

FAST FACTS ABOUT HIV PREVENTION

How can I limit my risk of HIV transmission through sex?

- Use male or female condoms correctly each time you have sex.
- Remain faithful in a relationship with an uninfected equally faithful partner with no other risk behaviour.
- Practice only non-penetrative sex.
- Abstain from sex.

How effective are condoms in preventing HIV?

Correct and consistent use of male -and female- condoms during vaginal or anal penetration can protect against the spread of sexually transmitted infections, including HIV. Evidence shows that male latex condoms have an 85% or greater protective effect against the sexual transmission of HIV and other sexually transmitted infections.

What is a female condom?

The female condom is the only female-controlled contraceptive barrier method currently on the market.

Female condoms are thin pouches made of a synthetic latex product called nitrile, inserted in the vagina before sexual intercourse. It entirely lines the vagina and provides protection against both pregnancy and STIs, including HIV, when used correctly in each act of intercourse.

Does male circumcision prevent HIV transmission?

Medical male circumcision, when safely provided by well-trained health professionals, reduces the risk of heterosexually acquired HIV infection in men by approximately 60%. This is a key intervention in generalized epidemic settings with high HIV prevalence and low male circumcision rates. Medical male circumcision provides life-long partial protection against HIV as well as other sexually transmitted infections. It should always be considered as part of a comprehensive HIV prevention package and should never replace other known methods of prevention, such as female and male condoms.

What is antiretroviral treatment as prevention?

A 2011 trial has confirmed if an HIV-positive person adheres to an effective antiretroviral therapy regimen, the risk of transmitting the virus to their uninfected sexual partner can be reduced by 96%. For couples in which one partner is HIV-positive and the other HIV-negative, WHO recommends offering ART for the HIV-positive partner regardless of her/his CD4 count.

What is PrEP?

“PrEP” stands for **P**re-**E**xposure **P**rophylaxis. The word “prophylaxis” means to prevent or control the spread of an infection or disease. PrEP involves daily use of ARVs by HIV uninfected people to prevent HIV infection. Studies have demonstrated the effectiveness of PrEP in reducing HIV transmission among sero-discordant heterosexual couples (where one partner is infected and the other is not), men who have sex with men, transgender women, high-risk heterosexual couples, and people who inject drugs. WHO encourages countries to undertake projects to gain experience in implementing PrEP safely and effectively.

What is PEP?

PEP stands for **P**ost-**E**xposure **P**rophylaxis. It involves taking antiretroviral medicines within 48 hours after someone may have been exposed to HIV, to try to reduce the chance of becoming HIV-positive. These medicines keep HIV from making copies of itself and spreading through the body. They must be taken for 28 days.

Can transmission from mother to child be prevented?

The transmission of HIV from an HIV-positive mother to her child during pregnancy, labour, delivery or breastfeeding is called vertical or mother-to-child transmission (MTCT). In the absence of any interventions HIV transmission rates are between 15-45%. MTCT can be nearly fully prevented if both the mother and the child are provided with antiretroviral drugs throughout the stages when infection could occur. WHO recommends a range of options for prevention of MTCT (PMTCT), which includes providing ARVs to mothers and infants during pregnancy, labour and the post-natal period, or offering life-long treatment to HIV-positive pregnant women regardless of their CD4 count.

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Source:

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