

Pre-Exposure Prophylaxis (PrEP)

Chapter Background



Pre-Exposure Prophylaxis (PrEP) (e.g., Truvada and Descovy) taken prophylactically or prior to HIV exposure is proven to prevent HIV acquisition among those exposed through sex or needles. According to [Centers for Disease Control and Prevention](#) (CDC), when taken daily, PrEP is highly effective for preventing HIV and is much less effective if not taken consistently. The [U.S. Preventive Services Task Force](#) recommends that clinicians offer PrEP to people at high risk for HIV (Grade A recommendation indicating a high certainty of net benefit for PrEP). The federal [Ending the HIV Epidemic \(EHE\)](#) initiative highlights PrEP as one of the key strategies to prevent HIV transmission. Consequently, it is critically important to identify effective interventions for increasing PrEP use and persistence (e.g., uptake, prescription by providers, adherence). The [Prevention Research Synthesis \(PRS\) Project](#) developed evaluation criteria for identifying best practices for PrEP use and persistence after a series of consultations with CDC and National Institutes of Health (NIH) subject matter experts. These criteria were finalized in March 2020.

Best practices consist of evidence-based and evidence-informed interventions. Evaluation criteria were developed for each to reflect the current state of the research literature on PrEP-related interventions. [Evidence-based criteria](#) evaluate intervention studies that have a comparison group. [Evidence-informed criteria](#) evaluate PrEP intervention studies that do not have a comparison group but have a pre-post comparison. Evidence-based criteria are more rigorous than evidence-informed criteria. Interventions that meet evidence-based criteria are considered as Evidence-Based interventions (EBIs), are scientifically rigorous, and provide the strongest evidence of efficacy. Whereas interventions that meet evidence-informed criteria are considered as Evidence-Informed interventions (EIs) and show modest evidence of efficacy; however, ideally, would need to be tested with a more rigorous design (i.e., a comparison group) to confirm efficacy.

The best practices for PrEP (i.e., EBIs and EIs) presented in this chapter are the result of a systematic evaluation of each eligible PrEP intervention study against *a priori* evidence-based or evidence-informed criteria that includes the risk of bias and strength of findings for each individual study. Health care and prevention providers can use the best practices identified as a resource when making decisions for PrEP-related programs and services.

Additional details about the [PrEP Chapter](#) or the [PRS Project](#) can be obtained by [contacting PRS](#).

Additional PrEP resources for consumers and public health providers can be found at the [CDC website](#).