

Advances, Challenges, and Contributions of Nurses in HIV PrEP in Primary Health Care: An Integrative Review

Avanços, Desafios e Contribuições do Enfermeiro na Prep ao HIV na Atenção Primária à Saúde: Revisão Integrativa
Avances, Desafíos y Contribuciones del Enfermero en la PrEP para el VIH en la Atención Primaria de Salud: Revisión Integrativa

RESUMO

Objetivo: Analisar as contribuições e os desafios da atuação da enfermagem na Profilaxia Pré-Exposição ao HIV (PrEP) na Atenção Primária à Saúde. **Método:** Revisão integrativa da literatura com 16 estudos publicados entre 2019 e 2025, selecionados em bases de dados nacionais e internacionais. Os dados foram analisados de forma descritiva e organizados por categorias temáticas. **Resultados:** Predominaram estudos internacionais e observacionais. A atuação da enfermagem esteve associada à ampliação do acesso, maior adesão e retenção na PrEP, além da detecção precoce de infecções sexualmente transmissíveis. Estratégias como oferta ativa, telessaúde e modelos descentralizados mostraram impacto positivo. Como desafios, destacaram-se lacunas de capacitação, sobrecarga de trabalho, limitações estruturais, estigma e restrições regulatórias. **Conclusão:** A enfermagem tem papel central na expansão da PrEP na APS, porém sua consolidação depende do fortalecimento da qualificação profissional, da ampliação da autonomia e da melhoria das condições organizacionais dos serviços.

DESCRIPTORES: Atenção Primária à Saúde; Enfermagem; Profilaxia Pré-Exposição; HIV.

ABSTRACT

Objective: To analyze the contributions and challenges of nursing practice in HIV Pre-Exposure Prophylaxis (PrEP) in Primary Health Care. **Method:** Integrative literature review including 16 studies published between 2019 and 2025, selected from national and international databases. Data were analyzed descriptively and organized into thematic categories. **Results:** International and observational studies predominated. Nursing practice was associated with expanded access, improved adherence and retention in PrEP, and early detection of sexually transmitted infections. Strategies such as active offer, telehealth, and decentralized models showed positive impact. Main challenges included gaps in training, workload, structural limitations, stigma, and regulatory restrictions. **Conclusion:** Nursing plays a central role in expanding PrEP in Primary Health Care; however, its consolidation depends on strengthening professional training, expanding autonomy, and improving service organization.

DESCRIPTORS: Primary Health Care; Nursing; Pre-Exposure Prophylaxis; HIV.

RESUMEN

Objetivo: Analizar las contribuciones y los desafíos de la actuación de enfermería en la profilaxis preexposición al VIH (PrEP) en la atención primaria de salud. **Método:** Revisión integradora de la literatura con 16 estudios publicados entre 2019 y 2025, seleccionados en bases de datos nacionales e internacionales. Los datos fueron analizados de forma descriptiva y organizados en categorías temáticas. **Resultados:** Predominaron estudios internacionales y observacionales. La actuación de enfermería se asoció con la ampliación del acceso, mayor adherencia y retención en la PrEP, además de la detección precoz de infecciones de transmisión sexual. Estrategias como la oferta activa, la telesalud y los modelos descentralizados mostraron impacto positivo. Entre los desafíos destacaron las brechas de capacitación, la sobrecarga laboral, las limitaciones estructurales, el estigma y las restricciones regulatorias. **Conclusión:** La enfermería desempeña un papel central en la expansión de la PrEP en la atención primaria; sin embargo, su consolidación depende del fortalecimiento de la formación profesional, la ampliación de la autonomía y la mejora de la organización de los servicios.

DESCRIPTORES: Atención Primaria de Salud; Enfermería; Profilaxis Preexposición; VIH.

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INTRODUCTION

Human Immunodeficiency Virus (HIV) infection remains a major global public health problem, despite the scientific and technological advances achieved in recent decades. Recent estimates indicate that millions of people worldwide are living with HIV, with new infections continuing to occur primarily in contexts of social, economic, and programmatic vulnerability⁽¹⁻²⁾. Although there has been a reduction in incidence in some regions, the rate of decline is still insufficient to achieve the global goals of eliminating the epidemic by 2030, highlighting sig-

nificant gaps in prevention strategies.

In the current landscape, the HIV epidemic exhibits dynamic and uneven characteristics, with the highest concentration among key populations, such as men who have sex with men (MSM), sex workers, transgender people, people who use drugs, and people in detention^(1,3). These populations face structural barriers, including stigma, discrimination, and limited access to health services—factors that contribute to the persistence of transmission and hinder the effective implementation of preventive interventions.

In this context, combined prevention has established itself as an essential

strategic approach, integrating biomedical, behavioral, and structural methods to reduce HIV incidence⁽²⁾. Among these strategies, HIV Pre-Exposure Prophylaxis (PrEP) stands out as one of the most effective interventions, with robust evidence demonstrating its high effectiveness in reducing the risk of infection when used appropriately⁽⁴⁻⁵⁾.

In Brazil, the incorporation of PrEP into the Unified Health System (SUS) in 2017 represented an important milestone in public policies to combat HIV/AIDS, expanding access to evidence-based prevention technologies⁽⁶⁾. Since then, a progressive expansion of availability has been observed, although

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challenges remain regarding equitable access, adherence to use, and continuity of care for users, especially in regions with lower healthcare coverage⁽⁷⁻⁸⁾.

Despite the proven efficacy of Pre-Exposure Prophylaxis (PrEP), recent studies show that lack of awareness about this strategy remains significant both in the general population and among priority groups, which limits its large-scale use⁽⁹⁾. In addition, factors such as HIV-related stigma, fear of discrimination, and organizational barriers in health services negatively impact the search for, initiation of, and continuity of care⁽¹⁰⁾.

Primary Health Care (PHC), as the main gateway to the Unified Health System (SUS) and coordinator of care, plays a central role in expanding access to Pre-Exposure Prophylaxis (PrEP) and in consolidating combined prevention⁽¹¹⁻¹²⁾. Its territorial reach and proximity to communities help reduce barriers to access and facilitate the implementation of integrated preventive strategies^(11,13). Furthermore, PHC provides a privileged setting for the development of ongoing health promotion, health education, and longitudinal follow-up, which are essential for the success of combined prevention strategies^(12,14).

In this context, nurses stand out as strategic professionals in the implementation of Pre-Exposure Prophylaxis (PrEP) in Primary Health Care, acting from the identification of eligible individuals through clinical follow-up, adherence to treatment, and monitoring of adverse events⁽¹⁵⁻¹⁶⁾. Their role also involves providing counseling, rapid testing, and health education—practices that are fundamental to strengthening the patient-provider relationship and adherence to preventive strategies⁽²⁰⁾. In addition, nurses play an essential role in addressing social barriers, such as HIV-related stigma, contributing to the quality of care and expanding access to health services⁽¹⁸⁾.

However, the literature shows that nurses' work in this context still faces

significant challenges, such as limitations in professional training, uncertainty regarding clinical protocols, and weaknesses in the organization of health services. Added to this are structural and operational barriers related to the functioning of services, including logistical difficulties and professional resistance, which directly impact the implementation of PrEP. Furthermore, structural aspects, such as the availability of supplies, the organization of care pathways, and integration across levels of care, directly influence the effectiveness of PrEP monitoring^(9,15).

Furthermore, national and international studies highlight the need to strengthen public policies and professional training to expand the implementation of PrEP in primary health care, with a focus on equity, reducing vulnerabilities, and ensuring comprehensive care^(1-2,7). The generation of scientific evidence in this field is essential to inform decision-making and improve care practices.

Given this context, it is important to critically analyze the advances achieved and the persistent challenges in nurses' role in PrEP monitoring, considering their implications for addressing the HIV epidemic and for strengthening Primary Health Care as the structural

pillar of care within the SUS. Thus, this study sought to analyze, in the scientific literature, the advances, challenges, and contributions of nurses' role in the management of HIV Pre-Exposure Prophylaxis within the context of Primary Health Care.

METHOD

This study consists of an integrative review, conducted in accordance with the recommendations of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)⁽¹⁹⁾. The study was conducted in six stages: identification of the topic and formulation of the research question; definition of the search and sampling strategy; establishment of eligibility criteria; assessment of the methodological quality of the included studies; data extraction; and, finally, synthesis of the evidence⁽²⁰⁾.

The research question "What are the advances and challenges faced by nurses in providing and monitoring HIV Pre-Exposure Prophylaxis in Primary Health Care?" was structured using the PICO strategy and is described in Table 1.

Table 1. Dimensions of the PICO strategy in structuring the research question.

PICO	Definition	Description
P	Population	Nurses
I	Interest	Advances and Challenges in HIV Pre-Exposure Prophylaxis
Co	Context	Primary Health Care

The electronic search was conducted in February 2026 via electronic access to the following databases: Medical Literature Analysis and Retrieval System Online (MEDLINE) via PubMed®, Web of Science™, Latin American and Caribbean Center on Health Sciences Information (LILACS), and Nursing Database (BDENF) via the Virtual Health Li-

brary (VHL).

In this regard, controlled and uncontrolled descriptors (keywords) were selected in Portuguese and English, indexed in *Medical Subject Headings* (MeSH) and Descriptors in Health Sciences (DeCS): *Nurse*; *Pre-Exposure Prophylaxis*; *Primary Health Care*. The search strategy was adapted according to the specific

characteristics of each database consulted, using the Boolean operators OR and AND.

With regard to eligibility criteria, we included observational and intervention studies that assessed clinical, policy, and scientific advances, as well as the barriers and challenges to PrEP implementation by nurses working in primary health care. In this review, we chose not to impose restrictions regarding language or publication date. This criterion was based on the adopted methodology, since imposing such restrictions could limit the scope of the analysis and hinder the identification of relevant theoretical or methodological studies to inform future research.

Exclusion was based on the following criteria: 1 - Studies that evaluated PrEP monitoring by other professional categories; 2 - Research conducted at other levels of healthcare; 3 - Duplicate records in the consulted databases; 4 - Editorials, protocols, event proceedings, theses, dissertations, or literature reviews.

The identified studies were exported to EndNote Basic Manager to remove duplicates. Subsequently, all references were imported into the Rayyan platform, a management tool that allows for blind selection among reviewers. Studies deemed relevant were reviewed in full. Disagreements among reviewers at any stage of the review were managed by a third reviewer.

The critical appraisal recommendations proposed by the Oxford Centre for Evidence-based Medicine (OCBM) were used to classify the level of evidence, considering: 1A – systematic review of randomized controlled trials; 1B – randomized controlled trial with a narrow confidence interval; 1C – “all-or-nothing” therapeutic outcomes; 2A – systematic review of cohort studies; 2B – cohort study (including lower-quality randomized clinical trials); 2C – observa-

tion of therapeutic outcomes or ecological studies; 3A – systematic review of case-control studies; 3B – case-control study; 4 – case reports (including lower-quality cohort or case-control studies); 5 – expert opinion⁽²⁰⁾.

The data collection process was guided by a proprietary instrument developed by the authors. Therefore, reference data were collected, including the lead author, setting/location of the study, conditions and populations involved, sample size, study design, level of evidence, main results, conclusions, limitations, and recommendations.

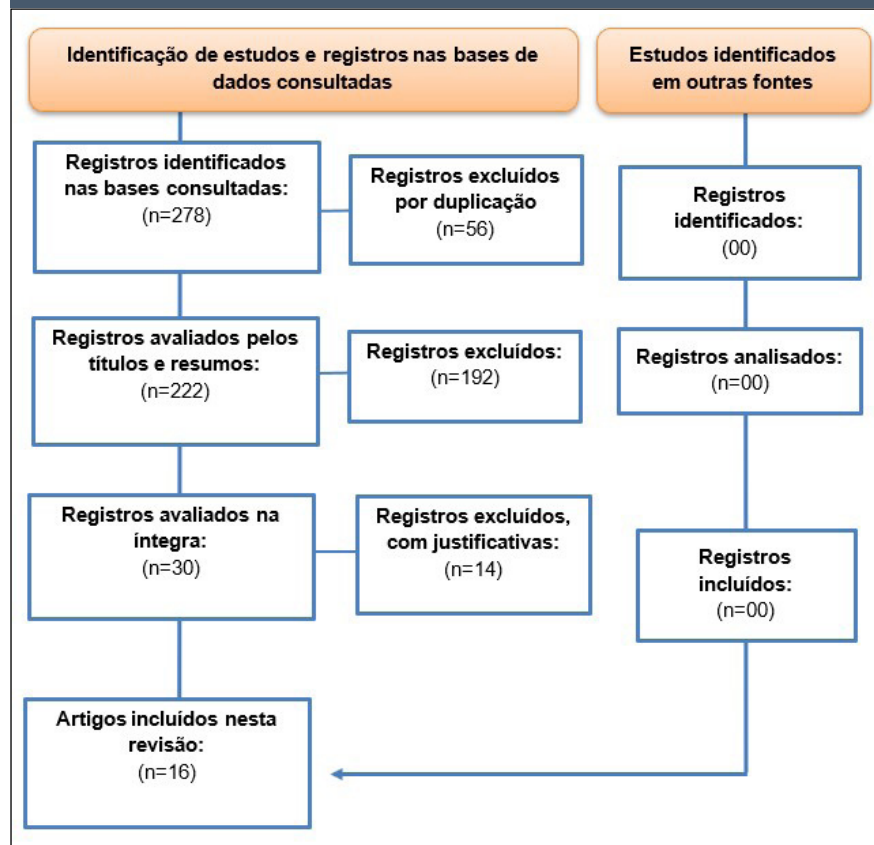
The analysis and synthesis of the results were performed descriptively. It should be noted that the evidence presented in this study is of a secondary nature. Therefore, approval by a Research Ethics Committee was not

required.

RESULTS

The search strategy identified 278 studies, of which 56 were excluded due to duplication and 222 were assessed for eligibility. Under these conditions, this review included 16 primary studies that evaluated the contributions, challenges, and advances related to nurses' role in PrEP monitoring in primary care. The process of identification, screening, selection, and inclusion followed the recommendations of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA)⁽¹⁹⁾, as presented in Figure 1.

Figure 1. Flowchart of the screening, selection, eligibility, and sample composition of the primary studies in the databases examined.



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The study sample consisted of 16 studies published between 2019 and 2025, with a higher concentration in more recent years, particularly in 2021 (n = 5; 31.2%) and 2023 (n = 3; 18.8%). The years 2022 (n = 3; 18.8%), 2020 (n = 2; 12.5%), 2024 (n = 1; 6.2%), 2025 (n = 1; 6.2%), and 2019 (n = 1; 6.2%) had a lower number of publications, indicating a recent growth trend in the topic.

Regarding geographic distribution, international studies predominated (n = 15; 93.8%), notably from Canada (n = 4; 25%), the United States (n = 4; 25%), and South Africa (n = 3; 18.8%). Other countries included were Australia, Kenya, the United Kingdom, and India (n = 1; 6.2% each). Brazil was represented by only 1 study (6.2%), indicating low national output on the topic compared to the international landscape.

Regarding the methodological de-

sign, observational studies predominated (n = 10; 62.5%), including prospective and retrospective cohorts and cross-sectional studies. Qualitative studies accounted for 2 (12.5%), while specific designs included 1 clinical trial (6.2%), 1 systematic review with meta-analysis (6.2%), 1 historical study (6.2%), and 1 mixed-methods study (6.2%), demonstrating methodological diversity, though with a concentration on descriptive approaches.

Regarding the level of evidence, level 2B predominated (n = 6; 37.5%), followed by level 4 (n = 6; 37.5%), indicating a strong presence of observational and qualitative studies. Studies with greater methodological robustness were less frequent, including 1 systematic review with meta-analysis (level 1A; 6.2%) and 1 clinical trial (level 1B; 6.2%), as well as 1 level 5 study (6.2%). This profile demonstrates that the available evidence is

still predominantly of moderate quality.

Regarding sample size, the studies showed wide variation, with samples ranging from n = 20 to n = 2,153 participants, reflecting heterogeneity in the scale of the investigations, from exploratory qualitative studies to larger cohorts.

Overall, the sample characteristics indicate an expanding field of research, with a predominance of international studies, observational designs, and moderate levels of evidence, as well as limited Brazilian output and a low frequency of experimental studies.

Table 2 presents the characterization of the included studies and a synthesis of the knowledge produced, organized by lead author, title, journal, year of publication, study design, level of evidence, main results, and conclusions.

Table 2. Characterization and synthesis of the studies included in the review (n=16).

Author and Journal	Title	Year	Country	Contributions and Advances	Challenges Faced	Method (n)	NE
Araújo AJ ⁽²¹⁾ (Rev Enfermagem em foco)	Pre-exposure prophylaxis for human immunodeficiency virus in primary health care: nursing experiences	2024	Brazil	Establishing a therapeutic relationship, active listening, and facilitating access to PrEP in routine primary health care.	Administrative overload, lack of continuing education, and inadequate infrastructure for confidentiality.	Qualitative (12)	4
Akingbohunbe OO et al. ⁽²²⁾ (S. Afr. J. HIV Med.)	Knowledge, attitudes, and practices of primary care nurses regarding human immunodeficiency virus pre-exposure prophylaxis in Mhlontlo.	2022	South Africa	Positive attitude and willingness to implement PrEP in underserved rural areas.	Gaps in technical knowledge regarding eligibility criteria and toxicity management.	Cross-sectional (71)	4
Wai J et al. ⁽²³⁾ (Sex Health)	Changing the model of HIV PrEP delivery - nurse-led telehealth in a metropolitan sexual health service: a retrospective analysis	2025	Australia	Implementation of nurse-led telehealth, increasing the efficiency and speed of follow-up.	Difficulty in ensuring the performance of laboratory tests remotely.	Retrospective (240)	2B
Stockton JM ⁽²⁴⁾ (J Am Assoc Nurse Pract)	Multiple, active-offer referrals for HIV pre-exposure prophylaxis by nurses yield high uptake among gay, bisexual, and other men...	2021	USA	The "active-offer" strategy by nurses resulted in significantly higher uptake rates.	Risk underestimation by users and limited time for extensive counseling.	Prospective cohort (2,153)	2B
Bailey VC ⁽²⁵⁾ (Afr J Prim Health Care Fam Med)	Knowledge and attitudes regarding HIV pre-exposure prophylaxis among nurses in South Africa	2023	South Africa	Identification of barriers hindering the expansion of PrEP in the primary care system.	Stigma.	Cross-sectional (342)	4

Orser L et al. ⁽²⁶⁾ (Journals Plos)	Patient perspectives on the role of nurses in HIV pre-exposure prophylaxis care (PrEP-RN)	2021	Canada	Providing a safe, welcoming environment with less clinical judgment.	Perception among some users that nurses have technical limitations compared to physicians.	Qualitative (20)	4
Pintye J. ⁽²⁷⁾ (BMC Health Services)	Nurse-facilitated preexposure prophylaxis delivery for adolescent girls and young women seeking contraception at retail pharmacies	2023	Kenya	Decentralization of care to the community.	Logistics of transporting laboratory samples and financial sustainability of the external model.	Observational (188)	2B
Schmidt HA et al. ⁽²⁸⁾ (Lancet HIV)	Scaling up access to HIV pre-exposure prophylaxis (PrEP): should nurses do the job?	2022	South Africa	Safe and essential practice to expand the scope of the strategy.	Fear of legal liability for errors and corporatist resistance from other professions.	Mixed methods (45)	4
Salvant Valentine S ⁽²⁹⁾ (Health Equity)	Mapping Nurse Practitioners' Scope of Practice Laws: A Resource for Evaluating Pre-Exposure Prophylaxis Prescriptions	2022	USA	Addressing the pent-up demand for PrEP.	Restrictive state laws requiring physician supervision, limiting the scope of PHC.	Historical study (50)	5
Stockton JM (J Am Assoc Nurse Pract) ⁽³⁰⁾	Assessment for sexually transmitted infections in men who have sex with men attending a nurse-run HIV pre-exposure prophylaxis clinic	2021	Canada	Early detection of asymptomatic STIs through screening protocols.	High workload due to the rigorous testing protocol involving multiple anatomical sites.	Cohort (309)	2B
O'Byrne et al. ⁽³¹⁾ (Publ Health Nurs)	Nurse-led PrEP-RN clinic: a prospective cohort study exploring task-shifting HIV prevention to public health nurses	2021	Canada	High patient retention.	Challenges in the transition of care between specialized services and general primary care.	Prospective cohort (563).	2B
Zhang et al. ⁽³²⁾ (Syst Rev)	Understanding the role of nurse practitioners, physician assistants, and other nursing staff in HIV pre-exposure prophylaxis care...	2023	USA	Strong evidence that nursing care is equivalent to physician care in terms of clinical outcomes.	The lack of prescribing authority in certain regions is the main impediment to the effectiveness of this role.	Systematic Review with Meta-analysis; 22 studies selected.	1A
Selfridge et al. ⁽³³⁾ (Public Health Nursing)	Exploring nurse-led HIV Pre-Exposure Prophylaxis in a community health care clinic	2020	United Kingdom	Expanding access to PrEP	Professional isolation and lack of technical support networks.	Retrospective (124)	2B
O'Byrne et al. ⁽³⁴⁾ (AIDS Behav)	Active-Offer Nurse-Led PrEP (PrEP-RN) Referrals: Analysis of Uptake Rates and Reasons for Declining	2020	Canada	Systematic identification of barriers to acceptance and demystification of the medication by the nurse.	User refusal due to fear of side effects and the logistics of quarterly check-ups.	Retrospective (1,599)	2B
Jayawardene W et al. ⁽³⁵⁾ (J Adv Nurs)	HIV pre-exposure prophylaxis uptake by advanced practice nurses: Interplay of agency, community, and attitudinal factors	2019	USA	Direct correlation between autonomy and increased PrEP coverage in the community.	--	Cross-sectional (215)	4
Nagarajan et al. ⁽³⁶⁾ (Trials)	Nurse-led pre-exposure prophylaxis: a non-traditional model for providing HIV prevention in a resource-constrained, pragmatic clinical trial	2021	India	Demonstration of the effectiveness of nursing in managing PrEP in contexts of extreme poverty.	High nurse turnover and lack of incentives to retain staff.	Clinical trial (1147)	1B

Legend: n – sample; LE – Level of Evidence

The results highlight nursing contributions related to expanding access, adherence, and quality of care in PrEP, as well as the incorporation of innovative care models. At the same time, professional, structural, socio-cultural, and institutional barriers were identified, in addition to challenges related to user adherence.

DISCUSSION

This integrative review consistently demonstrated that nurses play a key role in providing and monitoring pre-exposure prophylaxis (PrEP) in Primary Health Care (PHC) constitutes a structural pillar for the expansion of combined HIV prevention, directly addressing the research question by demonstrating that, although significant advances have been made, challenges persist that limit its full consolidation^{(32,26, (21))}. These findings reinforce that the expansion of PrEP in PHC depends not only on clinical evidence but also on the reorganization of care models and the recognition of the central role of nursing⁽²⁸⁾.

With regard to scientific, care, and policy advances, the analyzed studies converge on the recognition of nurses as central agents in the implementation of PrEP, with technical competence equivalent to that of other health professionals in the clinical management of prophylaxis^(32,36). Robust evidence indicates that nurse-led care yields satisfactory results in terms of adherence, safety, and effectiveness, even in resource-limited settings, reinforcing its strategic relevance for universal health systems⁽²⁷⁻²⁸⁾.

The implementation of nurse-led care models stood out as one of the main advances identified, promoting greater user retention and strengthening the therapeutic bond^(31,33). These models favor a person-centered approach, based on skilled listening and

reduced judgment, which is essential in the context of sexual health and key populations^(26, 21). Thus, nursing care not only expands access but also enhances the user's experience within the health system.

Another relevant advancement relates to the "active offer" strategy for PrEP, in which the nurse takes a proactive role in identifying and recruiting at-risk individuals, resulting in greater adherence to prophylaxis^(24,31). This approach reduces barriers related to low risk perception and lack of awareness of the strategy, aligning with PHC principles and strengthening combined HIV prevention⁽³⁵⁾.

Furthermore, the incorporation of technologies, such as telehealth, and the decentralization of care to community settings have significantly expanded the reach of PrEP, especially among vulnerable populations and in hard-to-reach areas^(23,27). These strategies have demonstrated potential to reduce inequalities in access, although they still face operational limitations related to laboratory testing and continuity of care⁽²³⁾.

In the clinical setting, nurses have also demonstrated a high capacity for screening and managing Sexually Transmitted Infections (STIs), contributing to early diagnosis and comprehensive sexual health care⁽³⁰⁾. This finding reinforces the importance of PrEP as a gateway to other health promotion initiatives, expanding the scope of primary health care and strengthening epidemiological surveillance⁽⁷⁾.

Despite these advances, the results highlight significant structural challenges, particularly regarding legal restrictions on nurses' prescribing autonomy, which limit the expansion of PrEP in different contexts⁽²⁸⁻²⁹⁾. These regulatory barriers perpetuate reliance on physician-centered models, hindering the expansion of access and the response to population needs⁽²⁹⁾.

In the field of professional qualifications, gaps were identified in nurses' technical knowledge regarding clinical protocols, eligibility criteria, and the management of adverse effects, especially in settings with limited access to continuing education^(22, 25). These findings highlight the need for ongoing investment in training to ensure the quality and safety of the care provided⁽³³⁾.

Additionally, the persistence of stigmas and prejudices related to key populations and sexuality constitutes a significant barrier to the implementation of PrEP, negatively impacting access and adherence^(25,35). Overcoming these barriers requires not only technical training but also an ethical and humanized approach, centered on reducing judgment and promoting health equity⁽³⁷⁾.

At the organizational level, nurses' heavy workloads and structural limitations in healthcare facilities—such as the lack of adequate spaces to ensure privacy and confidentiality—compromise the quality of care and the sustainability of interventions⁽²¹⁾. In addition, logistical difficulties related to conducting laboratory tests and remotely monitoring patients were also identified as significant obstacles⁽²³⁾.

Regarding knowledge gaps, there is a predominance of international studies, with limited representation of research conducted in the Brazilian context, which limits the generalizability of findings to the Unified Health System (SUS)⁽³⁸⁻³⁹⁾. This gap highlights the need for national research that considers the organizational, cultural, and political specificities of PHC in Brazil.

Thus, in addressing the study's objectives, it becomes evident that advances are related to clinical efficacy, innovation in care models, and expanded access; while challenges are concentrated in the legal, structural, educational, and symbolic dimen-

sions^(32,29,21). The contributions of nursing are strategic for the decentralization of PrEP, but its consolidation depends on structural and policy changes⁽²⁸⁾.

Despite the robustness of the findings, this study has limitations that must be considered when interpreting the results. The predominance of international studies in the analyzed sample may limit the direct applicability of the findings to the Brazilian context, especially within the scope of the Unified Health System (SUS), whose organizational, regulatory, and sociocultural specificities differ from other health systems. Furthermore, the methodological heterogeneity of the included studies, with different designs, care contexts, and analyzed populations, may introduce variability in the results, hindering more homogeneous comparisons.

The possibility of publication bias is also noteworthy, since studies with positive results tend to be published more frequently, which may overestimate the identified advances. Furthermore, the temporal and linguistic

limitations, often present in integrative reviews, may have restricted the inclusion of relevant evidence not indexed in the selected databases.

However, even in the face of these limitations, the present review offers a comprehensive and up-to-date analysis of the nurse's role in PrEP monitoring in Primary Health Care, contributing significantly to the understanding of existing advances, challenges, and gaps, as well as providing relevant insights for professional practice, the formulation of public policies, and the development of future research in the national and international context.

CONCLUSION

This study demonstrated that nursing plays a central role in the expansion of HIV Pre-Exposure Prophylaxis (PrEP) in Primary Health Care, contributing to increased access, adherence, and retention of users, as well as facilitating the diagnosis and management of other sexually transmitted infections. Nurse-led

care models have proven effective, especially in reaching vulnerable populations.

However, the consolidation of these practices remains limited by structural, regulatory, and training barriers, such as restrictions on professional autonomy, organizational weaknesses, and gaps in technical qualifications. These findings indicate that the expansion of PrEP in PHC depends not only on the availability of technology but also on the strengthening of care models and working conditions.

Thus, the need to expand the scope of nursing practice is highlighted, with regulatory support for protocol-based prescribing, as well as investments in continuing education and service organization. Future studies should evaluate the cost-effectiveness and sustainability of these models in the Brazilian context.

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