Expert Panel's Advice for HIV Prevention Includes PrEP

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A panel of HIV experts assembled by the International Antiviral Society (IAS, formerly the International AIDS Society) has issued HIV prevention and treatment guidelines for clinicians that recommend an array of evidence-based biomedical and behavioral interventions and treatments, including pre-exposure prophylaxis (PrEP). The panel made its recommendations based on a review of data published in medical journals or presented at scientific conferences over the past 17 years.

The guidelines appear online in The Journal of the American Medical Association (JAMA). Among their recommendations are:

- All adults and adolescents should receive at least one HIV antibody test, and repeat tests should be administered for those at elevated risk of contracting the virus.
- Health care providers should be aware of the symptoms of seroconversion illness and test for HIV if a recent infection is suspected.
- People who test positive for the virus should be promptly linked to care and offered timely antiretroviral (ARV) treatment.
- For their HIV-positive patients, providers should offer individualized risk assessment, counseling and help with notifying partners that they may have been exposed to HIV, and the providers should offer support that encourages adherence to ARVs and retention in care. They should also conduct periodic sexually transmitted infection (STI) screening.
- Clinicians should prioritize PrEP for HIV-negative patients who are at high risk of HIV as well as risk-reduction counseling. Criteria for assessing a patient as high risk and a good candidate for PrEP include a recent STI diagnosis, use of injection drugs or shared needles or recent use of post-exposure prophylaxis (PEP). PrEP's ongoing use should be reassessed periodically to assess for shifts in risk.

- Clinicians should offer harm reduction methods to injection drug users, including syringe exchanges, detox programs and opioid replacement therapies.
- PEP should be given as soon as possible following known exposure to HIV.

“We are at a time where scientific advances in HIV allow us to effectively implement interventions that could stop HIV transmission,” Carlos del Rio, MD, a professor of medicine at Emory University School of Medicine and co-chair of the IAS-USA Panel, said in a release. “But the success of both biomedical and behavioral HIV prevention measures depends on clinicians’ ability and willingness to implement them.”

To read the press release, click here.

To read the JAMA article, click here.

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