PrEP for Women

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

#onewomanatatime #thewellproject

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What Is PrEP?

*PrEP* stands for **Pre-**

**Exposure**

**Prophylaxis:**

*Prophylaxis:* Taking medicine *before* being exposed to something, to prevent yourself from getting a disease or condition
What Is PrEP?

We use *several kinds of medicine* this way:

- **Taking anti-malaria medication** when we travel to areas where we might be bitten by mosquitoes that carry malaria
  - When medicine is in a person's body before getting a mosquito bite, (s)he is much less likely to get sick from malaria when bitten

- For women, **taking contraceptives (birth control pills)**
  - Chances of pregnancy greatly reduced when contraceptives are already in a woman's body when exposed to semen during sex

- PrEP: People who are not living with HIV **take an HIV drug to reduce their risk of acquiring HIV** if they are exposed to HIV

- Oral (by mouth) PrEP and injectable long-acting PrEP
How Does PrEP Prevent HIV Transmission?

• CD4 cells infected with HIV become little factories that make thousands of new viruses each day
  – HIV drugs work by blocking HIV from making copies of itself

• If an HIV-negative woman already has HIV drugs in her bloodstream when she is exposed to HIV, e.g., during sex without condoms:
  – Medicine can keep HIV from making enough copies of itself
  – Prevents her from acquiring HIV
July 2012: U.S. Food and Drug Administration (FDA) approved daily Truvada (tenofovir disoproxil fumarate + emtricitabine, or TDF/FTC) as PrEP for sexually active adults at risk of acquiring HIV

- Truvada often used as part of combination HIV drug treatment
- FDA has since approved Descovy (tenofovir alafenamide plus emtricitabine or TAF/FTC) for PrEP; only studied in people assigned male at birth (cisgender men; transgender women)

June 2016: World Health Organization (WHO) updated guidelines recommending PrEP be offered to all people at substantial HIV risk

- WHO approves Truvada for daily oral PrEP
- Each country must approve any drug separately
Long-Acting Injectable PrEP

December 2021: FDA approved long-acting injectable form of the integrase inhibitor cabotegravir for PrEP

- Some people don’t want to/cannot take a daily pill
- Apretude (US name): 2 monthly shots, then 1x every 2 months
- Can also be taken by mouth before starting injections – ensure no bad reactions to the drug
- Concerns about extremely high cost, especially in countries with high HIV rates
- Drug stays at low levels in body long after stopping injections
  - Studies: especially true in women
  - Higher risk of drug resistance if HIV acquired after stopping or missing injections

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Has PrEP Been Shown to Be Effective?

- **Efficacy shown**
  - Oral PrEP *when taken daily as prescribed*
    - More than 90% effective against sexual transmission
    - More than 70% effective against transmission from sharing injection drug equipment
  - Not effective among women in southern African studies, but drug wasn’t taken as prescribed
  - Highly effective as “bridge” for serodifferent couples until partner living with HIV has undetectable viral load
    - U=U: cannot transmit HIV sexually if undetectable viral load and on treatment

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Why Are Some Research Findings Unclear?

For HIV prevention tools (condoms, PrEP, etc.) to work, they \textit{have to be used} – \textit{correctly and consistently}

- Studies that showed benefit had \textit{much higher rates of adherence}
- Reasons for non-adherence, especially among women, not fully understood
- \textit{Need for women to participate in studies} to understand adherence issues
Why Are the Research Findings Unclear?

- Reasons why people – especially women – had low levels of adherence to oral PrEP is not yet fully understood
- Very important to do more research looking at what issues might affect women's interest in or ability to take a drug for HIV prevention
- Also important for women to know about and take part in future research that will look at unanswered questions about PrEP
December 2021: Updated CDC guidelines encourage providers to inform all people who are having sex that PrEP can protect them from acquiring HIV, offer PrEP to anyone who asks for it

• Desired effect of reducing stigma and increasing awareness about PrEP
• PrEP has reached only a small fraction of people in the US who might need it
  – CDC has estimated that only 10 percent of women who could benefit from PrEP were prescribed the drug
WHO recommendations are similar to past CDC guideline, which recommended that PrEP be considered for HIV-negative people who are at substantial risk for acquiring HIV. This includes people who:

- Are in a sexual relationship with a partner living with HIV
- Don’t regularly use condoms/don’t know HIV status of sexual partner(s)
- Have high number of sexual partners
- Are engaged in commercial sex work
- Have had recent bacterial sexually transmitted disease
- Use injections drugs and
  - Share drug equipment, or
  - Have an injecting partner who is living with HIV
When PrEP Is NOT Recommended

• Some reasons *PrEP is not recommended*; having
  – Unknown HIV status (it’s important that only people who test negative for HIV take PrEP)
  – Signs or symptoms of acute HIV infection
  – Decreased kidney function
  – Unknown hepatitis B status and/or vaccination status

• PrEP should be considered for people in areas or personal networks where HIV is more common
  – CDC offers tools and checklists for providers

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CDC Recommendations

• While PrEP is designed to be used with condoms or other safer sex measures:
  – Women who cannot or do not use condoms may want to use PrEP instead of condoms
  – Important to understand overall risks and benefits of using PrEP; consider methods of protection from other STIs
• Everyone prescribed PrEP must have negative HIV test
  – CDC recommends people on PrEP be tested every 3 months to make sure they remain HIV-negative
• Pregnant people should talk to their provider about PrEP
  – Especially if in serodifferent relationship
  – Oral PrEP drugs are safe in early pregnancy

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Many believe it’s a good addition to the prevention toolbox, but others disagree.

**Concerns about PrEP**
- HIV-negative people may not adhere; PrEP won’t be effective
- PrEP will be used in place of condoms or other safer sex measures

**Advantages of PrEP**
- PrEP can be taken without agreement or knowledge of one's sex partner
The PrEP Debate

Concerns about PrEP

• Possible side effects
  – Most common: nausea and vomiting
• Occasional serious side effects of Truvada
• Potential for developing drug resistance if HIV acquired after inconsistent PrEP use

Advantages of PrEP

• Most effects occur among people taking new HIV drug; often go away quickly
• No serious side effects found during PrEP studies but:
  – Small decrease in bone mineral density in men and transgender women
  – Small decrease in kidney function

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What Does PrEP Mean for Women?

We now have evidence that PrEP works to prevent acquiring HIV if taken as prescribed, but much more work needs to be done before PrEP can be widely used and accepted

- Improving health care systems so people can access and afford PrEP
- Making HIV testing more widely available
  - Only people who know they are HIV-negative can use PrEP safely
Women can use PrEP *prevent HIV acquisition with or without their partners' cooperation*

- Important if intimate partner violence is a factor
  - Woman may fear violence if she asks partner to use condoms
- Many questions remain:
  - Will women be able to keep PrEP drugs given to them?
    - Some women worry drugs given to them might be taken away, given to another family member who "needs them more"
Considering Taking PrEP?

Questions to discuss with your provider:

• How often—and for how long—do I need to take PrEP? What happens if I miss a dose/several doses?
• What are likely side effects and how can I manage them?
• How often will I need to be tested for HIV?
• How much will the drug cost me?
  – Will it be covered by my insurance?
  – Will HIV tests also be covered by my insurance?
Considering Taking PrEP?

More questions to discuss with your provider:

• Do any of my current medical conditions make PrEP not a good choice?

• Do any of my other prescription medications, over-the-counter drugs, street drugs, herbs, vitamins, supplements have interactions with the drug?

• What should I do if I become pregnant while on PrEP?

PrEP does not protect against other sexually transmitted infections!

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New Developments in the PrEP Arena

• Maraviroc
  – Approved for HIV treatment; PrEP study ongoing

• Lenacapavir
  – Very long-acting form of PrEP (1 injection every 6 months)
  – Study expected to be completed in 2027

• Dapivirine
  – Vaginal ring approved in South Africa and elsewhere
  – Not approved in US

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• To learn more, and for links to fact sheet featuring more details, please read the full fact sheet:
  – PrEP for Women

• 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