

# 20

## Is there a “morning after” pill that prevents HIV infection?



**The Canadian HIV/AIDS Clearinghouse, a program of the Canadian Public Health Association (CPHA), provides information resources on HIV prevention, care and treatment as well as a range of other HIV/AIDS information.**

These resources are provided primarily to individuals and organizations working in the areas of HIV/AIDS health and education, as well as those infected and affected by HIV/AIDS. We do not endorse, recommend or advocate any specific approach to HIV treatment. This material is not intended as a substitute for the advice of a health professional. Decisions about particular medical treatments should always be made in consultation with a qualified medical practitioner knowledgeable about HIV-related illness and the treatment in question. While we update our material regularly, users should be aware that information changes rapidly. Material obtained through the Clearinghouse may not necessarily be the most current information available. The resources could include technical inaccuracies or typographical errors. Changes are periodically added to the information herein: these changes will be incorporated into new editions of the publication. We recommend that you see your health professional for advice on specific questions relating to your health. We urge users to consult a broad range of information and/or contact us at 1-877-999-7740 for more details. Users relying on this information do so entirely at their own risk. The Clearinghouse and CPHA do not accept any responsibility for damage that may result from the use or misuse of this information.

The views expressed herein are solely those of the authors and do not necessarily reflect the official policies or positions of the Canadian HIV/AIDS Clearinghouse, the Canadian Public Health Association or Health Canada.



*Funding for this publication was provided by Health Canada.*

No. There is no pill that prevents HIV infection.

You may have heard about medications for HIV that are used to prevent infection after exposure. These medications are called Post-Exposure Prophylaxis (PEP). PEP is not a single pill; it is a 4-week treatment including several anti-HIV medications designed to reduce (but not eliminate) the possibility of infection with the virus after a known exposure. People on PEP must take very high doses of the anti-retroviral medications used to treat HIV infections. They must follow a strict medication regime, taking many pills several times a day. The side effects of PEP include nausea, tiredness, swelling of the liver, and kidney stones.

### Who is PEP for?

Currently, PEP is primarily intended for the prevention of infection in cases where there has been a known high-risk work-related (occupational) exposure to HIV, mainly through accidental needle-stick injuries. One study showed, however, that 3 out of 10 health care workers did not finish their PEP treatments. PEP has also been given to victims of sexual assault.

There is a lot of debate about giving more people access to PEP. The treatment is quite expensive, costing between \$600-\$1200 for the 4-week treatment. Also, these drugs have to be taken exactly as prescribed and involve much more than just taking a few pills every day. They should not be prescribed just to give a person peace of mind. In addition, PEP requires that the drugs be started within a few hours (or at most 24-36 hours) after a known high-risk exposure, yet many of these drugs are not readily available in most pharmacies. Therefore PEP is not available to most people under normal circumstances.

## **Does PEP work?**

No one knows for sure. So far, studies have only looked at how PEP works on health care workers who have been exposed to HIV by accident. Over 30 percent of them, however, stopped taking the medication before the end of the 4-week treatment. And for those who completed the treatment and were found to be HIV negative, researchers have no way of knowing whether the infection was eliminated by the medications or if the exposure was actually not enough to lead to an infection in the first place.

There is no research on how PEP works on people who have been exposed to HIV through sex or needle use; in fact, there are no established guidelines regarding which drugs to use when PEP is being considered for non-occupational exposures.

Even if people have greater access to PEP in the future, it will never take the place of preventing HIV. You should continue to reduce your risk of getting HIV by practicing safer sex and not sharing needles for tattooing, piercing or drug injection (see Question 11 “How can I have sex more safely?”).

***For more information, contact your local AIDS service organization or health care practitioner.***

---

**For more copies of this fact sheet or other documents on HIV/AIDS, contact the Canadian HIV/AIDS Clearinghouse, 400-1565 Carling Avenue, Ottawa, ON K1Z 8R1**  
☎ 877-999-7740 ☎ 613-725-1205 ✉ [aidssida@cpha.ca](mailto:aidssida@cpha.ca) [www.clearinghouse.cpha.ca](http://www.clearinghouse.cpha.ca)  
Published by the Canadian HIV/AIDS Clearinghouse, a program of the Canadian Public Health Association.  
Revised and Updated March 2002.  
Permission is granted for non-commercial reproduction for educational purposes.

---

**For more information on HIV/AIDS or for local services, contact:**