PrEP for Women: HIV Prevention in Family Planning Settings

Dawn K. Smith, MD, MS, MPH
Division of HIV/AIDS Prevention
dsmith1@cdc.gov

“The findings and conclusions in this presentation have not been formally disseminated by the CDC and should not be construed to represent any agency determination or policy”
Disclosures

• Nothing to disclose
Objectives

• Define PrEP and report the efficacy of PrEP in women
• Describe how to identify women eligible for PrEP
• Outline implementation strategies for how to integrate PrEP into family planning care
• List clinical pearls in providing PrEP to women.
Diagnoses of HIV Infection among Adult and Adolescent Females, by Race/Ethnicity, 2010–2014

Rates of Diagnoses of HIV Infection among Adult and Adolescent Females, 2014, US

Diagnoses of HIV Infection among Adult and Adolescent Females, by Age at Diagnosis, 2014, US

What Is PrEP?

• Daily use of an antiretroviral pill for preexposure prophylaxis (PrEP)

• Taken for months to years to reduce the risk of HIV infection in persons with frequent, ongoing exposures

• FDA approved a once-daily pill containing a fixed-dose combination of two antiretrovirals:
  – Tenofovir disoproxil fumarate (TDF) 300 mg
  – Emtricitabine (FTC) 200 mg

• Brand name is Truvada® (sole source)

• Not like postexposure prophylaxis (PEP), antiretrovirals taken for only 28 days after a single exposure event
Daily Oral PrEP Effectiveness by Adherence in Initial Randomized Trials

PrEP Protection and Route of Exposure

• For rectal exposures, strong data suggests that high levels of protection:
  • are achieved after 7 days of daily dosing
  • can be maintained with 4 or more doses per week (“forgiveness” for missed doses)

• For vaginal exposures, modest data suggests that high levels of protection:
  • are achieved after 20 days of daily dosing
  • can be maintained with 6 or 7 doses per week (less “forgiveness”)

• When discontinuing,
  • PrEP should continue for 28 days after the most recent exposure
  • no protection should be expected for exposures occurring 7 or more days after the last dose of PrEP

Safety in Women (Partners PrEP)

• Few, mild, time-limited side effects
• No clinically significant effect on renal health

• 431 pregnancies
• No differences between placebo to TDF and TDF/FTC groups in:
  • Pregnancy rates
  • Pregnancy loss rates
  • Preterm births
  • Birth defects
  • 12-month infant growth
    • Weight
    • Length
    • Head circumference

Guidelines: PrEP Indications for Women

- HIV-uninfected adult
- Sexually active in past 6 months with men AND
- Has an ongoing sexual relationship with a man known to have HIV infection
- Infrequently uses condoms during sex with ≥1 male partners of unknown HIV status who are known to be at substantial risk of HIV infection
  - Men who inject drugs
  - Bisexual male partner
- Had a recent bacterial STI

![Graph showing rates of HIV diagnosis among women ages 13-59 years, with/without preceding STI, Florida.](image)

PrEP Use by Women

• An estimated 468,000 (1 in 167) women 15-49 years of age have indications for PrEP use

• An unknown number of uninfected women in HIV discordant couples become pregnant each year

• New PrEP Starts by Sex


These data represent 43.7% (n=21,463) of unique individuals who have started FTC/TDF for PrEP from 2012-3Q2015