



Session 3: Treatment + Prevention = Action!

Understanding the Modern Era of HIV

January 15, 2025, 12pm ET / 9am PT

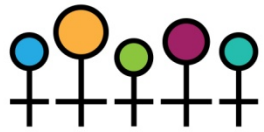


Together, we can change the course of the HIV epidemic...one woman at a time.

#onewomanatatime

www.thewellproject.org

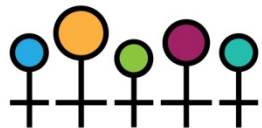
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About The Well Project

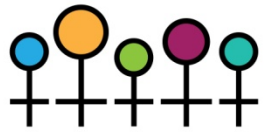
- Non-profit organization with a mission to change the course of the HIV/AIDS pandemic through a unique and comprehensive focus on women and girls across the gender spectrum
- Leverages technology to improve health outcomes and increase quality of life for women and girls living with HIV
- Our focus: education and information, community support, advocacy and leadership, collaborative engagement, and women-focused HIV research
- Access our resources and join our community at www.thewellproject.org



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About *WATCH! 2.0*

- Treatment advocacy webinar series, based on our successful 2015 series *A Place at the Table: WATCH!*
- 7 monthly sessions; 1 hour each
- Capacity building and training for women living with HIV and with reasons for HIV prevention across the gender spectrum
- Series topics will include advocacy basics, treatment and prevention, sexual and reproductive health, aging, research
- Participation in live sessions encouraged; recordings of sessions will be available to those unable to attend
- Certificates of completion will be issued to participants upon finishing the series and required evaluations/post-tests based on content of each episode
- *This episode is supported by ViiV Healthcare's Positive Action Grant Program*



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Agenda

- Welcome
- HIV Treatment in Everyday Life
- HIV Transmission & Prevention
- Treatment as Prevention & U=U
- Rethinking “Risk”
- Q&A

Today's Presenters



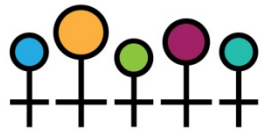
Ebony Gordon
HUES (Healing &
Uniting Every Sista)



Bridgette Picou, LVN, ACLPN
Moderator
The Well Project



Tonia Poteat,
PhD, PA-C, MPH
Duke University
School of Nursing

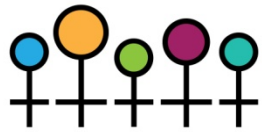


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Advances in HIV Treatment

Treatment with a combination of HIV drugs that block HIV at different steps of its lifecycle can:

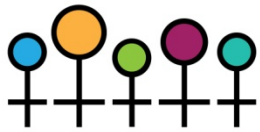
- Prevent the production of new virus
- Slow progression of disease
- ***Improve quality of life***
- Help you stay healthier longer



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Treatment Guidelines

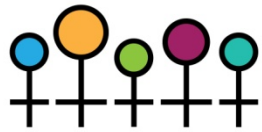
- Issued by a variety of global and national agencies
 - Written and reviewed regularly by HIV experts
- Guidelines on starting HIV treatment:
 - **US Department of Health and Human Services (HHS):** All people living with HIV recommended to take HIV drugs, no matter their CD4 count
 - **World Health Organization and others:** Since September 2015 also recommend that all people living with HIV take HIV drugs, no matter their CD4 count



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Benefits of Starting Early

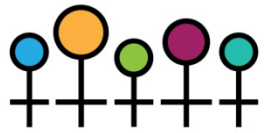
- **Longer life**
- Having a higher CD4 cell count and keeping it high
- Preventing further damage to the immune system
- Decreasing risk of health problems
- Dramatically reducing chance of transmitting HIV via other modes (**Treatment as Prevention or TasP**)
- **U=U** (Undetectable Equals Untransmittable): **No chance of transmitting HIV to sexual partners** if on treatment and undetectable viral load (not enough HIV in your bloodstream for test to measure)



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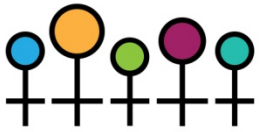
Challenges of Starting Late

- Shorter life
- Severely weakened immune system
 - Can take longer to restore immune system to full strength
 - Can increase chances that people living with HIV will develop AIDS and other serious illnesses
 - Greater chance of immune reconstitution syndrome when HIV drugs are started and CD4 count is low
- Potential HIV transmission to others (sexual partners; babies during pregnancy, birth, or breast/chestfeeding)



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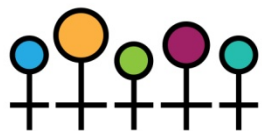
Poll Question



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Powerful Tools to Manage HIV

- Advances in HIV treatment since the 1987 approval of first HIV drug have led to development of many medications to fight HIV – including ***once-a-day combination pills*** containing two or more HIV drugs, and ***long-acting injectables***
 - ***A remarkable accomplishment!***
- Even with improvements in HIV drug treatment, taking HIV drugs is still a ***lifelong commitment***



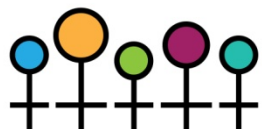
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What Does It Mean to Practice “Adherence”?

Adherence: Taking your drugs exactly as they are prescribed

- People taking HIV drugs have a crucial role in helping them work properly
 - Take correct amount at right times
 - Take drugs as directed
 - Get injections on time

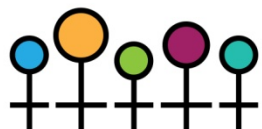




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Why Practice Adherence?

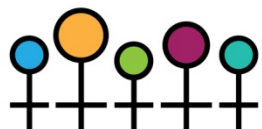
- Drugs get processed by your body, enter your blood stream
- A certain amount of HIV drugs needs to stay in your blood to fight HIV
- Taking pills or getting injections on schedule keeps the right amount of drug in your body
- If drug level falls too low, there's not enough drug to fight HIV



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Newer HIV Drugs and Adherence

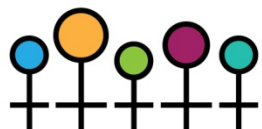
- Newer HIV drugs are more “forgiving” than older drugs that needed to be taken at the same time daily
 - Require fewer pills, have fewer food restrictions, are smaller than older drugs
 - In most cases, you can take HIV drugs as soon as you realize you missed a dose
 - Take next dose at the usual time (unless told otherwise by healthcare provider or pharmacist)
 - Injections (2) every 2 months may be an option
- Talk to your provider about receiving your next shot if you miss an injection appointment



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Adherence and Resistance

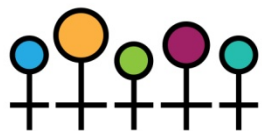
- If you do not take your HIV drugs on schedule or miss an injection
 - Drug levels in your blood will drop
 - HIV will be able to make copies of itself
- When HIV multiplies, viral load increases, CD4 cell count goes down, virus may mutate (change)
- **Resistance:** When HIV mutates, it can survive, even if you're taking your HIV medication
 - Mutations may cause HIV to become **resistant** to a drug; viral load can increase quickly



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Overcoming Adherence Challenges

- Despite demands in women's lives, studies show they are just as likely as men to adhere to HIV regimens
- Important to tell healthcare provider when you miss doses or are not able to take HIV drugs correctly
- They may suggest a change in dosing schedule or drug regimen



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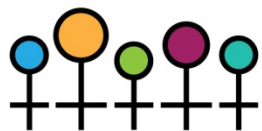
Side Effects

Drugs can cause effects that are different from what they were developed to do

These are called *side effects*

Many people **do not have any** side effects from their meds

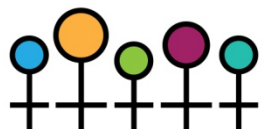




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Side Effects and HIV Drugs

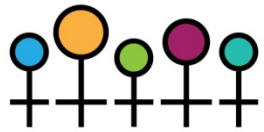
- In most cases, side effects of HIV drugs are mild
 - Sometimes more serious side effects can occur
- Most common during first 4-6 weeks you are taking a new HIV medication
- After your body gets used to new drug, side effects usually get better or go away
 - Some side effects may show up later or last longer
 - We may not yet know about all long-term side effects, especially with newer drugs



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Knowing About Side Effects Can Help

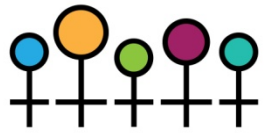
- Each drug comes with information about side effects
 - Can be very long and detailed
 - Reading through it can be scary
 - Drug manufacturers must list even *very rare* side effects
- ***Not everyone will experience every (or any) side effect*** of each drug or experience side effects the same way
- Ask provider before starting new treatment
 - Know what to expect
 - Know how to handle problems that may arise



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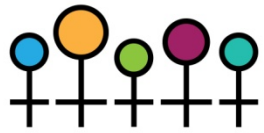
Women and Side Effects

- Some appear to be more common in women living with HIV than in men
 - Side effect studies have only looked at cisgender women
- Women may have higher levels of certain HIV drugs in their bloodstreams at the same doses as men
 - Smaller body size, metabolism, or hormones may cause the higher levels
- Women seem to benefit as much from HIV treatment as men; no changes in dosing have been recommended for women



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Poll Question



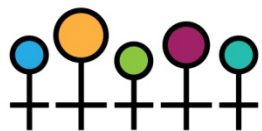
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HIV Transmission Basics

People can acquire HIV through contact* with these body fluids in which HIV may be present:

- Blood
- Semen (cum) and other sexual fluids from a penis (pre-cum)
- Vaginal or anal fluids
- Breast milk

**Contact* – body fluid gets into another person’s bloodstream or a mucous membrane (located in vagina, anus, inner foreskin of the penis, inside the mouth, etc.)

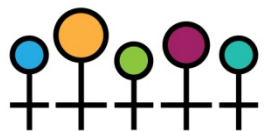


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Methods of HIV Transmission

Most common ways HIV is transmitted from one person to another:

- Re-using and sharing needles or other equipment for injecting drugs (including steroids or hormones)
- Unprotected/unsafe vaginal or anal sex
 - Sex without condoms or other barriers, or without using HIV treatment as prevention or PrEP
- Perinatal or vertical (during pregnancy, birth, or breast/chestfeeding)
 - Avoid the term “mother-to-child” transmission



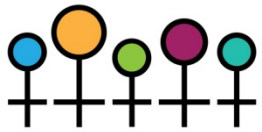
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What Is Treatment as Prevention?

Treatment as prevention (TasP):
using HIV treatment to **lower the risk of transmitting or acquiring HIV**

- Foundation of U=U
- Some include approaches taken by people not living with HIV (PrEP, PEP) as TasP

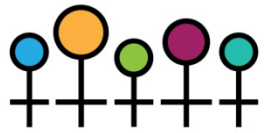




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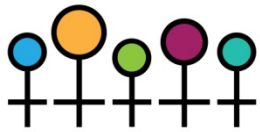
Undetectable Equals Untransmittable (U=U)

- **Having an undetectable viral load reduces your chance of transmitting HIV to sexual partners to zero**
- Large studies in couples in which one partner is HIV-negative and the other is living with HIV and has an undetectable viral load while on HIV treatment over time, **no HIV-negative partner acquired HIV**
 - Must have an undetectable viral load for at least 6 months
 - Did not look at undetectable viral load and HIV transmission through use of shared injection drug equipment
 - More research needed on HIV transmission through breast milk – though risk is very low when parent taking HIV drugs



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Poll Question



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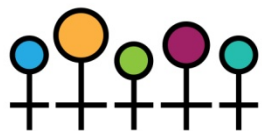
Preventing Perinatal Transmission

1990s

- Research showed **zidovudine** for pregnant people living with HIV reduced risk of transmitting HIV to their babies

Now

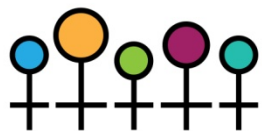
- Standard practice to:
 - Test pregnant people for HIV
 - Provide HIV drugs to pregnant people living with HIV
 - Give HIV drugs to babies of people living with HIV
- With HIV treatment and undetectable viral load, likelihood of transmitting HIV to a baby during pregnancy, birth, **and** breast/chestfeeding can be ***less than 1 in 100***



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TasP for People Not Living with HIV

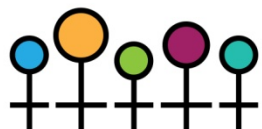
- **PrEP (Pre-Exposure Prophylaxis)**
 - Taking drugs **before** exposure to prevent disease
 - HIV-negative people taking HIV drugs to reduce their risk of acquiring HIV if exposed to the virus
 - ***User-controlled*** HIV prevention method; especially promising tool for women



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Treatment for People Not Living with HIV

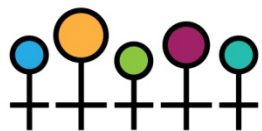
- **PEP (Post-Exposure Prophylaxis)**
 - Taking HIV drugs for +/- 1 month **after** possible HIV exposure (needle-stick, sex without condom, sexual assault)
 - To be effective, PEP must be taken right away – within first 72 hours after exposure to HIV, if possible



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Rethinking and Reframing “Risk”

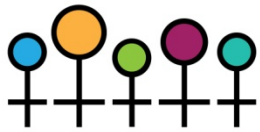
- “Risk” suggests “doing something wrong” – not how people perceive themselves or want to be seen – can keep them from considering their prevention needs
- Focuses on people's individual actions - individual behavior rarely drives a woman’s likelihood of acquiring HIV, but rather forces outside women’s control
 - Systemic racism, poverty, geography, trauma experiences, other non-behavioral factors make people vulnerable to acquiring HIV



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Rethinking and Reframing “Risk”

- In the modern era of HIV, ***a range of options is available for staying HIV-negative or preventing HIV transmission***
 - Terms such as “risk factors,” “at-risk,” “high-risk activities,” “risky behaviors,” etc., do not account for that range **or** many barriers to accessing those options
- Consider alternative terms:
 - “HIV risk” → HIV relevance; reasons for HIV prevention; vulnerable to HIV; chance/likelihood of acquiring HIV
 - “At-risk individuals” → People who can benefit from PrEP; people with reasons for HIV prevention
 - “Risk-reduction tools” → Sexual health tools/options



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Learn More!

*Scan the QR code for **more resources** on this topic from The Well Project, and to access the **video and survey** following this session!*



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