HIV Treatment as Prevention (TasP)

Together, we can change the course of the HIV epidemic...one woman at a time.

#onewomanatatime #thewellproject

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What Is Treatment as Prevention?

*Treatment as prevention (TasP)*: using HIV treatment to **lower the risk of transmitting HIV**

- For people living with HIV:
  - Taking HIV drugs can reduce viral load, which means:
    - Less likely to transmit HIV to others
    - *Unable* to transmit HIV through sex (U=U)
    - Feel better because they have a healthier immune system

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Preventing Perinatal Transmission

• In 1990s, research showed zidovudine for pregnant people living with HIV reduced risk of transmitting HIV to their babies

• Now standard practice to:
  – Test pregnant people for HIV
  – Provide HIV drugs to pregnant people living with HIV
  – Give HIV drugs to babies of people living with HIV

• With HIV treatment and undetectable viral load, the chance of transmitting HIV to the baby can be less than 1 in 100

• Often called preventing mother-to-child transmission (PMTCT) but term is stigmatizing

• Better: preventing perinatal or vertical transmission
TasP in Sexually Active Adults

- TasP can help **mixed-status couples** safely conceive
- **PrEP** can also help keep HIV-negative partner negative
- 2011 **HTPN 052 study**: HIV treatment and undetectable viral load -> little chance of transmission to HIV-negative partner in mixed-status relationship
  - Even when partner living with HIV had no HIV-related symptoms and CD4 count between 350-500 cells/mm³
- 2016 **PARTNER study**: No transmission if partner living with HIV has undetectable viral load (\(U=U\))
HPTN 052 *changed HIV prevention*

- Additional tool – treatment – in prevention toolbox
- How it works from *public health* (vs. individual health) point of view:
  - If enough people living with HIV could be treated so that their viral loads became undetectable
    - They would be much less likely to transmit HIV
    - Number of new HIV cases would drop remarkably
    - Called a drop in *community viral load*
Test and treat strategies recommend universal HIV testing to identify, then treat, all people living with HIV.

Success depends on:

- Health care systems’ ability to provide testing, linkage to care, HIV drugs
- Willingness of people to get tested for HIV
  - Stigma, discrimination may prevent people from getting tested
- Willingness, ability of people living with HIV to adhere to HIV drug regimens so their viral load remains undetectable
  - Participants in first large study of strategy didn’t adhere to treatment -> unsuccessful

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Additional Methods for Preventing HIV

For HIV-negative people:

- **PrEP (Pre-Exposure Prophylaxis)**
  - Taking drugs before exposure to prevent disease
  - HIV-negative people taking HIV drugs to reduce their risk of acquiring HIV if exposed to the virus
    - Especially helpful for HIV-negative women who want to get pregnant and whose male partners are living with HIV
    - Promising tool women can use to prevent HIV without partners' knowledge or cooperation

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For HIV-negative people:

- **PEP (Post-Exposure Prophylaxis)**
  - Taking HIV drugs for +/- 1 month after possible HIV exposure (needle-stick, sex without condom, sexual assault)
  - To be effective, PEP must be taken right away – within first 72 hours after exposure to HIV, if possible

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In Conclusion

Research continues to show *TasP can be a game-changer* in the course of HIV pandemic. TasP can not only positively affect health of those living with HIV, but also protect those who are not living with HIV. *Undetectable = Untransmittable*
• To learn more, and for links to articles featuring more details, please read the full fact sheet:
  – HIV Treatment as Prevention (TasP)
• For more fact sheets and to connect to our community of women living with HIV, visit:
  – www.thewellproject.org
  – www.facebook.com/thewellproject
  – www.twitter.com/thewellproject