



## PrEP

### What is PrEP?

**Pre-exposure prophylaxis (PrEP)** is a new approach to HIV prevention in which HIV-negative people take HIV treatment before they are exposed to the virus to reduce their risk of becoming infected. The U.S. Food and Drug Administration (FDA) approved taking a combination HIV treatment (brand name Truvada®) as a preventative measure—PrEP—in July 2012. Truvada was first approved to treat HIV in 2004. The pill combines two drugs—tenofovir disoproxil fumarate (also called TDF or tenofovir) and emtricitabine (also called FTC).

### Why should we use and promote PrEP?

- ▶ Ending the AIDS epidemic will require a combination of HIV prevention strategies that expands beyond what we're already doing for gay men, other men who have sex with men, and transgender individuals (GMT).<sup>1</sup>
- ▶ This combination includes **behavioral** interventions, such as encouraging GMT to use condoms; **biological** interventions, such as PrEP; and **structural** interventions, such as reducing homophobia and transphobia in healthcare settings and in society in general.
- ▶ To date, most HIV prevention programs have focused on **individual behavior change**, which we know can be really difficult to achieve. Thus, having a combination of options will only help reduce the spread and impact of HIV among GMT.

### Who can use PrEP?

PrEP should only be taken by persons who are HIV negative.

### How is PrEP used?

For it to work, PrEP must be taken *before* someone is exposed to HIV and on a regular, ongoing basis. Currently, doctors recommend taking PrEP everyday as a pill (“oral PrEP”). Another method that is being studied is applying a gel that contains the medication in the vagina or rectum (“topical PrEP”). Research is still underway to determine how effective PrEP really is, the best way to take it, the right amount to take (“dosage”), and how often it should be taken or applied.

PrEP is not meant to be used as the only prevention strategy for GMT, or others, but in **combination** with other prevention strategies, including condoms and lubricant, safer sex counseling, regular sexually transmitted infection (STI) check-ups and treatment, and regular HIV testing. This is known as a **comprehensive package of prevention services** approach.

### Does really PrEP work?

In November 2010, a study conducted in Brazil, Ecuador, Peru, South Africa, Thailand, and the United States—known as the **iPrEx Study**—released data showing that a once-daily oral PrEP pill was safe and reduced the risk of HIV infection by 44% among gay men and other men who have sex with men (MSM) who were also offered a comprehensive package of prevention services. The study participants were urged to take their PrEP pill everyday (“adhere”), and PrEP worked far better for those who did so. In fact, the risk of getting HIV dropped by more than 90% among study participants with detectable levels of the medication in their blood (a sign that PrEP pills were being taken regularly).<sup>2</sup>

Additional PrEP trials have happened, or are happening, all over the world among people who could be exposed to HIV through unprotected anal and vaginal sex, or through sharing injection needles and syringes. This includes GMT, heterosexual women, injection drug users,<sup>3</sup> and heterosexual sero-discordant couples—meaning one partner is HIV-positive and the other one is not. To stay on top of ongoing and upcoming PrEP trials, please refer to the [BETA Blog](#) for research updates and highlights.

## Are their side effects?

The PrEP studies have shown the drugs to be safe and to have few side effects. Some people experience minor side effects like nausea or diarrhea, but these generally go away within the first few months.<sup>4</sup>

## What can I do get PrEP?

PrEP is not yet available in most of the world. Folks working on HIV prevention strategies for GMT should advocate for health services in their area to offer PrEP as part of a **comprehensive package of services**. We should also inform the greater GMT community about the benefits of PrEP, and tell them that they should be advocating for its availability as well.

## References

- 1 Sullivan, PS et al. "Successes and challenges of HIV prevention in men who have sex with men." *Lancet* 28 July 2012. Vol. 380, Issue 9839, pages 388-399.
- 2 Grant RM et al. "Pre-exposure chemoprophylaxis for HIV prevention in men who have sex with men." *New Engl Jour Med* 363(27):2587-2599, 2010.
- 3 Choopanya K, Martin M, Suntharasamai, et al, for the Bangkok Tenofovir Study Group. "Antiretroviral prophylaxis for HIV infection in injecting drug users in Bangkok, Thailand (the Bangkok Tenofovir Study): a randomized, double-blind, placebo controlled phase 3 trial." *Lancet* 2013; published online June 13. [http://dx.doi.org/10.1016/S0140-6736\(13\)61127-7](http://dx.doi.org/10.1016/S0140-6736(13)61127-7).
- 4 Celum, CL, Dec 2011. "HIV pre-exposure prophylaxis: new data and potential use." *Topics in Antiviral Medicine* 19 (5): 181–5. PMID 22298887.