

Treatment as Prevention: Frequently Asked Questions*

What is new about treatment as prevention? Recent research, particularly a multi-country study known as HPTN 052, shows that people living with HIV (PLHIV) who are on highly effective ARV therapy (ART) are *much* less likely to pass HIV to their partners than people with the same CD4 cell count who are not on antiretroviral therapy (ART). ARV treatment protects the health of the person with HIV. It is also a prevention tool that he or she can use to reduce risk of transmitting the virus. In the HPTN 052 trial, this benefit was seen in people who started the trial with CD4 cell counts between 350 and 550.

When should PLHIV start treatment? The decision about whether an individual with HIV begins ART is based on several factors, including the treatment guidelines in a given country. These guidelines look at clinical health, infection with other diseases and opportunistic infections, CD4 cell count and/or viral load tests (where available) to help one make the decision whether to start ART. ART is not initiated with the primary goal of reducing the HIV-positive person's risk of passing the virus to others except in programs to prevent vertical transmission in pregnant women.

What does treatment as prevention mean about the best time to start HIV treatment? The prevention benefit is there at *any* CD4 cell count. This is because even when people have high CD4 cell counts and are feeling healthy, they may still have high levels of virus in the blood (high viral load). People with higher viral loads may be more likely to pass the virus—even if they have high CD4 cell counts and feel healthy. So, advocates for treatment as prevention say that it is time to expand eligibility for ART to people with HIV, regardless of their CD4 cell count.

Should everyone with HIV start ARVs right away—even before they feel sick or the CD4 cell count drops? Starting ART is a personal decision. No one with HIV should ever be forced to take medication. No one should ever be denied medication. There are key groups that could be targeted for treatment as prevention:

- Pregnant and breastfeeding women—If all pregnant HIV-positive women are put on ART (the World Health Organization calls this “option B-plus”) regardless of her CD4 count, this will reduce the risk of her transmitting the virus to her infant during pregnancy, labor and breastfeeding.
- HIV-positive people with HIV-negative partners (serodiscordant couples).

So does treatment as prevention only work in people with high CD4 cell counts? There is no minimum CD4 cell threshold for using treatment as prevention. Having other infections, especially genital infections, increases the risk than an HIV-positive person will passing HIV to an HIV-negative partner—this is true at any CD4 cell count. An HIV-positive person may get more infections as CD4 cell count drops and immune function reduces. But once CD4 cell count is stabilized, infections have resolved and an individual is confident that he/she can adhere to medication—there is potential for reducing risk of transmission (treatment as prevention!).

If you start ARVs and want to use them as treatment as prevention, do you have to stay on them for life? The answer is much the same as it is for people taking ART for their individual health. The benefits come if the drugs are taken correctly and consistently. Individuals who feel healthy and want to stop taking ART, need to consult with their health providers. That there is no prevention benefit if your viral load is not controlled.

After starting ART when does the prevention effect “kick in” and how long does it last? In the same way that people taking ART do not feel healthy overnight, the prevention benefit of ART is not immediate. It comes after a person has taken treatment for some time and has a very low viral load. It is essential to keep on using other prevention tools like male and female condoms, limiting sexual partners, voluntary medical male circumcision for HIV-negative people, et cetera. People in the HPTN 052 trial are still being followed to see if the prevention effect lasts over time.

Many countries don’t have viral load tests in public facilities. How can an individual tell if treatment as prevention is working—especially if he or she is feeling healthy anyway? That’s a great question and one that doesn’t have an easy answer. We know that if you take ART as they are prescribed without missing doses, they are highly effective at controlling the virus. So, in the absence of viral load, you need to be vigilant about adherence and also monitor your health closely—other infections, CD4 cell count and so on.

There are treatment shortages in many countries. Why should PLHIV push for expanding access for treatment as prevention? Using treatment to preserve health and prevent new infections is a two-for-one benefit. It may also reduce tuberculosis risk. If countries expand their treatment targets, they can also reduce rates of new infections—this is key to ending the AIDS epidemic.

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This FAQ was developed with input from the National Empowerment Network of People Living with HIV (NEPHAK) and Health GAP on the basis of national PLHIV dialogues on treatment as prevention conducted throughout Kenya. The questions and answers contain information relevant for a global audience—but have been written specifically for individuals living and working in low and middle income countries. For more on treatment and prevention and other HIV prevention options in research and rollout visit www.avac.org.