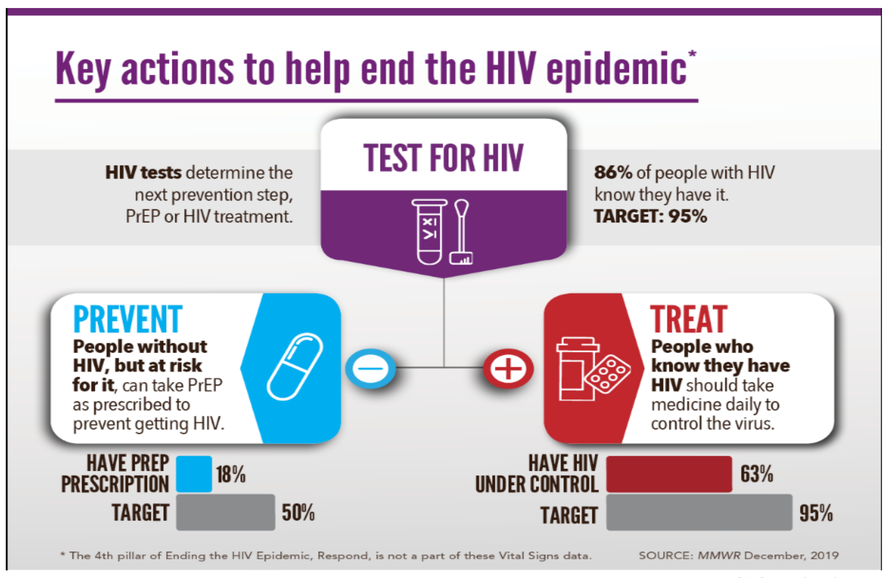
AIDS & Medicine

Prevention

In March 1983, the U.S. Public Health Service published the first recommendations for AIDS prevention, including a recommendation that members of risk groups limit their numbers of sex partners and observe "safe sex" practices, such as the use of condoms. Since a test for HIV became available in early 1985, the Centers for Disease Control and Prevention (CDC) has provided funds to support a national HIV counseling-and-testing program directed toward persons at risk of transmitting or becoming infected with HIV.

In response to concerns that infected persons would be subject to discrimination, such as termination of insurance or employment, specific consent forms and counseling became required before HIV testing, and limits were placed on sharing patient names between health jurisdictions for HIV surveillance purposes.

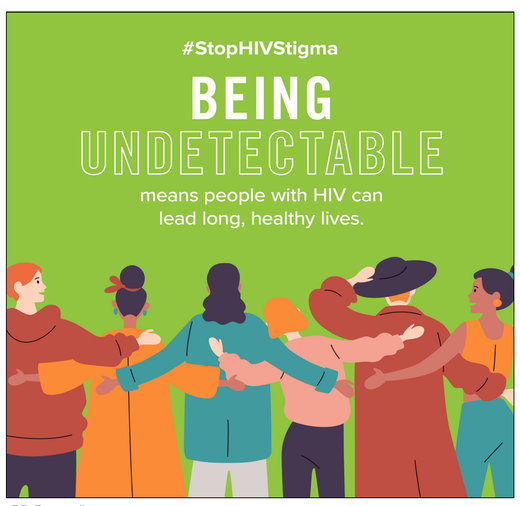
Viable options for HIV prevention in intravenous drug users, such as needle and syringe exchange and opioid substitution therapy, have been promoted and adopted by many communities. Research on the prevention of mother-to-child transmission of HIV has led to interventions with the potential to virtually eliminate HIV disease in children.



CDC.gov/vitalsigns

"Despite the human and financial costs, millions of infections have been prevented and millions of life-years saved. The response to AIDS will be a benchmark against which responses to future health threats will be compared."

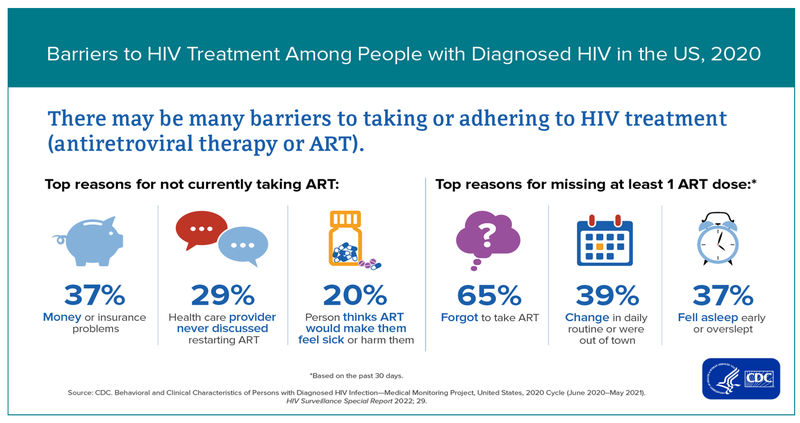
De Cock KM, Jaffe HW, Curran JW. "Reflections on 30 years of AIDS." Emerging Infectious Diseases, 2011



CDC.gov/hiv

"There is life after HIV/AIDS. The most important things are to love yourself, take your medicine, and live a very healthy lifestyle. I have come so far! I will never give up. You have to fight till your last breath... The biggest misconception is that you are going to die! That your life is over and no one will ever love you with this condition! This is far from the truth. You can live a full life with HIV/AIDS. I may be living with AIDS, but first I am a woman. Just follow your treatment plan and do not let a virus define you."

2015 Interview with Maria Mejia. Office on Women's Health



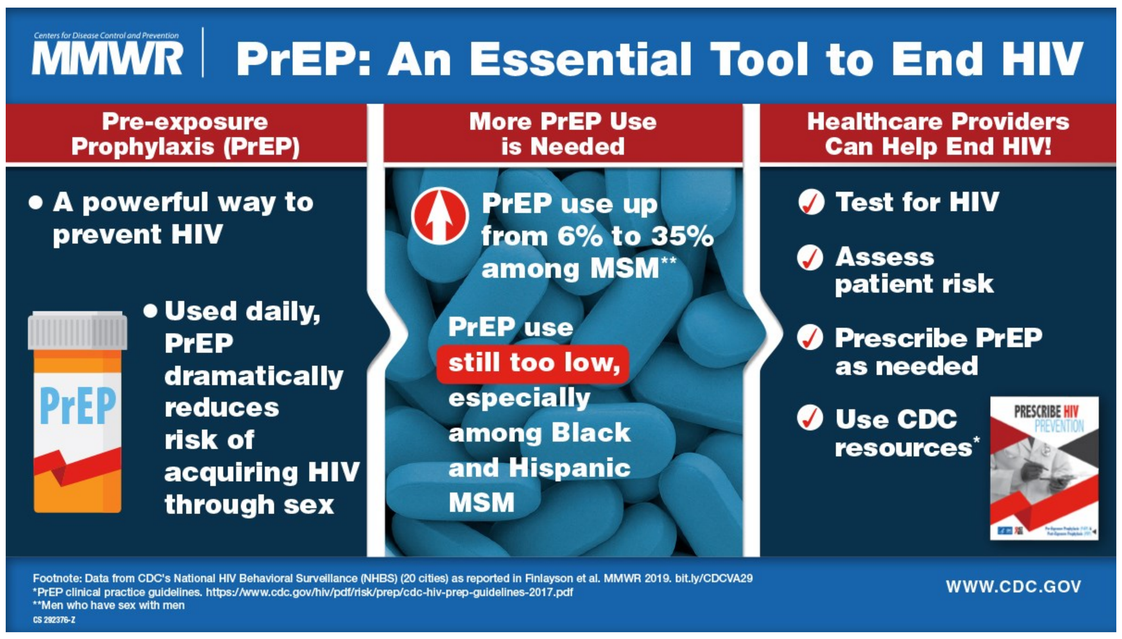
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PrEP & PEP

PrEP and PEP are medicines to prevent HIV. Each type is used in a different situation:

PrEP, pre-exposure prophylaxis, is for people who don't already have HIV but are at risk of getting it. PrEP is medicine that can reduce this risk of contracting HIV/AIDS. It can either be a pill taken every day or an injection given every two months. PrEP can stop HIV from taking hold and spreading throughout the body of someone exposed to HIV. PrEP is very effective when taken consistently, reducing the risk of getting HIV from sexual transmission by about 99%.

PEP, post-exposure prophylaxis, is for people who have possibly been exposed to HIV. Only for use in emergency situations, PEP must be started within 72 hours of a possible HIV exposure.



A person with HIV who takes HIV medicine as prescribed and gets and stays virally suppressed or undetectable can stay healthy and will not transmit HIV to their sex partners.

HIV Treatment as Prevention, cdc.gov