HUMAN RIGHTS

GAY YOUTH AND PREVENTION

Project Adherence to Life, Primary Prevention and Positive

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YOUNG GAYS AND PREVENTION

GIV - GROUP FOR LIFE INCENTIVE

GIV is a mutual help group for people with positive HIV serology. It is a not for profit organization and does not have any prejudices and / or ties of a political, partisan or religious nature. Our mission is to promote better quality of life in the social sphere as well as physical and mental health for all people living with HIV / AIDS, and the groups of people most vulnerable to HIV / AIDS.

WHAT DO WE DO?

Psychological Support • Activism, citizenship and social control • Courses and Workshops • Cultural and Social Departments • Recreational Space and Confraternizations • Youth Group • Adherence Group • Women's Group • Grupo Somos (Gays) • Mutual aid • Fight for rights and against prejudice • Talks and workshops • Posithive Prevention • Publications and Newsletters • Prevention Works • Alternative Therapies

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PROJECT ADHESION TO LIFE, PRIMARY AND POSITIVE PREVENTION

Summary


INTRODUCTION

The AIDS epidemic in Brazil today is concentrated in what the UN calls key populations. Key populations are groups that, due to specific high-risk behavior and situations of social vulnerability, are at higher risk to get HIV, regardless of the type of epidemic or local context. They are: men who have sex with men (MSM), people who use drugs, people deprived of liberty, sex workers, and transgender people. (1)

In the last ten years, an increase in the rate of AIDS detection was found in a number of populations. Among them are young people (15 to 24 years old) in Brazil. (2)

In the state of São Paulo, a total of 225,528 cases of AIDS were reported until 2013 (2). In the city of São Paulo, 84,204 cases of AIDS were reported from 1980 to 2013, where the MSM population represented the main exposure category from the start of the epidemic, amounting to 36% of the cases. (3)

- The number of cases among young people has increased, mainly among gays. When comparing 2006 and 2012, there has been a 62% increase of AIDS cases in people between 20 and 29 years of age, and the rate for those between 13 and 19 years has tripled. (3)

- A study done in the city of São Paulo with 1,217 bar, cinema, and club goers of the República and Consolação regions registered high rates of HIV infection, mainly among young homosexuals, and revealed situations that make them very vulnerable to infection, as well as flaws in the prevention strategies. Of the interviewees between 18 and 24 years of age, 6,4% are infected with HIV, a rate around 50 times higher than the national average for this age group. Among interviewees between 18 and 19 years of age, the infection rate was 5%, indicating that they were contaminated within the first two years of their sex lives. (4)

We saw that the participants of the activities by GIV (Group for Life Incentive) coincide with the profile of the epidemic. The

1. Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment, and Care, WHO, 2014 [http://www.who.int/hiv/pub/guidelines/keypopulations/en/]
2. Epidemiological Report of HIV/AIDS. Year II, #1, Brazilia, 2013
3. Epidemiological Report of AIDS, HIV, and STDs of the City of São Paulo. Year XVI, #15, June 2011
4. SampaCentro Project [http://revistapesquisa.fapesp.br/2012/10/11/aids-ainda-longe-do-controle/]

participants in the reception meetings are mostly gay men, and each week at least one newly infected young person arrives at the institution.

Considering this publication, we decided to ask some of the young people who frequently go to GIV and others who do not go often what they thought about being young and living with HIV, as well as what they knew before getting infected, and if they knew about PEP, etc. Their answers showed that they knew the basics about HIV before infection. Among the reported prevention methods used before infection is the condom, however it is used irregularly. They complained about the lack of effective information in schools and demonstrated a lack of knowledge about PEP. They also talked about the difficulties they face as young people with HIV. Today, they seek information at NGOs, doctors, online, and with friends. Half of them did not mention doctors/healthcare services as sources of information.

We also decided to ask some seronegative young people who do not frequent GIV what they knew about HIV and prevention. The answers showed that information on HIV is obtained mainly online; that condoms are not continuously used as a prevention method; that they already had been tested at some point in their lives and knew where to get tested; and that they know very little about PEP.

PRESENTATION

This booklet discusses HIV prevention as a series of strategies that may be used singly or together so that people have options for reducing the risk of HIV transmission in their sexual activities. It will also address a number of methods that are not currently available for use by the Brazilian population, but which may be incorporated in HIV prevention in the future, since the efficacy of these interventions is high and proves to significantly reduce transmission of the HIV virus. The HIV virus is present in the blood, semen, vaginal secretions, and breast milk; therefore, it can only be transmitted through the exchange of these fluids. Thus, anal, vaginal, and oral sex where these fluids are present with HIV are probable forms of infection. Other forms of transmission of the HIV virus are shared use of syringes and needles and contaminated blood transfusions. The virus can also be passed from an infected mother to the child during pregnancy, labor, or breastfeeding. In this regard, it is important to note that mere social contact and interactions such as kissing, masturbation, caresses, and fondling during relations do not present risk.

The GIV believes that prevention must be the result of individual reflection and choice, and talked about with partners that seek quality of life and physical, emotional, and social well-being – preserving the autonomy, confidentiality, and rights of people. For this to be possible, both people who have HIV/AIDS as well as those who are not infected with HIV/AIDS must have clear, objective, substantial information so that they may not only manage the risks in their own lives, but also act in ways that promote the common good and access to information, intervention, and prevention input. Solidarity is fundamental here! The prevention of HIV is not only a biomedical issue, but also permeates conjunctures of stigma – discrimination inherent to the socioeconomic, religious, and cultural contexts we face individually and collectively.

WHAT DO THE HANDS STAND FOR?

Our hands allow our every day small actions and gestures. Our hands take care of ourselves and others, feed, take our medicines, put on the condoms, touch, caress, communicate and show our indignation.

The photos of some hands in this publication are the result of a workshop with the participants of the Young Living Project, which GIV develops with young people living with HIV and their friends. Maria Azevedo took the pictures.

After decades of the AIDS epidemic, stigma and prejudice, people living with HIV, even young people, are not at ease to expose themselves to the public. The idea of the photos of these hands came as a way of expressing oneself without being identified.

On the day of the workshop, young people were asked to bring significant objects of their lives to photograph with their hands. During the activity, other objects, such as condoms, lubricating gel and frogs (the symbol of GIV) were added. After taking the individual photographs, all the hands were photographed together, to represent the meeting of young people for the care of themselves and of their neighbors, the struggle for the rights and prevention.

Let us go hand in hand to browse this publication!

This booklet will address the following topics related to HIV prevention:

1 – CONDOMS
2 – MALE CIRCUMCISION
3 – POST-EXPOSURE PROPHYLAXIS (PEP)
4 – PRE-EXPOSURE PROPHYLAXIS (PrEP)
5 – TREATMENT AS PREVENTION
6 – ANTI-HIV VACCINES
7 – RISK REDUCTION STRATEGIES

Is there some form of prevention with a proven efficacy of 100%?

To evaluate the efficacy of an intervention method – male or female condoms, for example – we perform a clinical study on a group of people. The data obtained is generalized for other populations by means of statistical tools that provide results of not only one number, but of an interval of numbers, which prevents us from talking about an exact number, and, particularly, 100% efficacy. Thus, the REAL efficacy of an intervention may be 100% in some circumstances, but this cannot be proved by statistical means

CONDOMS

Try different types of condoms

Condoms are considered the most effective barrier method for the prevention of HIV and sexually transmitted diseases (STD) , and can be understood as a means of managing risks in a sexual relationship. They should be used every time sexual penetration occurs.

In addition, it should not be forgotten that they prevent a variety of sexually transmitted diseases and are also a very effective contraceptive method, allowing unplanned pregnancy to be avoided.

According to an analysis of observational studies[1], male condoms, if used continually, can reduce HIV infection by 80%, and even up to 95%.

Tears in the condom are more frequently associated with incorrect use. For this reason, some important precautions must be taken, such as, for example: the male condom must be put on when the penis is already erect, and taken off while it is still erect so that the sperm does not leak onto the other partner.

Condoms provide protection and allow each person's sexual desires to be selected and practiced, regardless of sexual orientation. This can be negotiated with your partner – talk to them about the benefits to your health and to your sexual, emotional, and social relations.

A variety of male condoms are available, made from different materials such as latex or polyurethane, some with flavors and different textures and roughness, as well as different sizes. There are also lubricated condoms.

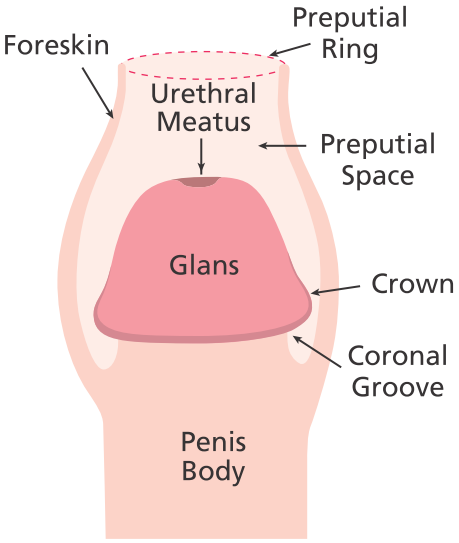
The use of water-based lubricant gel is recommended for use with condoms. It can also enhance pleasure!

Footnote: [1] Weller L L reviewed the effectiveness of the use of condoms for HIV prevention for the Cochrane Collaboration in 2001..

MALE CIRCUMCISION

Condoms must be used during each sexual interaction, whereas circumcision is a one-time measure.

This strategy is the surgical removal of the skin that covers the head of the penis. It is effective in men who have sex with women with HIV.



Some studies done in Africa and published in 2005 showed that circumcision (surgical procedure that consists of removing of the foreskin, a skinfold that covers the shaft of the penis) reduces HIV infection in heterosexual men by 50% to 60% annually. In other words, it reduces the transmission of HIV to men who have sex with women with HIV. Follow-up studies of heterosexual men showed over 70% efficacy after five years.

Women without HIV have no protection if they have sexual relations with a man with HIV. The WHO (World Health Organization) especially recommends this practice for countries with a generalized epidemic, but does not exclude it for countries with a concentrated epidemic.

There are no satisfactory results on protection by circumcision in gays and men who have sex with men. In Brazil, there is no official recommendation by the Ministry of Health to implement this policy. But men can still opt for this strategy and have the surgery. Couples can also opt to have their sons circumcised while still young, as in children this procedure is less complicated than in adults.

It is important to remember that continuous use of condoms is the most effective and safest way of preventing HIV and other STDs, and that they can be used alone or in addition to other methods such as circumcision. However, it must be stressed that it is better to use one prevention method than to use none at all. Condoms must be used during each sexual interaction, whereas circumcision is a one-time measure.

POST-EXPOSURE PROPHYLAXIS (PEP)

Did the condom tear or did you have sex without a condom? Go for PEP immediately! PEP consists of taking medication against HIV for 28 days to avoid possible infection. It must be started up to 72 hours after the potential exposure to HIV.

What is Post-Exposure Prophylaxis (PEP)?

PEP is a prevention method that consists of preventing infection after a possible exposure to HIV, such as, for example: sexual relations with a person with HIV or of unknown serostatus, where penetration occurred without the use of condoms; or after an accident where the condom tore or slipped.

What does PEP entail?

PEP consists of the use of antiretroviral medication (medication used in treating people with HIV) for 28 days without interruption, unless by medical orientation after a risk evaluation. You will also be tested for HIV and other STDs.

When should PEP be started?

This treatment should ideally begin within two hours after exposure, but can be started after up to 72 hours. Its effectiveness may decline as the hours go by. This procedure is not indicated for sexual contact without penetration, as in the case of mutual masturbation and oral sex without ejaculation in the oral cavity.

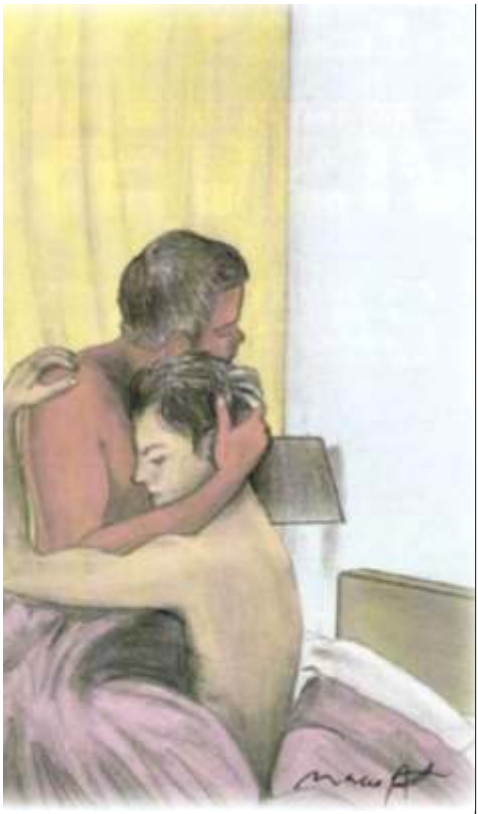
It is important to emphasize that, when the use of PEP is indicated, medication is usually prescribed for 15 days. Then, an appointment to return to the medical post is scheduled for one week to 10 days later to check the possible collateral effects, avoid abandonment of treatment, and reinforce the orientations provided for risk reduction. The procedure of prescribing medication for only 15 days will probably be changed in the near future.

Where should I go to get PEP?

The places indicated are SAEs (Specialized Care Services) and hospitals that treat patients with AIDS, such as Emilio Ribas or CRT-AIDS in the city of São Paulo. Find out more by calling 0800-611997 about other locations in your district. Don't wait for the problem to happen!

Should I use PEP only if I know that my partner has HIV?

No, even if you don't know whether your partner has HIV, in some cases, PEP is also recommended. For example, if your partner is a drug user, sex professional, gay, transvestite, or a



man who has sex with men.

Why for these groups?

Because in Brazil these groups have a higher proportion of people with HIV in relation to the total population.

Are there side effects from the month-long treatment?

Yes, there may be some such as nausea, diarrhea, migraines, and others. In most cases, they don't occur, and even when they do, they can vanish quickly. During your appointment, you should be informed of these possible side effects and where to go in case they occur.

If I feel a side effect, should/can I abandon treatment?

You should not stop treatment! You should go immediately to the healthcare service that prescribed the treatment and report the situation. The treatment can be exchanged for another. Also, remember that it is better to finish the month of treatment and get rid of HIV than to have it for the rest of your life!

Do healthcare professionals receive people who seek PEP well?

As it happens, many times there are all kinds of responses. You should insist that your case is URGENT and that you must begin treatment immediately. You should ideally begin treatment within two hours of exposure for best efficacy. Do not wait! Waiting can be the difference between being infected with HIV or not!

What if I feel psychologically impacted by the use of PEP?

Beginning to use antiretrovirals is an important moment in the life of a person with HIV. Similarly, for a person without HIV, beginning to use antiretrovirals immediately, even for one month, without having time to think about it, can have a high impact. For this reason, you should seek psychological support if you feel affected. Don't be ashamed – feeling this impact is very common, but with good psychological support you can finish the treatment successfully!

PRE-EXPOSURE PROPHYLAXIS (PrEP)

The PrEP process currently approved in some countries consists of daily use of anti-HIV medication before having sex without a condom.
It is not yet available in Brazil. There are other forms of PrEP being researched such as topical PrEP, which has been studied mainly in the form of Tenofovir gel. However, until now only PrEP with the use of oral antiretrovirals has been found to have a protective effect.

What is Pre-Exposure Prophylaxis (PrEP)?

PrEP is an HIV prevention strategy for people without HIV.

What does PrEP entail?

It entails starting to use antiretroviral medication or topical gel with antiretroviral medication for preventing HIV infection before having sexual relations.

I'm confused. Isn't that the same thing as PEP (Post-Exposure Prophylaxis)?

It is not the same thing, but similar. With PEP you begin up to 72 hours AFTER (hence, "POST") being exposed to HIV, because you didn't use a condom or because it tore. Without getting into details, PEP consists of a person without

HIV using a treatment with two or three antiretrovirals for a period of 28 days to avoid possible infection (see above).

So what is PrEP like?

PrEP is similar, except the person without HIV begins treatment with antiretrovirals BEFORE (hence, "PRE") being exposed to HIV through sexual relations. This can happen because the person will not use a condom or because they want to have extra security. The person must maintain treatment for some time while exposing themselves to HIV without using condoms, with people of unknown or positive serostatus.

Antiretroviral gel is used in the vagina 12 hours before sexual relations and 12 hours after.

Was the efficacy of PrEP proven?

Yes. It was proven in various cases.

If the efficacy of PrEP superior to that of a condom?

This question cannot really be answered. For ethical reasons, in all studies the participants were given advice on prevention methods such as condoms, gel and treatment for STDs.

Are there any studies proving the efficacy of PrEP?

Yes. The first study to show results (2010) was iPReX, done with approximately 2,400 male volunteers who have sex with men (MSM) without HIV. It used the combination (TDF-FTC), of Tenofovir (TDF) with emtricitabine (FTC), two antiretrovirals used for treatment of people infected with HIV, administered through a single pill. The group was divided randomly into two subgroups. One subgroup was provided with TDF-FTC and another with a placebo pill (substance without pharmacological effect). The number of HIV infections in each subgroup was then compared. The difference between the infections in each subgroup provided the efficacy of PrEP. In this case, it was effective 44% of the time.

This efficacy seems low. Am I wrong?

Indeed, the efficacy is low. But there were problems with adherence to the medication. Later pharmacological studies showed that TDF-FTC taken four times a week resulted in over 90% efficacy.

A similar situation also occurred in a study with microbicides (vaginal gel containing Tenofovir), which found that, from an efficacy

of 39%, with 80% of use, the efficacy went up to 54%. In other words, with a higher rate of use, the protective efficacy against HIV transmission in women was 54%. The name of this study was CAPRISA, and there were two other studies in women, called Fem-PrEP and VOICE, which found no efficacy at all due to lack of use.

What other studies have there been about PrEP?

A study of 4,758 serodiscordant couples called PARTNERS found, in 2011, a 63% efficacy rate in Tenofovir users and a 72% rate in TDF-FTC users. This difference was not statistically significant. The TDF2 study, done in Botswana among 1,219 heterosexual men and women showed an efficacy rate of 61% with the use of TDF-FTC.

In 2013, the results of a study in Bangkok among 2,413 users of injectable drugs (IDU) were published. They received isolated or placebo Tenofovir. The efficacy rate found was approximately 49%.

All these studies are for the oral use of antiretrovirals. What about the topical gel?

A study called CAPRISA 004 was carried out among 889 women. They used a topical gel with Tenofovir vaginally 12 hours before sexual relations and 12 hours after. It reached an efficacy of 39%. These are promising results, although the efficacy observed is insufficient for licensing the gel.

Were these all the efficacy studies done until now?

No. There were two more studies, both done in women. One of them was FEM-PrEP, with 2,120 volunteers. The study evaluated the use of oral TDF-FTC. It was prematurely suspended in 2011 for lack of efficacy.

Another was VOICE which had five branches: one of Tenofovir gel, one of oral Tenofovir, one with TDF-FTC, one with placebo gel, and another with a placebo pill. This study had more than 5,000 volunteers. First, the branches with gel use were suspended for lack of efficacy, and then, in 2013, it was announced that the others were also ineffective.

Do these results contradict the efficacy proven in the other studies?

No. It was stated that there was a low rate of adherence to the medication during experimentation.

Then it seems that adherence is an important problem in this

strategy.

Yes. Adherence is an important problem for PREP, as is adherence to condoms.

Are there any other efficacy results?

Yes. In October 2014 the IPERGAY study (France and Canada) and the PROUD study (United Kingdom) suspended the phase of random distribution of PrEP due to the high efficacy rates (86%) achieved by the group receiving TDF-FTC, and offered PrEP to all the participants. The groups of these studies were MSM at high risk. The data will be published soon, but premature suspension shows that this group demonstrated efficacy results and therefore adherence.

Are there any results indicating the possibility of taking fewer weekly doses of TDF-FTC?

Yes: a continuation of the iPrEX study did not observe any infection among the people who ingested the medication at least four times a week. On the other hand, the IPERGAY study is evaluating a PrEP started before sexual relations (2 pills) and continued over the next two days (one pill each day).

Are there any other approaches underway?

Yes. There are other studies underway for this strategy, with a number of products: some use a monthly injection of an antiretroviral called rilpivirine, others use a vaginal ring each month or every three months. This will probably improve the adherence rate. A rectal microbicide (for people who have anal sex) was also recently introduced in a Phase II study.

Are there any medications approved for use as PrEP?

Yes. The use of TDF-FTC was approved by the US Federal Drug Agency (FDA) for use as PrEP in 2012.

Are there any suggestions from a health agency regarding the use of PrEP?

Yes. The United States Center for Disease Control released temporary guidelines for PrEP use by MSM (2011), by heterosexuals (2012) and by UID (2013), and guidelines in 2014. The South African HIV Clinicians Society also published guidelines for PrEP use in MSM (2012). In 2014, the World Health Organization (WHO) also recommended PrEP use with TDF-FTC in MSM and in serodiscordant couples (that is, one partner with HIV and the other without).

For whom do the CDC guidelines recommended PrEP?

The US CDC released new guidelines for PrEP in May 2014. They recommended that PrEP be considered by people who are HIV-negative and who:

- are in a constant sexual relationship with a partner who has HIV;
- are gay or bisexual men who have had sexual relations without a condom or who were diagnosed with a sexually transmitted disease in the last six months, and who are not in a monogamous relationship with a partner who recently tested negative for HIV;
- are heterosexual men or women that do not always use condoms during sexual relations with partners who are knowingly in risk of HIV (for example, people who inject drugs or bisexual male partners of unknown serology for HIV), and who are not in a monogamous relationship with a partner who recently tested negative for HIV;
- have, in the last six months, injected drugs and shared equipment or have been in a treatment program for injectable drug use.

And in Brazil?

In Brazil there are no recommendations regarding PrEP and no medications were approved for this type of use. Therefore, it is not yet accessible through SUS.

What other PrEP studies are underway?

There are demonstration studies. Recently, a Phase IV study in the US showed over 1,700 people using PrEP in the USA, mostly women.

Are there demonstration studies in Brazil?

In Brazil, a study is being done of 400 MSM in Rio de Janeiro and in São Paulo using TDF-FTC. A demonstration study is a study following the closest possible conditions to the day-to-day of healthcare services. The study will also evaluate the acceptability by the population and adherence rate.

Must PrEP be used with other measures?

Yes. Firstly, kidney function must be monitored because Tenofovir can have side effects in the kidneys. Secondly, frequent testing for HIV and other STDs is required (every three months).

Why is HIV testing required?

Because eventually the person using PrEP can be infected by HIV.

If this person keeps taking the TDF-FTC combination , he (or she) will be using a double therapy, while the recommended treatment for infection is a triple therapy. Thus, if the person keeps using this double therapy, he (or she) can develop viruses resistant to Tenofovir or to emtricitabine or both, ruining treatment options.

If I am taking TDF-FTC as PrEP and I get infected with HIV, can I keep taking this same medication, or will I have to change the combination?

For that, you must see your doctor. Remember that your treatment will consist of at least three antiretrovirals. You might have to undergo a genotyping test to determine if the HIV virus present in your body is resistant to Tenofovir, to emtricitabine, or to both antiretrovirals.

What is the difference between daily PrEP with TDF-FTC and use of a condom?

There are a number of differences between the use of condoms and of this PrEP:

a. The condom must be used during the sexual encounter. PrEP (with TDF-FTC) can be used far before the sexual encounter, and continued daily after;

b. Sometimes certain people have sexual relations under the influence of alcohol or other drugs, and may therefore be less likely to use a condom. But you can take PrEP when sober from alcohol or other drugs;

c. The condom protects against other STDs and against unwanted pregnancy. This PrEP is not effective for these purposes.

d. The use of a condom requires the knowledge and consent of the sexual partner. The use of PrEP can be done without the partner's knowledge;

e. Some people have allergic reactions to condoms, depending on the material used.

f. Some men report that the condom makes them lose their erection;

g. For some people, the use of condoms severs intimacy.

TREATMENT AS PREVENTION

UNDECTECTABLE VIRAL LOAD = HIV NON TRANSMISSIBLE?

I have HIV, use antiretrovirals and have an undetectable viral load. If I have sex without a condom, could I transmit HIV? Read below!

What is Treatment as Prevention (TasP)?

TasP refers to the use of antiretroviral therapy (ART) in a person living with HIV/AIDS (PLHA) to bring the risk of sexual transmission of HIV to a person without HIV to extremely low levels.

What does "extremely low" transmission risk mean?

The British HIV Association (BHIVA) and the Expert Advisory Group on AIDS (EAGA) believe that providing a real number for risk transmission through a serodiscordant couple's sexual relations is not significant at this time for an individual, and that any value proposed would be misleading. In the absence of a number, BHIVA and EAGA therefore adopted the term "extremely low", although they recognize the difficulty inherent to the imprecise nature of the expression.

I have HIV: under which conditions of antiretroviral therapy will I probably never transmit HIV through sexual relations?

During the six months prior to a sexual relationship, you must be:

a) Being treated with antiretrovirals (ART),

b) Have an undetectable viral load, and

c) Not have any ulcers in your

Why six months?
Because during this time, the undetectable viral charge in the blood results in a very low or undetectable viral load in the genital fluids.

What is viral load? Viral load is a form of measuring the presence of HIV in a fluid of the human organism (blood, sperm, vaginal secretion, etc.). The most common exam is of the viral load in the blood.

What is undetectable viral load? Viral load is undetectable when it is inferior to the level of detection offered by the exam technique. In Brazil, exams with a minimum level of 40 copies/microliter are generally used.

The study showed that, if the HIV-positive partner is undergoing effective ART (Antiretroviral Therapy) the transmission of HIV through vaginal sex is reduced significantly (96%).

genital tract.

How was this proven?

A number of studies already pointed in this direction. One regarding serodiscordant couples, published in 2001, showed that the possibility of transmission increases as the viral load increases. It also did not detect transmission when the viral load of the infected partner was less than 400 copies per ml. The declaration of the Swiss Federal Commission for HIV/AIDS (2008) anticipated the TasP, but the definitive study was HTPN 052. This clinical study of heterosexual couples provided definitive proof of the efficacy of the strategy. The couples were serodiscordant – that is, one of the partners had HIV and the other did not. The study showed that, if the HIV-positive partner is undergoing effective ART (Antiretroviral Therapy) the transmission of HIV through vaginal sex is reduced significantly (96%). The reduction observed in the transmission of HIV in a clinical study environment shows that the successful use of ART by the HIV-positive person is as effective as the consistent use of condoms for limiting viral transmission.

Aside from the conditions regarding my treatment, does my partner need to meet any requirements to avoid transmission?

Yes, your partner must be free of STD ulcers.

Is this data true for heterosexual couples and for homosexual male couples?

The data published is mostly for heterosexual couples. In this case, it is assumed that most of the relations are vaginal. Thus, there is not sufficient data to conclude that the successful use of ART can provide similar levels of protection in relation to other sexual practices, including unprotected anal sex between men or between men and women. However, specialists

Pour la transmission du VIH selon les directives du Dept. De Santé des États-Unis, le TcP a une efficacité supérieure à toute autre méthode de prévention, y compris le préservatif. Quant aux autres MST, la TAR ne confère aucune protection.

believe that an extremely low transmission risk can also be expected for these practices, as long as the same conditions mentioned above are satisfied (according to the Brazilian guidelines, DHHS guidelines, and BHIVA guidelines). In 2014, temporary results of the PARTNER study were also published, which involved over 700 serodiscordant couples (that is, one member of the couple has HIV and the other does not), of which 40% were male couples. In this study, the member of the couple with HIV used antiretrovirals. After two years of study, no infection was detected. The definitive results are expected in 2017.

For HIV transmission, according to the guidelines of the US Department of Health, TasP is more efficient than any other prevention method, including condoms. ART does not provide protection against any other STDs.

Is there greater or lower risk than using a condom?

For HIV transmission, according to guidelines of the US Department of Health, TasP is more effective than any other prevention method, including condoms. ART provides no protection for other STDs.

I have HIV, but I am not yet undergoing ART. According to my doctor, my CD4 is still too high to begin treatment. Can I begin ART to avoid HIV transmission?

Yes. Currently, the 2013 Brazilian guidelines for ART contemplate this possibility. Talk to your doctor about it. Remember that you may face collateral effects or ruin another treatment option that might be useful in the future if you do not adhere to use. However, recently (July 2015) the results of the START study were published, showing the health benefits to PLHA starting ART with any CD4 count. For this reason, the Guidelines for Antiretroviral Therapy worldwide are being adapted to include the recommendation of starting ART with any CD4 count. The WHO guidelines from September 2015

include this recommendation.

I have HIV. Will there be any benefit to my health if I start using ART to prevent HIV transmission?

If you have already had AIDS symptoms, you should begin ART immediately. This was also proven in the case of asymptomatic PLHA with CD4 counts lower than 350 cells/mm^3. Recently, the results of the START study were published, demonstrating the benefits of ART for asymptomatic people with CD4 counts higher than 500. Two groups of patients with CD4 higher than 500 were compared: one of them took ART immediately and the other waited until they showed symptoms or counts lower than 350. The first group had a reduction of 57% (after three years) for developing diseases **related to AIDS and others unrelated to AIDS. Either way, over 95% of the volunteers did not develop any symptoms after three years.**

I am thinking of beginning ART to avoid HIV transmission from me to others if we do not use condoms or if a condom tears. What should I take into consideration?

A person with HIV must be totally informed of their need to commit to using ART over the long term, with frequent testing for STDs (every three to six months) and regular viral load exams, and also be aware of the side effects of ART.

I was recently diagnosed with an HIV infection. My CD4 count is higher than 500 cells/mm^3, and I do not have any symptoms. I don't feel prepared to begin ART because I am still under the impact of the diagnosis. Must I begin ART immediately?

The START study also showed that over 95% of the volunteers did not develop symptoms after three years. Therefore, it may be adequate in some cases with high CD4 levels to wait for some time until you are in personal conditions to take ART adequately. It may not be useful to begin ART if you are not going to follow the treatment as prescribed. But you should be preparing yourself to begin treatment.

What if I catch an STD?

It is important to remember that the treatment and diagnosis of some STDs such as syphilis can be more demanding in a person with HIV. However, the use of condoms and other means of prevention must be considered for you to maintain your sexual health. Thus, if on one hand effective ART is the best form of preventing HIV transmission from you to others, on the other hand it is important that you do not expose

yourself to other STDs.

If you catch an STD, you should treat it immediately. Regarding the possible transmission of HIV, note that, as your genital apparatus will be inflamed by the STD, there will be a higher chance of transmitting HIV, even if you have undetectable viral load in your blood. You should then use condoms so as not to transmit HIV or the STD, until your status returns to the stage in question 3. It is also important for you to count the partners with which you have had sexual relations since acquiring the STD.

I have HIV and I began antiretroviral therapy some time ago. Do I also have extremely low risk of transmitting HIV to my sexual partners?

If you are in the abovementioned conditions (undetectable viral load for over six months and no STD ulcers for over six months), there is certainly an extremely low risk of transmitting HIV to your sexual partners. Remember that you should probably be tested for STDs more frequently (every three to six months) and have regular viral load exams.

What happens if ART is interrupted?

Full commitment to ART with continuous suppression of the plasmatic viral load is fundamental for preventing future transmission. The suspension of ART is normally followed by a significant increase in viral load and, consequently, an increase of subsequent sexual transmission. If the ART is interrupted for any reason, you must continually use other types of prevention strategies to reduce the risk of transmission, such as condoms.

If I am using TasP and have sexual relations with another person with HIV, what could happen?

If both of you are using TasP under the appropriate conditions, the risk of HIV transmission from one to the other is extremely low, since you will both have undetectable viral load and your treatment will be a very high barrier for infection by new varieties of HIV. If only you are using TasP, the risk of transmission of another variety of HIV to your partner is extremely low. But there is still the possibility of transmission of another variety of HIV from your partner to you. However, it must be stressed that the ART you are using creates a barrier against other

varieties of HIV in your system.

What other benefits can TasP have?

As a person living with HIV, you have probably experienced discrimination. Many times we tell partners we have HIV and to our surprise they reject us, even after having used condoms. We are seen as a danger to others, or as impure because our vital fluids (blood, sperm, vaginal fluids, breast milk) are contaminated with HIV. There are people who see us as if we were the virus itself.

With TasP, a new possibility appears; as there is an extremely low risk of transmitting the HIV virus sexually, maybe in the long run society will change its discriminatory view

With TasP, a new possibility appears; as there is an extremely low risk of transmitting the HIV virus sexually, maybe in the long run society will change its discriminatory view. At least those who are being treated will be treated less discriminatively, and no longer as a danger to others.

My doctor said that I could begin ART to avoid transmission to my partners, but, as my CD4 is high, I wanted to wait a bit before starting treatment. Am I required to start it?

You are not required to begin therapy. The Brazilian guidelines, as well as others, clearly express that the autonomy of the patient must be respected in the decision-making process. It may take some time for you to feel prepared to begin ART adequately, which is indispensable to the success of the ART. You should also consider that the benefits of the use of ART have been proven for any CD4 count, and actively prepare yourself to use it.

I started therapy to prevent transmission to my partners, but I no longer want to continue it. Should I keep using ART?

You do not have to keep using ART. But tell your doctor you will be quitting ART. You should probably have some exams done to check your CD4 level without treatment. Depending on this level, you may or not be advised to begin using it to preserve your health. **Also read the answer to question 14.**

Is there anything else I should know?

What is a "window" period? A recent infection may not be detected by an test technique. This period during which the infection is present but is not detectable by a test is called the window period.

The 2013 Brazilian guidelines state that the use of antiretroviral therapy does not eliminate the possibility of sexual transmission of HIV. In addition, there are factors that may increase the possibility of transmission, such as the presence of sexually transmitted diseases. Therefore, the use of condoms must always be encouraged, even in patients with viral suppression. New guidelines are due this year. Stay tuned!

NOTES :

* Sexually transmitted diseases (STDs) in a couple can only be safely excluded if both partners have undergone a series of tests for STDs and all the results were negative; none of the partners have had sex with anyone else after these exams; the exams were repeated for each individual after sexual exposure to each new partner and the results were negative during the "window" period relevant for each STD, before the couple has relations again.

ANTI-HIV VACCINES

There are still no preventative vaccines for HIV.

It is extremely necessary to develop an anti-HIV vaccine as a means of amplifying prevention methods, since, although the new prevention technologies available decrease or may decrease the evolution of the epidemic, millions of people are still being infected. In addition, vaccines are historically one of the most effective means of infection control in public health. This intervention can be significantly less expensive and simpler – in other words, just a few doses would be able to protect people for many years.

In Brazil, from 1998 to 2012, a total of 19 clinical studies of anti-HIV vaccines were held, ten of which were published and nine of which are still underway. Most vaccines (for various diseases) took a significant amount of time to be put to use, from the discovery of the infectious agents to the proof of efficacy. There are distinct challenges with most vaccines that were researched, since the HIV virus presents complications such as: viral diversity, escape or adaptive mechanisms of the virus, reservoirs, lack of experimental models capable of simulating human infection, and the anti-HIV immunological response.

In Brazil, in 2013, a Phase II study of a therapeutic vaccine for HIV was completed – that is, for people with HIV. The volunteers that received the vaccine were able to decrease their viral load of HIV for a limited amount of time.

Despite the time, which may seem long, there are reasons that lead to believe in the possibility of developing an effective vaccine, such as, for example:

- Advancements in the knowledge of the diversity and biology of the virus, as well as the immunological response to it.

- "Models" of natural resistance to infection (highly exposed individuals that were not infected).
- Recognition of slow-progressor patients.
- Heightened technological advancements needed for the development of vaccines.

Based on an impact efficacy model of an anti-HIV vaccine in Brazil, it can be seen that, if there were a medium-efficacy vaccine, there could be a reduction of 86% of new infections, as shown in the table below:

Vaccine Efficacy	Percentage of Population Receiving Vaccine	New Infections Avoided 2016-50	Percentage of Reduction to New Infections
Low (40%)	80%	646,400	68%
Medium (70%)	80%	822,00	86%

In addition, participation in the study can result in more agile access to and obtainment of secondary gains, such as: innovative capacity, better knowledge of the epidemic, and international cooperation.

The results of the RV 144 study with ALVAC and AIDSVAX in 2015 should be highlighted. It showed a small efficacy level, which will be used to design better vaccines.

RISK REDUCTION STRATEGIES

This is a set of strategies used to decrease the risk of getting HIV, in general without the use of a condom.

Test Exchange

The HIV tests currently available detect infections that occurred over 30 days earlier. There is the conventional test, for which the results are available after 15 days, the quick test, and the new quick oral test.

In this strategy (Test Exchange), the partners showed each other their tests negative for HIV (and eventually negative for other STDs). If they have recent HIV-negative tests, there is a very high chance that neither of them has HIV. Is it possible to ensure that neither partner has HIV in this case? It depends on the type of sexual encounter that occurred 30

days before the test was done: if protection was used since then, or if there were no sexual relations, we can affirm that the test remains valid. But in other cases, there is the risk of infection. The advantage of this strategy is the elimination of the possibility of infection up to 30 days before the HIV test is done. The disadvantage is that it does not eliminate the occurrence of a more recent infection. In this case, if one of the partners has an acute infection, the risk will be much higher than with a person with HIV that has been infected for some time.

If your partner reveals that he(she) has HIV, you can still ask him (her) if he (she) is using antiretroviral therapy with an undetectable viral load, and use the Treatment as Prevention strategy.

Another thing: if you ask your partners if they have HIV, you must be prepared not to reject them if their answer is positive, because their sincerity cannot have your rejection as a consequence. In the fight against AIDS, solidarity is fundamental!

COUPLE'S PACT

In this case, there is an HIV-free couple. They can make a pact to have sex outside the relationship only with condoms, and without condoms between them. This strategy does not have to be explicitly stated, although it would be good.

However, if one of the members of the couple has sex with a third person without a condom, it is best to tell the other person and get tested for HIV at the right time. If you have sex outside your relationship without a condom, it can be difficult to discuss it with your partner. But if you do, you will show how concerned you are with their health and wellness!

Risk estimates by act and by exposure route.
In 2012, the US CDC reedited a table of estimates from 1997, with a few changes (http://www.cdc.gov/hiv/policies/la

TABLE - Estimates of HIV Infection by Act and by Exposure Route
MMWR, CDC2012

Route	For every 10.000 sexual relations
Transfusion	9.000
Sharing Needles	67
Anal Reception	50
Percutaneous Injury	30
Vaginal Reception	10
Anal Insertion	6,5
Vaginal Insertion	5
Oral Reception	Low
Oral Insertion	Low

This Table must be interpreted more as a hierarchy than a quantification. The presence of a sexually transmitted disease (STD) with ulcers in either partner or the level of viral load are known to affect the possibility of transmission.
Thus, for example, a versatile gay man who wishes to have sex without a condom with another man of unknown serology can opt to be the top one during sex. If a heterosexual man wishes to have sex without a condom with a woman, they can opt to have only vaginal sex, without anal penetration. Reciprocally, a woman who wishes to have sex without a condom can opt to be penetrated in the vagina and not in the anus.
However, these options all involve risk, albeit lowered. Hence the term, "risk reduction".

ANY OTHER RECCOMMENDATIONS?

Yes: 1. You should not share syringes or needles for injection, be it for drug use or in other circumstances.
2. If you use crack, don't share the pipe!

Conclusion :

In this booklet, we listed a variety of strategies for HIV prevention. They can be used separately or together to maximize security.
There are many possibilities! It is up to you to find the group that best suits your age, sex life, relationship, and family, cultural, and social background.
Think about them carefully and get counseling from a Counseling and Testing Center. At GIV, we can also help you determine the most adequate option or options for you at the moment. But the final decision must be made by you because you know your situation best! And remember – solidarity is an essential factor in the fight for a society without AIDS!

Young seropositive gays.

What they knew about HIV/AIDS before infection

I knew the basics, that it is sexually transmitted and that the people die.

O, 27 years old, 10 years of infection

I used to think that the symptoms of HIV would be weight loss and difficulty scarring wounds.

N, 22 years old, 7 months of infection

Very little (...) I just knew it was something bad and that my mom always warned me to be careful.

L, 22 years old, 11 months of infection

I knew it was a sexually transmitted disease with no cure. I knew it was a disease that affected immunity, but not much other than that.

J, 22 years old, 15 months of infection

Prevention before infection

I always used a condom during my sexual relations, except with a specific partner, and after a year of dating I caught the disease.

M, 21 years old, 2 years of infection

I always encouraged my partners to use a condom, but, in the heat of the moment, a lot of times I'd leave it out.

A, 22 years old, 7 months of infection

Only condoms and not always with everyone.

L, 22 years old, 11 months of infection

I'd wear condoms, but not with all my partners, especially during oral sex. I never used a condom for oral sex. For anal sex, I always have and still use them, except when being careless sometimes and forgetting to.

J, 22 years old, 15 months of infection

Knowledge of PEP

Actually, if I had known about PEP, I would not have the virus today.

L, 22 years old, 11 months of infection

I learned about this method after getting HIV. Before, I didn't know about it. I do think it could have helped me, and I think I would have used it.

J, 22 years old, 15 months of infection

Failure of schools

Schools play a fundamental part in disseminating knowledge and information, and I think that if the school where I studied had addressed sexuality more seriously, profoundly, and without taboos, I would have had more information and my reality could have been different.

O, 27 years old, 10 years of infection

Actually, I always had a very poor "sexual education" at school. The teachers talked about STDs and assigned presentations on the topic, but the subject was never discussed openly. I have the feeling that the type of education I had in school made sex seem more like something dangerous than like something pleasurable that required caution. And, being gay, I never had conversation directed at me. Of course, HIV doesn't care about sexual orientation when infecting an individual, but we know that the LGBT population was and continues to be one of the groups that are most affected by the disease. Maybe if they had talked to me more openly about it, considering my sexual orientation, things could have been different.

J, 22 years old, 15 months of infection

In school you're told that you have to wear a condom to avoid having kids. I never learned anything about HIV in school, which could have made all the difference to many people.

A, 22 years old, 7 months of infection

Could it happen to me?

I knew about the possibility, but I never thought it would happen to me. In many situations, the "pleasure" or "impulse" of the moment spoke much louder. That mixed with a lot of drug use and depression.

B, 25 years old, 6 years of infection

In some way, I knew I could catch the disease, but I never thought it could happen to me. It's always like that: - we think that what happens to other people will never happen to us.

J, 22 years old, 15 months of infection

Yes, I thought so. In addition to my knowledge of the concept of vulnerability, I was always reminded by society that my susceptibility to HIV was higher due to my sexual orientation.

C, 26 years old, 2 years of infection

I knew I could catch anything, but I never thought it would happen to me.

N, 22 years old, 7 months of infection

No. Because the circle of people I'd associate with were people who did sports, were in shape, and didn't seem to have any diseases.

O, 27years old, 10 months of infection

Where do you look for information?

My doctor and the internet.

B, 25 years old, 6 years of infection

Since my diagnosis, I get treatment at a private clinic, my doctor being my greatest source of information regarding treatment and the disease. I also participate in a group of friends called RADAR, where we always discuss the subject, as well as the activities offered by GIV - Group for Life Incentive. And, of course, the traditional media means such as TV, internet, etc.

M, 21 years old, 2 years of infection

At GIV - Group for Life Incentive, on the internet, at the SAE where I get treatment and with friends who are also seropositive...

Z, 26 years old, 10 months of infection

Basically on the internet, with my doctor on appointment days, and with other seropositive people I know.

J, 22 years old, 15 months of infection

The website for GIV - Group for Life Incentive.

C, 26 years old, 2 years of infection

Young seronegative homosexuals.

What do you know and where do you get information?

For academic reasons, I always studied a lot about immunology, and, consequentially, HIV was one of the topics. Something I observed is: even having studied at a public university, where the teachers provide the latest information, HIV is still addressed very superficially, when it's not addressed incorrectly by most of the teachers, which form opinions in the health sector.

D, 23 years old

It's a sexually transmitted disease, but it can be transmitted through other secretions, such as blood and breast milk. I've been to preventative seminars and read about it on the internet.

S, 25 years old

I think it's a virus that lowers your immunity, making diseases, even small ones, have huge proportions, taking advantage of the low immunity.

R, 24 years old

I know it's a disease from a virus that you get from sex or blood contamination, that it's already killed a lot of people and that now with medicine the virus is isolated. I always read online.

F, 23 years old

How do you protect yourself? Do you always?

Using a condom. Currently, yes.

R, 25 years old

Condom. Most of the time with a fixed partner. With other partners I always use a condom.

D, 23 years old

Condom. With emotional partners and after testing negative for HIV, I end up not protecting myself.

R, 24 years old

Condom. There were a number of times I didn't protect myself.

F, 23 years old

Have you been tested?

Yes, I've been tested. Usually a quick test is available at the SAE (Specialized Care Service) or at SUS - at SUS it takes a long time. I think it's very important to get tested.

S, 25 years old

Yes, getting tested for HIV is very important, and must be done regularly. I always get tested at the CRT in Santa Cruz.

D, 23 years old

I do know where you can get tested. I did it many years ago. I think it's important to do it, but I'm always afraid to.

F, 23 years old

I knew a few places where they do HIV tests. I've also already been tested and do it constantly as a regular blood donor, and I think it's super important.

R, 24 years old

Do you know about PEP?

I've heard about it and have an idea of what it's for, but I don't know about it in depth.

R, 24 years old

I know about PEP, but I've never used it.

D, 23 years old

I don't know about PEP and I've never used it.

F, 23 years old

I know about it, but it's something that isn't advertised. I've never heard about it in seminars or through any other media. I've never used it because until recently I didn't know about it.

S, 27 years old

What would you do if you got infected?

Until some time ago, I'd think about taking my life, but today I know more about it.

S, 25 years old

I'd find out if I should start taking some kind of medication.

D, 23 years old

I'd look for help to know what my options are. I wouldn't be terrified, since today I know it's much easier for people who have HIV.

R, 24 years old

Would you have sex with someone with HIV?

Before meeting some people at GIV, I wouldn't have, and I was even a bit apprehensive to talk to them, but now things seem more natural to me.

S, 25 years old

That's a complicated question, because it involves the risk of contamination in case something "slips", but there's nothing like a first experience to demystify the situation - in other words, I think I would get involved with someone with HIV.

R, 24 years old

I would not have relations with someone with HIV.

F, 23 years old

STORIES OF YOUNG SEROPOSITIVE GAY MEN

It's been a little over a year since I found out I am seropositive. A short time, still, I think. I'm in the phase of not only getting to know the virus that my body hosts, but also socializing with it, and I think that's the hardest part – even harder than the treatment itself. I'm 22 and I like doing what any other young person does: going out, laughing, being with friends, having new experiences. All that changed a little since I was diagnosed. I never used to go out a lot (I don't like clubbing, raves, etc.), but I drastically stopped going out of the house, except to work and/or study. I still laugh, thankfully, but I'm scared to try things in life. From a year ago to now, a lot has changed for me. I think my life is divided into "pre" and "post-HIV" phases. In other words, the disease was a game changer. Nobody in my family knows, just me and a few friends, so it's a burden I have to carry practically alone. I don't want to seem like a pessimist, I know there is a lot ahead, but it hasn't been easy for me, living with HIV, and this involves not only the treatment, but a social matter, really: I have a hard time seeing other people, mainly because of the fear of being rejected. I live on a very crazy tightrope. But things will change, I hope. I have hope that HIV will stop being a piano on my back to become a key in my pocket. In other words, something a lot lighter to carry.

E, 22 years old, 15 months of infection

It used to be more complicated. I believe that the main obstacles due to the age factor are the identity issues that are still maturing. Also, economic instability is another element of vulnerability. Aside from that, today I don't see that much difference between being young or not. At the beginning, however, when I knew less about the virus, my age would stress me out because I thought my life expectancy was greatly reduced so early on.

T, 22 years old, 2 years of infection

In Brazil, it's easier, since we have treatment, but it's still a feeling of "oh shit". The prejudice I've already suffered and have yet to suffer is the worst thing about having HIV. My family even asked me to use a separate bathroom, excluded me from family life... I chose to stay away because it made me suffer a lot. These days I barely speak to them. Another difficult thing is in relationships - knowing the right time to tell the person, being afraid of not being accepted, being afraid of getting involved emotionally, telling and then getting rejected because of your serology. "Should I tell them before?" It's complicated. People could hear about it and it could come back to me in the form of more prejudice. It's not easy.

Z, 26 years old, 10 months of infection

Today it's something natural. Since my diagnosis, nothing changed in my life. I keep having relations (always using prevention methods), going out, studying, working, doing sports. Nothing happens by chance, and this has really contributed to my maturity and perspective not only on the disease, but on a series of other things I didn't use to care about, like my health and eating habits, for example. Living with HIV has definitely made me take better care of my body, and instead of reducing my life expectancy, this care will increase it. Today, medicine has advanced so much that it is possible to be young, have HIV, and live happily, in a healthy way. All of this I owe to the support of my family, who never judged me, be it by my condition or by my sexual orientation. At the beginning, without their support, I definitely would not know what to do with my life. The GIV is also very important: they encouraged me to see and meet other people with the same condition, which only taught me more about the disease. The best medicine for HIV and living with it is talking to people and access to information - with that, you can get rid of any doubts, fears, misunderstandings, etc.

M, 21 years old, 2 years of infection

It's very complicated. Even though I knew that living with the virus today is very different than it was 10, 20 years ago (treatment has evolved a lot), I can't stop thinking that I will have a "shorter" life than other people who don't have HIV. People have told me "Don't think that way, today you can live with HIV, work, study, and do all the things you did before normally." But I'm sure that's not quite the way things are. Something does change. It changes the way I see people, the way I see the world, etc. I think it's already hard being a young person in Brazil, with or without HIV (the death rate in young people is very high, especially if the person is black and lives in the suburbs, which is not my case), then imagine with HIV! The Youth Statute was created to change this reality a bit, but it's still getting started. The fact is that the government doesn't care about young people. It cares about children, teens, and the elderly, but young people, because they're in a gray phase (neither adolescent, nor adult - a middle term) do not have the support they deserve. Now I'm a seropositive young person, in a few years I'll be a seropositive adult. And what will that adult be like? I don't know.

J, 22 years old, 15 months of infection

STORY OF A SERONEGATIVE HOMOSEXUAL

Gathered in a circle of friends, we were smiling at all the funny things we were talking about, the exchanges of looks, and the mojitos that wouldn't stop coming - actually, the jars of mojitos that wouldn't stop coming. The bodies were loosening up, and caresses were becoming a recurring thing - a two-way street that stoked the desire of the two bodies touching each other simultaneously. A half-drunk and very eloquent invitation convinced me to follow him into the bathroom. We were walking through a candlelit corridor; maybe the way to purgatory is something like that. In the bathroom, we were comfortable and confident. I think the drunkenness gave us that feeling. The caresses intensified and became more potent with hot kisses. The hot kisses became wonderful sex. We went back to the table, paid the bill, said goodbye and left. The next day, my head started to throb. It was the first time I had had sex without a condom. That scared me a little, but I didn't look for information at that point. A few days later, a friend of mine invited me to a bazar at the GIV. I met a volunteer of the NGO and found out about the measures I should have taken after having sex without a condom, such as PEP, the quick test, and prevention. It was too late for me to take PEP and too early to do the quick test. So, I lived in anguish and desperation for a month. I was really scared. I think I was mostly scared because of the prejudice I had in relation to sexually transmitted diseases, maybe even a preconception built in me by my family and by society.

I took the test. That day, they were a little late to deliver it. Those were very difficult hours. My name was called and I sat in front of the doctor, who asked me a few questions before giving me the results. I couldn't read - my vision was blurred. Then, with a soft voice, she said "It's negative for HIV, syphilis, and hepatitis." I sighed with relief and then received some scolding and advice from her. Today, I feel the experience served me in two ways. First, it showed me I need to respect and take care of my body. I crossed a line I shouldn't have crossed. Second, it showed me prejudice is something we have to destroy with every instant, so that our bodies can carry freer souls.

(C, 24 years old)

City Services Specialized in STDs/AIDS

At the services specialized in STDs/AIDS in the city of São Paulo, you can get tested, see doctors, get PEP, and receive counseling about the prevention and treatment of HIV, AIDS, syphilis, and other STDs.
All services are free, available Monday through Friday. See the full list by region below.

NORTH REGION

CTA/ SAE Santana
Phone: 2950-9217
Rua Dr. Luiz Lustrosa Da Silva, 339 – Mandaqui

CTA Pirituba
Phone: 3974-8569

CTA/CR Nossa Senhora Do Ó
Phone: 3975-9473
Av. Itaberaba, 1377 – Freguesia Do Ó

MIDWEST REGION

CRT- Reference and Training Center
Phone: 5087-9911
Dial stds/aids: 0800 16 25 50

SAE Butantã
Phone: 3765-1692
Av. Corifeu De Azevedo Marques, 3.596

SAE Campos Elíseos
Phone: 3331-1216
Al. Cleveland, 374 – Santa Cecília

SAE – Lapa
Phone: 3832-2551
Rua Thomé De Souza, 30

CTA Henfil
Phone: 3241-2224
Rua Líbero Badaró, 144

EAST REGION

CTA – Cidade Tiradentes
Phone: 2282-7055
Rua Luis Bordese, 96

CTA Dr. Sérgio Arouca
Phone: 2963-3458
Rua Valente Novais, 131 – Itaim Paulista

CTA São Mateus
Phone: 2919-0697
Av. Mateo Bei, 838

CTA São Miguel
Phone: 2297-6052
Rua Engenheiro Manuel Osório, 151

CTA Guaianases
Phone: 2554-5312
Rua Cristalina, 168

SAE Cidade Lider Ii
Phone: 2748-1139
Rua Médio Iguaçu, 86
SAE Fidelis Ribeiro
Phone: 2621-4753
Rua Peixoto, 100 – Vila Fidelis Ribeiro

SOUTHEAST

SAE Dr. Alexandre Kalil Yazbeck (SAE Ceci)
Phone: 2276-9719
Av. Ceci, 2.235 – Jabaquara

SAE Vila Prudente
Phone: 2061-7836
Pça. Centenário De Vila Prudente, 108

CR Penha
Phone: 2092-4020
Pça Nossa Senhora Da Penha, 55

SAE Herbert De Souza
Phone: 2704-3341
Av. Arquitto Vilanova Artigas, 515 – Sapopemba

SAE Ipiranga
Phone: 2273-5073
Rua Gonçalves Ledo, 606

CTA Moóca
Phone: 2694-3338
Rua Taquari, 549 – Salas 9 E 10

SOUTH REGION
CR Santo Amaro
Phone: 5524-3032
Rua Carlos Gomes, 695

CTA Parque Ipê
Phone: 5842-8962
Rua Francisco Antunes Meira, 255

CTA Santo Amaro
Phone: 5686-9960
Rua Promotor Gabriel Netuzzi Perez, 159

SAE Cidade Dutra
Phone: 5666-8301
Rua Cristina De Vasconcelos Ceccato, 109

SAE Jardim Mitsutani
Phone: 5841-5376
Rua Vittório Emanuele Rossi, 97 – Jd. Bom Refúgio

SAE M'Boi Mirim
Phone: 5515-6207
Rua Deocleciano De Oliveira Filho, 641 – Jd. São Luis

24-Hour Service Every Day Of The Week
Emilio Ribas Infectology Institute
Phone: 3896-1200
Av. Dr. Arnaldo, 165 – Cerqueira César

CTA – CENTER FOR TESTING AND COUNSELING
SAE – SPECIALIZED SERVICE CENTER
CR – REFERENCE CENTER

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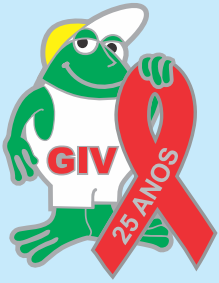

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Grupo de Incentivo à Vida

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Support

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