

# HOW TO INCORPORATE A COMPREHENSIVE HIV PREVENTION STRATEGY

HELPING TO PREVENT HIV STARTS WITH IDENTIFYING INDIVIDUALS WHO ARE AT RISK



**The first step in HIV prevention is starting a conversation with your patients** to identify if they are at risk. Ask them about their sexual preferences, recent sexual encounters, and discuss safer sexual practices that could benefit them.<sup>1</sup>

## ALL PATIENTS

 **A sexual history conversation** should take place during a patient's initial visit, during routine preventive exams, and when you see first signs of sexually transmitted infections (STIs). A sexual history conversation allows you to identify individuals at risk for STIs, including HIV.<sup>1</sup>

 **Educate your patients** with up-to-date information about STIs, HIV, and safer sex practice options to help them establish a healthy understanding of what safer sex truly means today. Appropriate use of condoms should be discussed with every sexually active individual.<sup>2,3</sup>

 **Regular testing** for STIs and HIV is important for all sexually active individuals, especially those at higher risk for HIV. It is recommended that individuals at risk get tested every 3 to 6 months, depending on their risk factors.<sup>4</sup>

## HIV-INFECTED PATIENTS

 **Regular use of condoms** should be discussed with every sexually active individual.<sup>3</sup>

 **TasP (Treatment as Prevention)** refers to the use of antiretroviral therapy (ART) by an HIV-positive individual in order to suppress viral load in bodily fluids, thereby reducing the chances that HIV will be transmitted to an HIV-negative partner.<sup>5</sup>

- TasP is recommended by the CDC and WHO in combination with safer sex practices for individuals who are living with HIV.<sup>5,6</sup>
- The National HIV/AIDS Strategy (NHAS) for the United States estimates that diagnosing people living with HIV and providing prompt treatment could prevent more than 90% of new infections<sup>2</sup>

## HIV-UNINFECTED PATIENTS AT RISK OF INFECTION

 **Regular use of condoms** should be discussed with every sexually active individual.<sup>3</sup>

 **Behavioral counseling** about healthy habits may be necessary if an individual is at particular risk of contracting HIV.<sup>1</sup>

- Condomless sex, the number of partners, frequency of sexual encounters, and sexual networks (groups of persons connected to one another sexually) contribute to the likelihood of contracting HIV<sup>1</sup>
- For injection drug users, provide referrals to substance abuse treatment programs and sterile syringe programs<sup>7</sup>

 **PrEP (Pre-Exposure Prophylaxis)** is the use of daily ARV medications in combination with safer sex practices to help reduce the risk of HIV infection in an HIV-negative person.<sup>1,2,6</sup>

- Before PrEP is prescribed, HIV testing and symptom history must exclude an HIV infection. It is to be used along with regular HIV/STI testing, as well as periodic counseling and support around adherence and sexual choices<sup>1,6</sup>
- PrEP is recommended by the CDC, WHO, and NHAS as part of a comprehensive prevention approach for individuals at substantial risk of HIV infection<sup>1,2,6</sup>

 **PEP (Post-Exposure Prophylaxis)** is the use of ARV medications after an uninfected person has come into contact with bodily fluids that represent a substantial HIV risk.<sup>6,8</sup>

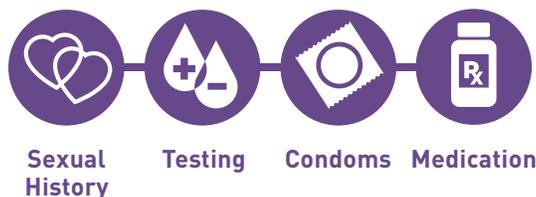
- PEP can be used to treat uninfected people after an occupational exposure to HIV, such as being stuck by a needle. It can also be used to treat uninfected people who have experienced a non-occupational event that has put them at risk of HIV infection, such as unprotected sex with an HIV-positive partner<sup>9</sup>
- A PEP regimen must be administered within 72 hours of the exposure, and medication must be taken daily for 28 days. PEP is recommended by the CDC, WHO, and IAS-USA in combination with safer sex practices for individuals at substantial risk of HIV infection<sup>6,8,10</sup>

ARV=antiretroviral; CDC=Centers for Disease Control and Prevention; IAS-USA=International Antiviral Society-USA; WHO=World Health Organization.

**You can help protect your patients at risk of HIV infection by utilizing a comprehensive approach. Be proactive.**

Combine routine HIV and STI testing with sexual history conversations and education on the importance of condoms.<sup>1,8</sup>

- | For HIV-positive patients, initiating and adhering to treatment helps prevent HIV transmission to negative partners.
- | For HIV-negative patients at risk of HIV infection, consider additional prevention methods such as behavioral counseling, PrEP (pre-exposure prophylaxis), and PEP (post-exposure prophylaxis).



For more information, visit

**Prevent** **HIV**  
.com

**References:** **1.** Centers for Disease Control and Prevention. Preexposure prophylaxis for the prevention of HIV infection in the United States—2014: a clinical practice guideline. <http://www.cdc.gov/hiv/pdf/prepguidelines2014.pdf>. Published 2014. Accessed November 22, 2016. **2.** White House Office of National AIDS Policy. National HIV/AIDS strategy for the United States: updated to 2020. <https://www.aids.gov/federal-resources/national-hiv-aids-strategy/nhas-update.pdf>. Published July 2015. Accessed November 22, 2016. **3.** Centers for Disease Control and Prevention. Condom effectiveness. <http://www.cdc.gov/condomeffectiveness/>. Updated August 12, 2016. Accessed November 22, 2016. **4.** Centers for Disease Control and Prevention. Testing. <http://www.cdc.gov/hiv/basics/testing.html>. Updated November 10, 2016. Accessed November 22, 2016. **5.** Centers for Disease Control and Prevention. Prevention benefits of HIV treatment. <http://www.cdc.gov/hiv/research/biomedicalresearch/tap/index.html>. Updated February 9, 2016. Accessed November 22, 2016. **6.** World Health Organization. *Consolidated Guidelines on the Use of Antiretroviral Drugs for Treating and Preventing HIV Infection: Recommendations for a Public Health Approach*. 2nd ed. <http://www.who.int/hiv/pub/arv/arv-2016/en/>. Published June 2016. Accessed November 22, 2016. **7.** Centers for Disease Control and Prevention. HIV risk reduction tool: sharing needles or works. [https://www.cdc.gov/hivrisk/increased\\_risk/sharing\\_needles.html](https://www.cdc.gov/hivrisk/increased_risk/sharing_needles.html). Accessed November 22, 2016. **8.** Centers for Disease Control and Prevention. Updated guidelines for antiretroviral postexposure prophylaxis after sexual, injection drug use, or other nonoccupational exposure to HIV—United States, 2016. <http://www.cdc.gov/hiv/pdf/programresources/cdc-hiv-npep-guidelines.pdf>. Published 2016. Accessed November 22, 2016. **9.** AIDS.gov. Post-exposure prophylaxis (PEP). <https://www.aids.gov/hiv-aids-basics/prevention/reduce-your-risk/post-exposure-prophylaxis/>. Updated September 21, 2015. Accessed November 22, 2016. **10.** Marrazzo JM, del Rio C, Holtgrave DR, et al. HIV prevention in clinical care settings: 2014 recommendations of the International Antiviral Society—USA Panel. *JAMA*. 2014;312(4):390-409. doi:10.1001/jama.2014.7999.



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