

Treatment as Prevention

Studies in support:

Male circumcision – efficacy 60+%

(Bailey et al. Lancet 2007; 369:643-656; Gray et al. Lancet 2007; 369:657-666)

iPrEx – MSM pre-exposure - Efficacy 44%

(Grant et al., NEJM 2010; 363(27):2587-2599)

Vaginal microbicide (Caprisa) - Efficacy 39%

(Karina et al. Science 2010; 329:1168-1174)

Heterosexual couples - Efficacy 73-96%

(Cohen et al., NEJM 2011; 365(6):493-505; Partners PreP, Rome, July 2011)

Lower community viral load

(Fang et al. J Infect Dis 2004; 19:879-885; Montaigner et al. Lancet 2006; 368:531-536; Das et al, PLOS One 2010; 5:e11068)

Reduction of mother-to-child transmission

Studies and issues NOT in support:

FEM – PrEP (protection of women)

Efficacy 0%

History of widespread resistance to antibiotics for malaria, TB, gonorrhoea, etc. with widespread inappropriate use

Effectiveness dependent on compliance
(development of resistance to anti-retroviral)

Questions for this Workshop

1. Is treatment as prevention feasible in Asia?
2. If feasible, is it likely to reduce community viral load and HIV incidence?
3. What are the barriers to treatment as prevention in Asia?