. PEP is likely to be ineffective if started beyond 72 hours. In such cases, HIV testing should be repeated 4 weeks later to definitively exclude HIV infection. However, if the individual is keen to start PrEP immediately, HIV RNA viral load testing should be done to exclude acute HIV infection.

d. *<u>Interpretation of HIV antigen-antibody testing results</u>*

All individuals should have a 4th generation HIV test (either routine HIV EIA (enzyme-linked immunoassay) within the past 4 weeks OR rapid point-of-care finger-prick blood test on the day of consultation if there is no concern of recent exposure. If a HIV antigen-antibody test returns as indeterminate, this could suggest very early HIV infection (i.e. acute HIV infection or HIV seroconversion) or a false positive result [29]. In these cases, a HIV RNA viral load and/or a repeat HIV antigen-antibody test may be considered. PrEP should NOT

be started in these instances, and physicians can consider making a referral to an infectious disease specialist for further evaluation.

Individuals with high-risk exposure who are non-adherent to the PrEP regimen are still at risk of contracting HIV infection. However, HIV-1 seroconversion may be delayed while the patient is partially compliant to PrEP [30]. Hence, an indeterminate HIV antigen-antibody test in these individuals should raise suspicion for possible HIV infection. These individuals should also stop PrEP to prevent the development of potential resistance and be referred to an infectious disease specialist for further evaluation.

Table I: Who may be suitable for PrEP

Who may be suitable for PrEP?	Additional Considerations
Anal or vaginal sex in the past 6 months AND any of the following:	
a. HIV-positive partner (especially if the partner has an unknown or detectable viral load) b. Bacterial STI in the past 6 months c. History of inconsistent or no condom use with sexual partners d. Engages in sexual activities under the influence of alcohol or other drugs	HIV viral suppression is defined as plasma viral load <200 copies/mL for ≥ 6 months Individuals who have had post-exposure prophylaxis twice in the last 6 months, sex workers, etc. OR indicate that they may be engaging in high-risk sexual behaviour
2. Any individual who requests PrEP may be offered it, even if no specific risk behaviours are identified	Individuals at risk of acquiring HIV may feel uncomfortable reporting their sexual behaviours to healthcare workers due to concerns about stigma and discrimination.

Table II: Contraindications to use of PrEP

Contraindications to use of PrEP
• Known HIV infection • Clinical syndrome suggestive of acute HIV infection/HIV seroconversion (please refer to section *d.* in *Special Clinical Scenarios*.) • Known impairment of renal function (estimated creatinine clearance <60 ml/min for individuals considering TDF/FTC and estimated creatinine clearance < 30ml/min for individuals eligible for TAF/FTC) • Allergy or other known contraindication to any of the drugs in the PrEP regimen

Table III: How should PrEP be taken?

Methods	Suitable populations	Administration
Daily PrEP	All who have indications for PrEP	• All individuals: daily dosing of co-formulated TDF/FTC • Cisgender men who have sex with men and transgender women who have sex with men: these individuals can also use daily dosing of co-formulated TAF/FTC <u>Note:</u> • Needs to be taken for 7 days before high levels of protection are achieved for both vaginal and rectal exposure to HIV. • Alternative regimens such as taking PrEP four times a week is **not** recommended • TAF/FTC can only be used in cisgender men who have sex with men and transgender women who have sex with men as a daily PrEP regimen.
On-Demand PrEP	Select populations only On-demand PrEP has only been investigated and is recommended in cisgender men who have sex with men.	A double dose (two tablets) of co-formulated TDF/FTC should be taken 2-24 hours before potential sexual exposure, followed by single doses 24 and 48 hours after the initial dose. When there is potential sustained exposure for more than a 24-hour period, 1 tablet per day should be taken until the last exposure, followed by the 2 post-exposure tablets. <u>Note:</u> • TAF/FTC **cannot** be used in the on-demand PrEP regimen

Table IV: What should be done at the first consultation?

What should be done at the first consultation?	Example	Additional Considerations
Ensure that the patient is HIV-negative	Using a 4th generation HIV test (either routine HIV EIA (enzyme-linked immunoassay) **within the past 4 weeks** OR rapid point-of-care finger-prick blood test **on the day of consultation** if there is no concern of recent exposure	Lab-based HIV 4th General EIA test is preferred
	If recent high-risk exposure (within the past 72 hours), consider PEP and re-test after 28 days	Consider Post Exposure Prophylaxis
	If high-risk exposure after 72 hours but within the past 28 days, repeat HIV testing after 4 weeks	
	If the patient is keen to initiate PrEP immediately, consider HIV RNA (viral load) testing	
Baseline renal function testing	Serum creatinine	Estimated creatinine clearance can be calculated using the modified Cockcroft-Gault equation
	Urinalysis for proteinuria	Only for patients with pre-existing risk for renal impairment, e.g. diabetes, hypertension
Hepatitis B screening	Hepatitis B surface antigen (HBsAg) and antibody (anti-HBs)	Vaccination against hepatitis B should be offered to non-immune individuals. If patients test positive for hepatitis B, they should be considered for treatment and not be offered on-demand PrEP.
Offer Hepatitis C screening	Hepatitis C antibody (anti-HCV)	Referral for hepatitis C treatment if positive
Offer STI screening and treatment	Syphilis screening	
	Other bacterial STIs (gonorrhoea, chlamydia, etc)	At relevant and appropriate sites based on sexual history or consider three-in-one testing as per site availability (urethral, rectal, pharyngeal, etc.)

What should be done at the first consultation?	Example	Additional Considerations
Offer pregnancy screening	Urinary beta-HCG	Contraception should be discussed and provided for women who are on PrEP and who do not wish to become pregnant
Prescribe PrEP	Prescription should not exceed 3 months or 90 days with no automatic refills	A printed and endorsed prescription should be provided
Other services	Joint development of plan for effective PrEP use (including deciding on daily versus on-demand PrEP)	
	Vaccination against hepatitis A, B and human papillomavirus as indicated	
Counselling	Types of PrEP	Key Message: There are two forms of PrEP- daily PrEP and on-demand PrEP. On-demand PrEP should only be used for cisgender men who have sex with men due to the lack of data on the effectiveness of on-demand PrEP among heterosexual men and women, people who inject drugs, and transgender persons. Individuals other than MSM should **not** use on-demand PrEP. MSM who chose to be on daily PrEP should be advised on how to switch to on-demand PrEP should they wish to.
	Efficacy of PrEP	Key Message: PrEP is highly effective if taken as prescribed as part of an overall HIV prevention strategy (including the use of condoms)
	Adherence counselling	Key Message: It is important to take PrEP every day (for daily PrEP) and according to the schedule (for on-demand PrEP) for it to be effective.
	Engagement in care	Key Message: It is important to return for visits to get tested for HIV and assess for medication side effects, as well

What should be done at the first consultation?	Example	Additional Considerations
		as to obtain a new prescription so that PrEP is not interrupted.
	Sexual health counselling	Key Message: PrEP does not prevent other STIs, and regular testing and treatment for other STIs is needed to maintain sexual health. PrEP also does not prevent pregnancy, and contraception should be used to prevent pregnancy if needed.

Table V: What should be done after PrEP is started?

What should be done after PrEP is started?	Tests/agenda to be done	Additional Considerations
Consider reviewing the patient at 4 weeks for the following, either in the clinic or using telemedicine	Consider repeat HIV testing at 4 weeks via use of 4th generation HIV test	Especially if there are concerns about adherence to PrEP in the first 4 weeks or if there was high-risk exposure 3 days or more prior to PrEP initiation
		Check for adherence to PrEP
		Confirm that daily OR on-demand regimens are being taken appropriately
		Check for side-effects
Review 3-6 monthly thereafter	3rd/4th generation HIV test (either routine HIV EIA OR rapid POCT finger-prick blood test) 3 monthly	
	Serum Creatinine All individuals should get a repeat creatinine 1-3 months after starting PrEP.	For individuals with co-morbidities or aged 50 years and above with routine creatinine monitoring done in other settings, PrEP providers can consider using these results in

What should be done after PrEP is started?	Tests/agenda to be done	Additional Considerations
	In individuals younger than 50 years-old without any co-morbidities, nil further creatinine monitoring is required if the repeat creatinine test is normal. Individuals with kidney-related co-morbidities or age 50 years and above should have a repeat serum creatinine check at least once every 12 months.	their clinic review instead of obtaining a separate serum creatinine if appropriate.
	STI screening and treatment	Syphilis, gonorrhoea and chlamydia screening 3 – 6 monthly The frequency of screening depends on patient-reported sexual risk behaviour
	Anti-HCV 12 monthly Consider 3 monthly with very high-risk behaviour	Especially for PrEP services provided to men who have sex with men and people who use drugs.
	Urinary beta-HCG 3 monthly	
Prescribe PrEP	Prescription should not exceed 3 months or 90 days, with no automatic refill prescribed	For patients obtaining medications from external sources, a printed and endorsed prescription should be provided
Other services	Vaccination against hepatitis A, B and human papillomavirus, if not previously offered	
	Contraception for women on PrEP who do not wish to become pregnant	
Counselling	Adherence counselling	Reinforce Key Messages as outlined in Table 4
	Engagement in care	
	Sexual health counselling	

What should be done after PrEP is started?	Tests/agenda to be done	Additional Considerations
Assess if the modality of PrEP is still appropriate	The appropriateness of the modality of PrEP used for cisgender MSM should be assessed at each visit.	Cisgender MSM patients who wish to switch from daily to on-demand PrEP (or vice versa) should be advised on how to do so. On-demand PrEP should only be used for cisgender men who have sex with men due to the lack of data on the effectiveness of on-demand PrEP among heterosexual men and women, people who inject drugs, and transgender persons. All other individuals should be advised that on-demand PrEP cannot be used in their situation.
Assess if PrEP is still needed	The need for continued PrEP should be assessed 12-monthly	Patients should continue taking daily PrEP for 7 days after the last sexual exposurebefore discontinuing PrEP. Only cisgender MSM can safely stop PrEP after taking a dose 24 and 48 hours after the last at-risk exposure, regardless of the PrEP modality used.
Linkage to care for patients who seroconvert	All patients who test positive for HIV should be referred for treatment at a HIV care centre on an urgent basis	HIV-infected patients can be started on HIV treatment without interruption

Table VI: What should be done if PrEP is discontinued?

What should be done if PrEP is discontinued?	Tests/agenda to be done	Additional Considerations
Assess HIV status	HIV testing	
Hepatitis B testing and treatment considerations	Consider repeat HBsAg testing when planning to discontinue PrEP unless there is documented immunity	Patients who are HBsAg-positive and stop PrEP should have their liver function and hepatitis B viral load monitored after cessation of PrEP as there is a risk of hepatitis B reactivation

What should be done if PrEP is discontinued?	Tests/agenda to be done	Additional Considerations
Counselling	Advice on re-initiation of PrEP	Patients should be counselled to consider re-initiation of PrEP if the risk of HIV infection should become present again, e.g. • Entering a period of engaging in unprotected sex • Leaving a long-term relationship • Starting a serodiscordant relationship with a partner who is yet to be virally suppressed or with a partner of unknown HIV status • Other risk factors for HIV acquisition

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PrEP Guidance Advisory Group Terms of Reference (FY2023-2025)

Membership

The Pre-exposure Prophylaxis (PrEP) Guidance Advisory Group is a select group of stakeholders who are involved in the work of HIV prevention and care management. Members are chosen based on the expertise and community involvement in their relevant fields to join the National HIV Programme (NHIVP)'s effort in coordinating the national HIV response. This Terms of Reference is effective from 1 April 2023 to 31 March 2025, unless terminated by agreement between the parties.

The PrEP Guidance Advisory Group comprises of:

- Dr Lee Pei Hua, Associate Consultant, Enhanced HIV Programme (EHIVP), National Centre for Infectious Diseases (NCID)
- Mr P Arun Kumar, Programme Manager, EHIVP, NCID
- Dr Dariusz Olszyna, Director, EHIVP, National University Hospital (NUH)
- Dr Tham Sai Meng, Associate Consultant, Infectious Diseases, NUH
- Mr Tiane Le, Programme Manager, EHIVP, NUH
- Dr Edwin Sng, Director, EHIVP, Changi General Hospital (CGH)
- A/Prof Matthias Toh, Director, National Public Health and Epidemiology Unit (NPHEU), NCID
- Dr Isabel Tavitian-Exley, Principal Epidemiologist, NPHEU, NCID
- Dr Mark Chen, Senior Consultant, NPHEU, NCID
- A/Prof Martin Chio, Senior Consultant, Department of STI Control (DSC) Clinic
- Dr Benson Yeo, Head, DSC Clinic
- Dr Tan Kok Kuan, Medical Director, Dr Tan Medical Centre
- Dr Jonathan Ti, Chief Medical Officer, Dr Tan & Partners Clinic
- Dr Rayner Tan, Assistant Professor, Saw Swee Hock School of Public Health, NUS
- Mr Leow Yangfa, Executive Director, Oogachaga
- Mr Chronos Kwok, Assistant Director, AfA
- Ms Sherry Sherqueshaa, Human Rights Defender & Advocate, Project X

Purpose

The PrEP Guidance Advisory Group serves to provide the NHIVP with input and guidance regarding *PrEP prescription in Singapore*. To be effective, the advisory group will adopt the following operating procedures to:

- Providing input on the current PrEP prescribing practices
- Adapting international guidelines to the local context
- Drafting the National HIV Programme's PrEP Guidance
- Reviewing all written materials for quality assurance
- Utilising local data to inform PrEP prescribing practices

Responsibilities, Powers and Procedures

1. Members will participate in email communications and in-person meetings upon request.
2. The NHIVP Executive will act as secretariat to the advisory group to:

- Develop and disseminate meeting schedules
- Consult with the advisory group to determine meeting topics and agenda
- Organise presentations for meetings where relevant
- Manage online communication and dissemination of relevant information
- Record and distribute meeting minutes
- Act as the main point of contact for programme-related questions or issues

3. Members' responsibilities are to:
    - Attend all advisory group meetings, or where attendance is not possible, submit an apology
    - Participate actively and work cooperatively with other group members
    - Prepare for meetings by reading and considering the agenda items, papers circulated and relevant documents
    - Provide a review of current materials for adaptation to the Singapore context
    - Advise on implementation of initiatives in Singapore
    - Respect group procedures, decisions and diverging opinions expressed by other members
    - Agree to the advisory group's privacy and confidentiality agreement

Remuneration
Advisory group members are requested to participate voluntarily. No sitting fees will be provided.

Privacy and Confidentiality
To ensure effective consultation between the NHIVP and advisory group members, sensitive information that is not available in the public domain may be disclosed and shared at advisory group meetings or through emails on a confidential basis. This includes discussions on the group's mailing list. Members are expected to be mindful of the confidentiality of this information and should not disclose them to outside parties.

If members are unsure about the confidentiality status of specific information or data disclosed to them, the Chair (Director, National HIV Programme) should be consulted for clarification.

A/Prof Sophia Archuleta
Director
National HIV Programme
National Centre for Infectious Diseases

Financial Disclosure

PrEP Guidance Advisory Group Member	Financial Disclosure	
	Company	**Relationship**
A/Prof Sophia Archuleta	None	N/A
Dr Wong Chen Seong	Gilead	Advisory Board, Research Funding
	GSK/Viiv	Advisory Board
Dr Choy Chiaw Yee	GSK ViiV	Speaker
Dr Teh Yii Ean	GSK, Gilead	Advisory board
Ms Lavinia Lin	None	N/A
Ms Sally Low	None	N/A
Dr Lee Pei Hua	None	N/A
Mr Arun P Kumar	None	N/A
Dr Dariusz Olszyna	Gilead	Advisory Boards and Consultancy; Travel and Subsistence Fees
	GSK/ViiV	
	Janssen / Johnson & Johnson	Travel and Subsistence Fees
Dr Tham Sai Meng	None	N/A
Mr Tiane Le	None	N/A
Dr Edwin Sng	None	N/A
A/Prof Matthias Toh	None	N/A
Dr Isabel Tavitian-Exley	None	N/A
Dr Mark Chen	None	N/A
A/Prof Martin Chio	None	N/A
Dr Benson Yeo	None	N/A
Dr Tan Kok Kuan	None	N/A
Dr Jonathan Ti	None	N/A
Dr Rayner Tan	None	N/A
Mr Leow Yangfa	None	N/A
Mr Chronos Kwok	None	N/A
Ms Sherry Sherqueshaa	None	N/A