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 birth control pills (contraceptives)**
  - Chances of pregnancy greatly reduced when contraceptives are already in a woman's body when exposed to semen during sex
- PrEP here: HIV-negative women **take an HIV drug to reduce their risk of acquiring HIV** if they are exposed to the virus

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How Does PrEP Prevent the Spread of HIV?

- 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 might be able to keep the HIV from making enough copies of itself to "take hold"
  - May prevent her from getting HIV

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Approval for Daily Oral PrEP

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 getting HIV
• Truvada often used as part of combination HIV drug treatment
• First time FDA has approved any drugs for prevention of HIV

June 2016: World Health Organization (WHO) released updated guidelines recommending daily oral PrEP be offered as additional prevention method to all people at substantial risk of HIV
• WHO approves either Viread (tenofovir/TDF) or Truvada for daily oral PrEP
• Each country must approve PrEP separately

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Has PrEP Been Shown to Be Effective?

• **Efficacy shown**
  • Daily PrEP more than 90% effective for sexual prevention *when taken daily as prescribed*
  • Highly effective as “bridge” for serodifferent couples until partner living with HIV has undetectable viral load
• Current trials among women focus on topical PrEP as well as oral and injectable PrEP
Why Are Some Research Findings Unclear?

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

- Studies that showed benefit had **much higher rates of adherence**
- Reasons for non-adherence, especially among women, not fully understood
- *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
May 2014: CDC released updated guidelines for PrEP use in U.S.

- Recommend PrEP with daily, oral Truvada be considered for HIV-negative people who are at substantial risk for HIV, including 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

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• 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

• Guidelines suggest providers consider PrEP for people in areas or personal networks where HIV is more common, offer tools to help providers identify these areas
• 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
• WHO recommends tenofovir or Truvada be offered to all people at substantial risk of HIV
The PrEP Debate

• 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
• Research has not shown that using PrEP has reduced use of condoms/other safer sex methods
The PrEP Debate

Concerns about PrEP

• Possible side effects
  – Most common: nausea and vomiting
• Occasional serious side effects of Truvada
• Potential for developing resistance

Advantages of PrEP

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

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What Does PrEP Mean for Women?

We now have evidence that PrEP works to prevent getting 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

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What Does PrEP Mean for Women?

PrEP is a promising tool that women can use to prevent HIV without their partners' cooperation

• Many questions remain:
  – Will men refuse condoms if they know their partner is on PrEP?
  – 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"
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 will 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, OTC drugs, street drugs, herbs, vitamins, supplements have interactions with PrEP drugs?
• What should I do if I become pregnant while on PrEP?
New Developments in the PrEP Arena

• Descovy
  – Contains tenofovir alafenamide (TAF); fewer bone and kidney effects than TDF
  – Approved for HIV treatment and for PrEP (PrEP study excluded non-transgender women)

• Maraviroc
  – Approved for HIV treatment; PrEP study ongoing

• Cabotegravir
  – Ongoing trials as possible long-acting injectable

• Islatravir (new type of antiretroviral)
  – Trial as possible implant for women could begin in 2021

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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