The nation’s HIV prevention efforts are guided by a single, ambitious strategy for combating the epidemic: the National HIV/AIDS Strategy [NHAS]. Recent scientific breakthroughs have equipped us with an unprecedented number of effective prevention tools. And in many of the communities hardest hit by HIV, there is growing leadership and momentum for change. Simply put, each new infection originates with someone who is already infected with HIV. Through prevention methods of assessing patients’ behaviors and promoting healthy lifestyle changes, the risk of HIV transmission can be greatly reduced.

**Prevention Methods and Services**

Prevention for persons living with HIV includes the following methods and services:

**Linkage to care and treatment:** Improving the health of persons with HIV and reducing the number of new infections is directly related to the access of HIV medical care, as well as interventions to ensure those with HIV continue to get the care and treatment they need.

For example, the HIV care continuum, sometimes referred to as the HIV treatment cascade, is an idea widely used by federal, state and local agencies to identify issues and opportunities related to improving the delivery of services to persons living with HIV. This continuum is a 5-stage process that provides a way to examine critical questions, including: How many persons living with HIV are being tested and diagnosed? Of those, how many are linked to medical care? Of those, how many are retained in care? Of those, how many are on antiretroviral therapies? And of those, how many are able to adhere to their treatment plan and achieve a suppressed/undetectable viral load. Through close examination, service providers are able to identify gaps that exist in connecting persons living with HIV/AIDS to quality care; subsequently reducing the spread of HIV to partners and offspring.

**Behavioral interventions and other risk-reduction services:** Behavioral interventions aim to reduce risk behaviors of persons living with HIV by promoting behaviors such as using condoms, not sharing drug injection equipment and avoiding sexual practices that have the potential to transmit HIV to others. Because behavioral change occurs in incremental stages, most behavioral interventions provide structure and multiple sessions which typically create a supportive and nonjudgmental setting that encourages persons with HIV to ask questions, be honest and disclose sex/drug use behaviors and reproductive plans.

**Interventions to prevent mother-to-child HIV transmission:** Perinatal transmission occurs when HIV is transmitted from a woman to a fetus or child during pregnancy, labor, delivery or breastfeeding. Prenatal care and interventions provide opportunities to inform pregnant women and their partners about how to prevent HIV transmission to their unborn fetus. They also offer antiretroviral medications and routine HIV testing (for women who are not HIV infected but have sex or drug-injection partners who are HIV infected) to the mother to reduce the risk of mother-to-child transmission.

**Referrals to medical and social services, such as substance abuse and mental health services:** Referrals and services can help persons with HIV adopt safer behaviors, engage in HIV care, and adhere to medication regimens. They can also assess for and identify social and medical needs [other than HIV care] that could potentially prevent them from fully adhering to HIV preventative strategies.

**Provide partner services:** Partner services help persons with HIV notify their sex and drug-injection partners of possible HIV exposure; offering them services that can help protect their partner’s health and prevent sexually transmitted disease reinfestions in persons with HIV. When performing partner services, disease intervention specialists [DIS] recommend testing to all partners who may have been exposed to HIV or STDs. These services also inform all persons with HIV and their partners, if served, of the availability of non-occupational postexposure prophylaxis [nPEP] and preexposure prophylaxis [PrEP] that eligible uninfected partners can take to reduce their risk of acquiring HIV. They also help to recommend condom use.

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PUBLIC HEALTH STRATEGIES AND BEHAVIORAL INTERVENTIONS

The CDC and its partners are pursuing a high-impact prevention approach to reducing new HIV infections by using a combination of scientifically proven, cost-effective, and scalable interventions directed to the most vulnerable populations where HIV prevalence is highest. The strategies and interventions have been proven effective through research studies that showed positive behavioral (e.g., use of condoms; reduction in number of partners) and/or health outcomes (e.g., reduction in the number of new STD infections). For more information on public health strategies, behavioral and other interventions visit http://www.effectiveinterventions.org/en/Home.aspx.