

HIV/AIDS PREVENTION: WHERE ARE WE?

We are making progress in prevention of new HIV infections through expanded testing and risk-reduction counseling and services for both uninfected persons at risk and those infected with HIV. However, we still have far to go.

- In the United States in 2006, CDC estimates that more than 54,000 new infections occurred, or 1 new infection every 9-1/2 minutes.
- Despite behavioral interventions that are successful in reducing risk behaviors, this rate of new HIV infections is too high and appears to be increasing for men who have sex with men.
- The development of effective microbicides and vaccines is likely to be several years away.



AS AN ADVOCATE, HOW CAN I PARTICIPATE?

- Become knowledgeable about PrEP
- Discuss with your partners the importance of PrEP research and the potential impact of PrEP as a prevention method if it is shown to work.
- Keep yourself posted on new developments in PrEP trials and possible implementation:

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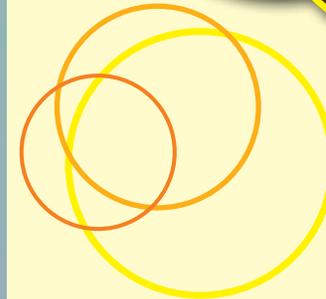
Based on: Centers for Disease Control and Prevention (April 2007). "Q&A: CDC's Clinical Studies of Pre-Exposure Prophylaxis for HIV Prevention."
<http://www.cdc.gov/hiv/resources/qa/prep.htm>.



U.S. DEPARTMENT OF HEALTH
AND HUMAN SERVICES

PRE-EXPOSURE PROPHYLAXIS (PREP)

A Potential New Method
for HIV Prevention



ADVOCATE'S POCKET TOOLKIT



WHAT IS PRE-EXPOSURE PROPHYLAXIS (PrEP)?

Pre-exposure prophylaxis (PrEP) is a medical term for giving medicines that fight HIV to people who are not infected before they come into contact with the virus to try and prevent an infection from taking hold.



CAN PrEP WORK FOR HIV/AIDS PREVENTION?

PrEP is a promising approach to HIV prevention that is now being studied in clinical trials. This approach shows promise for the following reasons:

1. Giving pregnant women who are HIV positive antiretrovirals during their pregnancy and during breastfeeding, and to their infants keeps most babies free of HIV infection.
2. Giving healthcare workers antiretrovirals soon after they are exposed to HIV by a prick from an HIV contaminated needle has protected most from getting infected.
3. Giving certain antiretrovirals to monkeys before exposing them to the monkey form of HIV protects many against infection.

IS RESEARCH BEING CONDUCTED WITH PrEP?

There are trials to see if this approach works and is safe being done with

- Injection drug users (IDU) in Asia
- Men who have sex with men in the US, Africa, Asia, and Latin America
- Heterosexual men and women in Africa

WHEN WILL THE RESULTS OF THE TRIALS BE AVAILABLE?

Early results may be known beginning in late 2009 and more in 2010. Independent panels of experts monitor the trials closely, determine when the trial can be concluded, and results are solid.



IF PrEP DOES PROVE EFFECTIVE: HOW WILL IT BE MADE AVAILABLE FOR PEOPLE WHO NEED AND WANT IT?

CDC and others are working now to determine how possible trial outcomes will influence HIV prevention policy, programs, and further research in the United States. CDC will collaborate with its partners in other federal agencies, state and local governments, community-based organizations (CBOs), and other stakeholders to determine how to most effectively apply potential results from these trials to real-world practice.

WOULD RISK-REDUCING BEHAVIORS STILL BE NECESSARY?

Yes. If PrEP works, it will not be 100% effective. However, if found to be highly effective, and combined with reduction in the number of sexual partners, consistent and correct condom use, decreased needle/syringe use and sharing, and other effective prevention strategies that are available now, PrEP could provide an additional safety net to sexually active persons or IDU at risk. PrEP drugs will not prevent pregnancy or protect against syphilis, gonorrhea, chlamydia, herpes, hepatitis, or other sexually transmitted diseases.