

PREVENTION

DISCUSS PrEP & PEP

PrEP and PEP medications are powerful yet underutilized tools for preventing HIV. Nearly 32,000 people may benefit from PrEP in NM and CO, but only 26% of them received a prescription in 2023.³

Pre-Exposure Prophylaxis (PrEP) is for people who are HIV-negative and are at risk for HIV. PrEP is available as a daily pill or a long-acting injectable.

Post-Exposure Prophylaxis (PEP) is an emergency medication to prevent HIV within 72 hours after a possible exposure.

REDUCE STIGMA

HIV stigma is the negative attitudes and beliefs about people living with HIV. Stigma can deter people from getting tested and treated. One way to reduce stigma is by using non-stigmatizing language.

Stigmatizing Language	Preferred Language
AIDS/HIV patient, Positives	Person living with HIV
Clean (for HIV status)	Had a negative HIV test result
HIV infection	HIV diagnosis or transmission



Cultural Considerations
Native culture can be a source of social, spiritual, and mental support during HIV treatment.

ADDITIONAL INFORMATION

CDC Resources for Clinicians



National Native HIV Network

OURstory: A Journey Through the Native HIV/AIDS Timeline



References

- Centers for Disease Control and Prevention (CDC). Estimated HIV incidence and prevalence in the United States, 2018-2022. HIV Surveillance Supplemental Report 2024;29(No. 1).
- CDC. Monitoring selected national HIV prevention and care objectives by using HIV surveillance data—United States and 6 territories and freely associated states, 2022. HIV Surveillance Supplemental Report 2024; 29(No. 2).
- CDC. NCHHSTP AtlasPlus. <https://www.cdc.gov/nchhstp/atlas/index.htm>. Accessed 4/8/2024.



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BRIDGING GAPS IN HIV CARE

EMPOWER YOUR PRACTICE TO PREVENT, TEST, AND TREAT HIV IN NATIVE COMMUNITIES



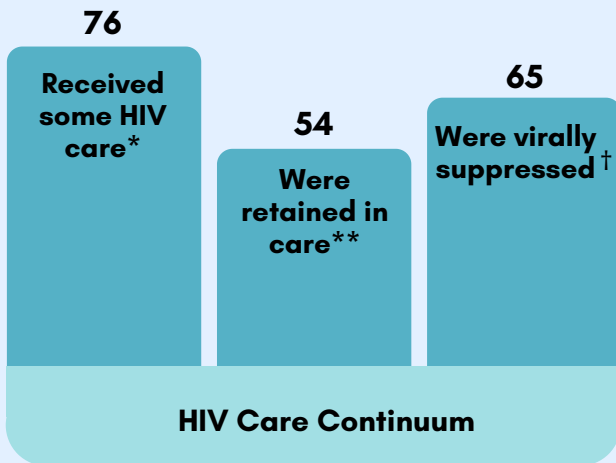
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THE ISSUE

Together, we can stop HIV. Effective treatment with antiretroviral therapy (ART) is available. If taken as prescribed, ART can establish viral suppression (viral load < 200 copies/ml), which allows people to live long, healthy lives and prevent HIV transmission. However, only 77% of Non-Hispanic American Indian/ Alaska Native (NH AI/AN) people with HIV have been diagnosed¹, and only 65% of NH AI/AN people who have been diagnosed are virally suppressed.² Clinicians are needed to improve outcomes at each step of the HIV care continuum.

For every 100 NH AI/AN people aged 13 and older diagnosed HIV in 2022...²



*At least 1 viral load or CD4 test during 2022

** Had 2 viral load or CD4 tests at least 3 months apart during 2022

† Based on most recent viral load test during 2022

TESTING

WHEN TO TEST

- CDC recommends testing everyone aged 13 to 64 at least once as part of routine healthcare.
- Test people who engage in condomless sex or share injection drug equipment at least once a year.
- All pregnant people should be tested at least once. If the status is unknown by delivery, test patient immediately.

TYPES OF TESTS

HIV tests offer high accuracy, but cannot detect the virus immediately after infection. Test patients upon their initial visit to catch prior exposures, and advise retesting based on the type of test to ensure a conclusive result.

Test Type	Day HIV can be detected for everyone*
Nucleic Acid Test	33
Rapid Antigen/Antibody Test	45
Antigen/Antibody Test	90
Antibody Test	90

*Days after potential HIV exposure

Patients can use **self tests** at home or in a private location. Results can be ready in 20 min.

TREATMENT

Antiretroviral therapy (ART) is recommended for treating all people with HIV. There are many ART medications, which come in two forms:

- **Pills:** Recommended for people starting HIV treatment, taken daily.
- **Shots:** Long-acting injections given every 1-2 months. Patient needs to be virally suppressed before switching to shots.



CONSIDERATIONS

Selecting the right treatment for each patient is vital for **long-term treatment adherence.**

When selecting medications, consider:

- A person's lifestyle and schedule
- Potential drug interactions
- Making a referral to mental and nutritional health services to support treatment adherence