Summary of Community Preventive Services Task Force Recommendation *

The Community Preventive Services Task Force (CPSTF) recommends digital health interventions to increase adherence to HIV pre-exposure prophylaxis (PrEP)—medicine that reduces the risk of getting HIV when taken as prescribed. Systematic review evidence shows these interventions improve both daily-use pill taking and retention in PrEP care. This improves health for population groups who are not infected with HIV and engage in behaviors that may increase their chances of getting HIV.

Major Findings *

The CPSTF recommendation is based on evidence from 7 studies (search period from January 2000 to June 2021). When compared with standard care, interventions increased adherence to PrEP.

- “Good adherence” (defined as taking four or more doses of PrEP per week) increased by a median of 10.0 percentage points or a median of 11.1% (5 studies).
- “Excellent adherence” (defined as taking seven doses of PrEP per week) increased by a median of 20.0 percentage points or a median of 122.4% (3 studies).

What are Digital Health Interventions to Improve Adherence to HIV PrEP? *

Interventions use text messages, mobile apps, phone calls, or websites to deliver reminders, guidance, and support that may be tailored to an individual’s needs. Participants must be HIV-negative and have a prescription for PrEP consistent with CDC guidelines. Interventions provide one or more of the following:

- Information about HIV, PrEP, and strategies for medication adherence.
- Services such as automated or interactive feedback, online forum discussions, virtual support groups, or adherence tracking intended to motivate participants.
- Regular reminders for medications, virtual check-in appointments, and clinic visits.

Interventions may be combined with in-person activities such as one-on-one counseling, peer-led group sessions, or patient navigation.
Why is This Important?

- When taken daily as prescribed, PrEP reduces the risk of getting HIV from sex by 99% and from injection drug use by at least 74%.²
- Fewer than 25% of the approximately 1 million Americans who could benefit from PrEP are using it.³
- Among groups disproportionately affected by HIV, only 27% of Black/African American, 31% of Hispanic/Latino, and 42% of White gay and bisexual men who could have benefitted from PrEP used it in 2017.⁴
- The U.S. Preventive Services Task Force (USPSTF) recommends clinicians offer PrEP to persons who are at higher risk of HIV acquisition.⁵
- Digital health interventions to increase adherence to HIV PrEP support the U.S. Department of Health and Human Service initiative to end the HIV epidemic.⁶

Learn More

*Read a complete summary of the systematic review and CPSTF finding.


CDC HIV

www.cdc.gov/hiv

References


Established in 1996 by the U.S. Department of Health and Human Services, the Community Preventive Services Task Force (CPSTF) is an independent, nonfederal panel of public health and prevention experts whose members are appointed by the director of CDC. CPSTF provides information for a wide range of decision makers on programs, services, and other interventions aimed at improving population health. Although CDC provides administrative, scientific, and technical support for CPSTF, the recommendations developed are those of CPSTF and do not undergo review or approval by CDC. Find more information at www.thecommunityguide.org/topic/violence.