

A reply to “Low HIV testing rates among US women who report anal sex and other HIV sexual risk behaviors”



TO THE EDITORS: I read with interest the recent article by Evans and colleagues quantifying the low rate of HIV testing among US women with high-risk sexual behaviors in the 2011 to 2015 dataset of the National Survey of Family Growth.¹ I appreciate the authors' emphasis on this missed opportunity to identify undiagnosed HIV infections among those already infected and to prevent new HIV infections via pre-exposure prophylaxis (PrEP) provision. Despite the benefits of PrEP and the uptake of this HIV prevention method for high-risk men, PrEP remains significantly underutilized among women.² Although women with risk factors for HIV infection can also benefit from this medication, there is a significant lack of PrEP knowledge among women's health providers, even those in areas with a high incidence of new HIV infections.³ Efforts to correct this deficit have lagged, likely contributing to the large “PrEP deserts” that exist for women seeking to initiate this medication.² Reports of women struggling to find a provider willing to prescribe these medications are concerning.³ Recently, the family planning community has moved to integrate PrEP into family planning care.⁴ This promising change will hopefully result in an increase in PrEP provision among reproductive-aged women, but many at-risk women may be missed by this approach. Adolescents, women exclusively having sex with women, women who have undergone permanent sterilization, and postmenopausal women with HIV infection risk factors should also receive counseling on PrEP but may be less likely to present to a family planning clinic. As Evans and colleagues point out, the

availability of an effective prevention tool makes HIV screening more important than ever,¹ and we must make an effort to ensure that screening for HIV infection and PrEP indications are a universal aspect of women's healthcare.¹ ■

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