



## **HIV Medicine Association (HIVMA) and Infectious Diseases Society of America (IDSA) Joint Policy Statement**

### **Preventing HIV and other Sexually Transmitted Infections: A Call for Science-Based Government Policies**

Sexually transmitted infections, including HIV/AIDS, are a major source of morbidity and mortality in the U.S. and around the world.<sup>i</sup> Despite knowledge of how HIV is transmitted, the number of new HIV infections was as high last year as in any year since the epidemic began. In the absence of preventative vaccines or cures for HIV and a number of other sexually transmitted infections, it is imperative that federal and local governments support science-based information and programs to assist persons of all ages in protecting themselves from the acquisition of sexually transmitted infections, including HIV/AIDS.

The HIV Medicine Association (HIVMA) and the Infectious Diseases Society of America (IDSA) are strongly committed to public health interventions that decrease the transmission of all infectious diseases (see related policy statement on syringe exchange laws<sup>ii</sup>). We believe strongly that the federal government must play a leading role in protecting our nation's health by reducing the spread of STIs.

- The federal government must continue to support a robust portfolio of biomedical and behavioral research that aims to identify preventive vaccines, new diagnostics and treatments, and behavioral intervention strategies that reduce the risks of transmission. Adequate support for public health infrastructure to conduct surveillance and to administer STI screening and treatment programs is also essential.
- The federal government has an obligation to ensure that public health information that is developed and disseminated with federal dollars is evidence-based and comprehensive.

Clearly, delaying or abstaining from sexual activity is an effective method for preventing sexually transmitted infections. Similarly, it is irrefutable that a monogamous relationship with an uninfected partner will prevent sexually transmitted infections. Nevertheless, it is also true that the majority of teenagers have had a sexual encounter before they graduate from high school<sup>iii</sup>, and millions of young people and adults are sexually active outside the bounds of marriage and mutually monogamous relationships. Prevention messages must be tailored to specific segments of the population to be effective, and should be age and culturally appropriate and value neutral. There is a public health obligation to offer guidance about risk reduction strategies, in addition to messages that encourage abstinence and/or fidelity, to sexually active youth and adults.

Moreover, it is critical that programs emphasizing abstinence do not do so at the expense of offering accurate information about behaviors associated with the acquisition of sexually transmitted infections, and the efficacy of risk reduction strategies like consistent and appropriate use of condoms.<sup>iv</sup>

There is a large body of scientific literature that demonstrates that condoms are very effective in preventing HIV transmission when used consistently and correctly.<sup>v vi vii</sup> An international study of HIV discordant couples demonstrated that condoms were 100 percent effective in preventing HIV transmission.<sup>viii</sup> There is also significant scientific data linking consistent condom use with prevention of gonorrhea, chlamydia, herpes simplex virus, and syphilis.<sup>ix</sup> A recent randomized controlled clinical trial has linked condom use with accelerated clearance of the human papilloma virus (HPV) and HPV disease.<sup>x</sup>

Our current approaches are failing to reduce the number of new infections. We need to critically evaluate current education messages and practices in an effort to have a meaningful impact on this global plague.

Specifically, HIVMA and IDSA strongly support the following federal policy actions:

- Federally funded sexual health education programs for use in the U.S. and in the developing world should be scientifically based, comprehensive, and culturally and developmentally appropriate. Legislation authorizing current programs that are limited to so called “abstinence only” or “abstinence until marriage” strategies should be modified to reflect these standards.<sup>xi xii xiii</sup> The curricula of programs eligible for federal funding should be reviewed for scientific accuracy.
- The provision in the law authorizing the President’s Emergency Plan for AIDS Relief (PEPFAR) that requires that 33 per cent of prevention funds be targeted to “abstinence only” programs<sup>xiv</sup> should be repealed. Funds allocated for prevention should be directed to programs that provide comprehensive education about the prevention of HIV/AIDS.
- Funding for research to develop new diagnostics and treatments for the prevention of sexually transmitted infections, including HIV, should be maintained and increased.

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<sup>i</sup>Joint United Nations Programme on HIV/AIDS, *2004 Report on the Global AIDS Epidemic*, July, 2004.

<sup>ii</sup> HIV Medicine Association. Policy Statement on Syringe Exchange, Prescribing and Paraphernalia Laws, October 2001.

<sup>iii</sup>The Henry J. Kaiser Family Foundation, *National Survey of Adolescents and Young Adults: Sexual Health Knowledge, Attitudes and Experiences*, 2003.

<sup>iv</sup> United States House of Representatives, Committee on Government Reform- Minority Staff, Special Investigations Division, *The Content of Federally Funded Abstinence-Only Programs*, December 2004.

<sup>v</sup> National Institute of Allergy and Infectious Diseases. Workshop summary: Scientific evidence on condom effectiveness for sexually transmitted disease prevention. National Institutes of Health, 2001.

<sup>vi</sup> Weller S, Davis K. Condom effectiveness in reducing heterosexual HIV transmission. *Cochrane Database Syst Rev 2004 (1)*: CD003255.

<sup>vii</sup> Hearst N, Chen S. Condoms for AIDS prevention in the developing world: A review of the scientific literature. University of California, 2003.

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<sup>viii</sup> De Vincezi I. *A longitudinal study of human immunodeficiency virus transmission by heterosexual partners.* New England Journal of Medicine 1994; 331:341-46.

<sup>ix</sup> Manhart, L., Holmes, K. *Randomized Controlled Trials of Individual-Level, Population-Level, and Multilevel Interventions for Preventing Sexually Transmitted Infections: What Has Worked?* The Journal of Infectious Diseases 2005; 191:S7-24.

<sup>x</sup> Hogewoning, CJ, et al. *Condom use promotes regression of cervical intraepithelial neoplasia and clearance of human papillomavirus: a randomized clinical trial.* International Journal of Cancer 2003; 107: 811-816.

<sup>xi</sup> Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, *SPRANS Community-based Abstinence Education Project Grant Program.* Provides federal grants to community-based organizations that teach abstinence until marriage to youth.

<sup>xii</sup> Section 510 of the 1996 Welfare Reform Act. TANF and Related Programs Continuation Act of 2004, P.L. 108-262. Provides funds to states for the exclusive purpose of promoting abstinence, requiring a state match of \$3 for every \$4 from the federal government

<sup>xiii</sup> Adolescent Family Life Act, 42 U.S.C. 300Z (1982 & Supp. III 1985). It provided \$13 million for fiscal year 2005 for abstinence-only education programs.

<sup>xiv</sup> The United States Leadership Against HIV/AIDS, Tuberculosis, and Malaria Act of 2003, P. L. 108-25.