



## AFRICAN AMERICAN WOMEN AND PREP

Currently, there is limited data regarding the attitudes and acceptability of HIV pre-exposure prophylaxis (PrEP) among black women in the United States<sup>1</sup>. Black women account for about two-thirds (64%) of new HIV infections among women, though they represent only 13% of the American female population<sup>2</sup>. This inequity illustrates the HIV health disparities that affect women of color.

In July 2012, the Food and Drug Administration approved oral Truvada® for PrEP for women at risk of HIV infection and in 2014, the Centers for Disease Control and Prevention (CDC) issued guidance for clinicians to provide PrEP to women “at substantial risk of HIV acquisition”.

However, no clinical trials have been conducted to assess the efficacy of PrEP among women in the US, and there is a scarcity of research on knowledge, attitudes, and likelihood of use of PrEP among black women.<sup>3</sup> In one particular study of African American women, most participants had never heard of PrEP before the focus group.

Members of the focus group expressed concerns regarding the lack of HIV educational resources available to black women and expressed mistrust in the medical system, citing the Tuskegee syphilis study and expressing distrust in what is contained in PrEP.<sup>4</sup>

Data collected from these focus studies warrants further studies and resources to evaluate and provide education and highlight the HIV epidemic with in this population.

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### TEN IMPORTANT MESSAGES WOMEN SHOULD KNOW ABOUT PREP:

- 1** **PrEP is not just for men:** Some misconceptions exist that PrEP is only for gay and bisexual men, but the drug is an excellent option for women and works well for those who take it according to directions. When taken every day, PrEP can reduce the risk of HIV transmission during sex by more than 90 percent and by more than 70 percent through injection drug use.
- 2** **Negotiation is not needed:** PrEP can help women protect themselves when they are unable to negotiate condom use and/or are having unprotected sex when unaware of their partner’s HIV status.
- 3** **The risk of toxicity is low:** Some hear “daily pill” and immediately wonder how toxic the drug is. Truvada has low toxicity levels; however, those on PrEP should have their kidneys monitored every three months.

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**Side effects decline:** Common adverse effects, such as headaches, nausea, diarrhea and vomiting, usually go away within the first month.

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**Resistance risk is low:** PrEP is meant for HIV negative people, however, some HIV-positive people could end up on PrEP if they don't know their status. A person who has HIV but takes PrEP is likely to develop drug resistance. Therefore, getting tested for HIV periodically and seeing your physician regularly once you're on PrEP is important.

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**Education is key:** According to the CDC, as many as 1 in 3 doctors and nurses don't know about PrEP or are not recommending it to their patients. Some healthcare providers also have a bias against PrEP.

7

**PrEP is an option for pregnancy:** If you are in a serodiscordant relationship (in which one partner is HIV negative and the other is HIV positive) and you want to conceive, PrEP can be a viable tool for ensuring a safer conception through a process known as PrEP-ception.

8

**It doesn't prevent pregnancy:** PrEP lowers your risk of HIV, not your chances of getting pregnant. Birth control is still necessary to prevent pregnancy.

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**PrEP doesn't prevent other STDs:** If possible, have an open conversation with your partner about how PrEP does not prevent other STDs such as gonorrhea, syphilis, and chlamydia. It does not replace a condom or other barrier methods.

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**Keep getting tested:** Just because you're taking PrEP doesn't mean that you shouldn't continue to get tested for HIV. According to the CDC, you should be tested every three months after initiation, and then every six months while on the drug<sup>10</sup>.



## Resources:

- 1 AIDS Patient Care STDS. 2014 Dec 1; 28(12): 635–642. doi: 10.1089/apc.2014.0003 PMID: PMC4250961 Perspectives on HIV Prevention Among Urban Black Women: A Potential Role for HIV Pre-Exposure Prophylaxis Charlene A. Flash, MD, MPH
- 2 Women and HIV/AIDS in the United States. From <http://kff.org/hiv/aids/fact-sheet/women-and-hiv/aids-in-the-united-states/> (Last accessed September 30, 2014).
- 3 Knowledge, Attitudes, and Likelihood of Pre-Exposure Prophylaxis (PrEP) Use Among US Women at Risk of Acquiring HIV. To cite this article: Auerbach Judith D., Kinsky Suzanne, Brown Gina, and Charles Vignetta. AIDS Patient Care and STDS. February 2015, 29(2): 102-110. doi:10.1089/apc.2014.0142. Published in Volume: 29 Issue 2: February 14, 2015
- 4 AIDS Patient Care STDS. 2014 Dec 1; 28(12): 635–642. doi: 10.1089/apc.2014.0003 PMID: PMC4250961 Perspectives on HIV Prevention Among Urban Black Women: A Potential Role for HIV Pre-Exposure Prophylaxis Charlene A. Flash, MD, MPH, corresponding author<sup>1</sup> Valerie E. Stone, MD, MPH,<sup>2</sup> Jennifer A. Mitty, MD, MPH,<sup>3,4</sup> Matthew J. Mimiaga, ScD, MPH,<sup>4,5</sup> Kathryn T. Hall, PhD,<sup>6</sup> Douglas Krakower, MD,<sup>3</sup> and Kenneth H. Mayer, MD<sup>3,4</sup>
- 5 Cohen MS, et al. Prevention of HIV-1 infection with early antiretroviral therapy. N Engl J Med. 2011;365(6):493–505. [PMC free article] [PubMed]
- 6 Katz RV, Green BL, Kressin NR, Claudio C, Wang MQ, Russell SL. Willingness of minorities to participate in biomedical studies: confirmatory findings from a follow-up study using the Tuskegee Legacy Project Questionnaire. J Natl Med Assoc. 2007 Sep;99(9):1052–1060. [PMC free article] [PubMed]
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- 9 Jones J Bad Blood: The Tuskegee Syphilis Experiment. New York, NY Macmillan Publishing Co Inc 1993;
- 10 Blackadids.org