

Federal Department of Home Affairs FDHA

Federal Office of Public Health FOPH

Public Health Directorate

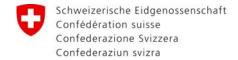
The Swiss recommendations – Public Health aspects

April 9, 2008

CS1

Brauchen Sie die Tastenkombination ALT + F8 um die Automation aufzurufen. Klicken Sie anschliessend auf den Knopf "Ausführen"

Catherine Schmied; 15/08/2006



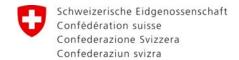
Medical and biological facts:

Towards all medical doctors of Switzerland, the Swiss AIDS Commission (EKAF) emphasizes that:

A functioning antiretroviral therapy heavily reduces the infectiousness of people living with HIV.

Conditions are:

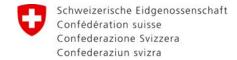
- A non-detectable viral load during six months
- A therapy which is sustained and monitored by medical personnel
- No presence of other STI's



Medical and biological facts

According to EKAF, the risk of a single, unprotected sexual penetration in a serodifferent encounter is much less than

1:100'000.

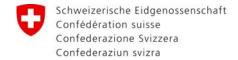


Medical and biological facts: 3 critics

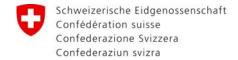
1 this is not true for anal intercourse

2 this might be true, but it is too early

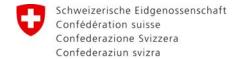
3 it is true but you cannot say this in public



- 1. The absence of a published HIV-transmission under ART is strong evidence for very low risk:
 - **ART since 1996**
 - Discussion on infectiousness in the medical literature since 2000
 - There are strong incentives to find and publish "the case"



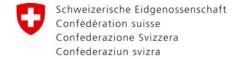
- 2. Since 1986: "(Deep)kissing does not transmit HIV"
 - Evidence and data to sustain this conclusion were much weaker at the time
 - A residual risk can not be excluded until today



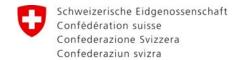
3. For an untreated serodiscordant gay couple, the risk of HIV-transmission by practicing anal penetration using a condom is estimated at:

$$(1:300) \times (1:100) = 1:30'000$$

During a primo-infection, this risk increases by a factor 30 to 300 (see Cohen 2007)!

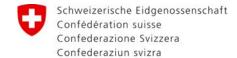


4. The residual risk concerning the recommendation "No blood and sperm in the mouth during oral sex" is estimated at the same level (and is increased by a factor 30 to 300 during a primo-infection).



Public Health-Conclusion

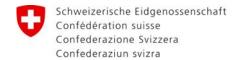
EKAF's recommendations for serodifferent couples are consistent with HIV-prevention messages of the past 20 years.



Ethics

It is not acceptable that patients, who do not get treatment from a HIV-specialist, receive different information by their GP.

If the HIV-specialists agree on that issue, all medical doctors involved in ART must be informed, so they are able to inform their patients.

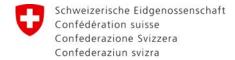


Conclusion (1)

Good news for a few (thousand) people.

There is no change for the general public.

Prevention never was easy.



Conclusion (2)

Closed Hearing (Europe)

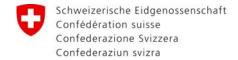
June 4th, 2008, afternoon

UNAIDS, Kofi Annan Room, Geneva

On invitation for scientists and Public Health authorities

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Conclusion (3)

Satellite Event during World AIDS Conference, Mexico City Most probably on Sunday, August 3rd, 2008 This paper was produced for a meeting organized by Health & Consumer Protection DG and represents the views of its author on the subject. These views have not been adopted or in any way approved by the Commission and should not be relied upon as a statement of the Commission's or Health & Consumer Protection DG's views. The European Commission does not guarantee the accuracy of the data included in this paper, nor does it accept responsibility for any use made thereof.