

Pre- and post-sexual exposure prophylaxis of HIV: An update

Sir,

We read with great interest the recent article titled “Pre- and post-sexual exposure prophylaxis of HIV: An update” published in your esteemed journal.^[1] With reference to it, we would like to comment on the following points:

- The World Health Organization (WHO) in 2016 recommended that oral preexposure prophylaxis (PrEP) containing tenofovir disoproxil fumarate (TDF) should be offered as an additional prevention choice for people at substantial risk of HIV infection as part of combination HIV prevention approaches.^[2] It was based on 12 trials done on the effectiveness of oral PrEP among serodiscordant couples, heterosexual men, women, men who have sex with men, people who inject drugs, and transgender women
- Defining “substantial risk”: Substantial risk of HIV infection is provisionally defined by the WHO as HIV incidence $\geq 3/100$ person-years or higher in the absence of PrEP

- Issue of risk compensation: The authors state that PrEP implementation is highly likely to result in risk compensation, but there is no evidence to indicate that PrEP led to risk compensation in sexual practices, such as decreased condom use or more sexual partners^[3,4]
- The authors state that time from the initiation of daily oral doses of TDF/FTC to maximal protection against HIV infection is unknown, but a study concluded that PrEP reaches protection after seven doses and full protection may require four doses for anal sex and seven doses for vaginal sex^[5,6]
- The National AIDS Control Organization (NACO) revised the guidelines for initiation of antiretroviral therapy (ART) in people living with HIV (PLHIV) in May 2017. As per the revised guidelines, all PLHIV should be treated with ART irrespective of CD4 count, clinical stage, age, or population. The NACO still does not endorse PrEP.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

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Access this article online

Quick Response Code:	Website:
	www.ijstd.org
	DOI:
	10.4103/ijstd.IJSTD_75_17

How to cite this article: Siddiqui GF, Siddiqui SA, Verma P, Jaiswal R, Adhauilia A. Pre- and post-sexual exposure prophylaxis of HIV: An update. *Indian J Sex Transm Dis* 2019;40:184-5.

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