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. 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). 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, 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.\textsuperscript{iv}

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

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.\textsuperscript{xii} 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\textsuperscript{xiv} 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.

\textsuperscript{iii} The Henry J. Kaiser Family Foundation, \textit{National Survey of Adolescents and Young Adults: Sexual Health Knowledge, Attitudes and Experiences}, 2003.
\textsuperscript{iv} United States House of Representatives, Committee on Government Reform- Minority Staff, Special Investigations Division, \textit{The Content of Federally Funded Abstinence-Only Programs}, December 2004.


x 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.

