HIV and Women

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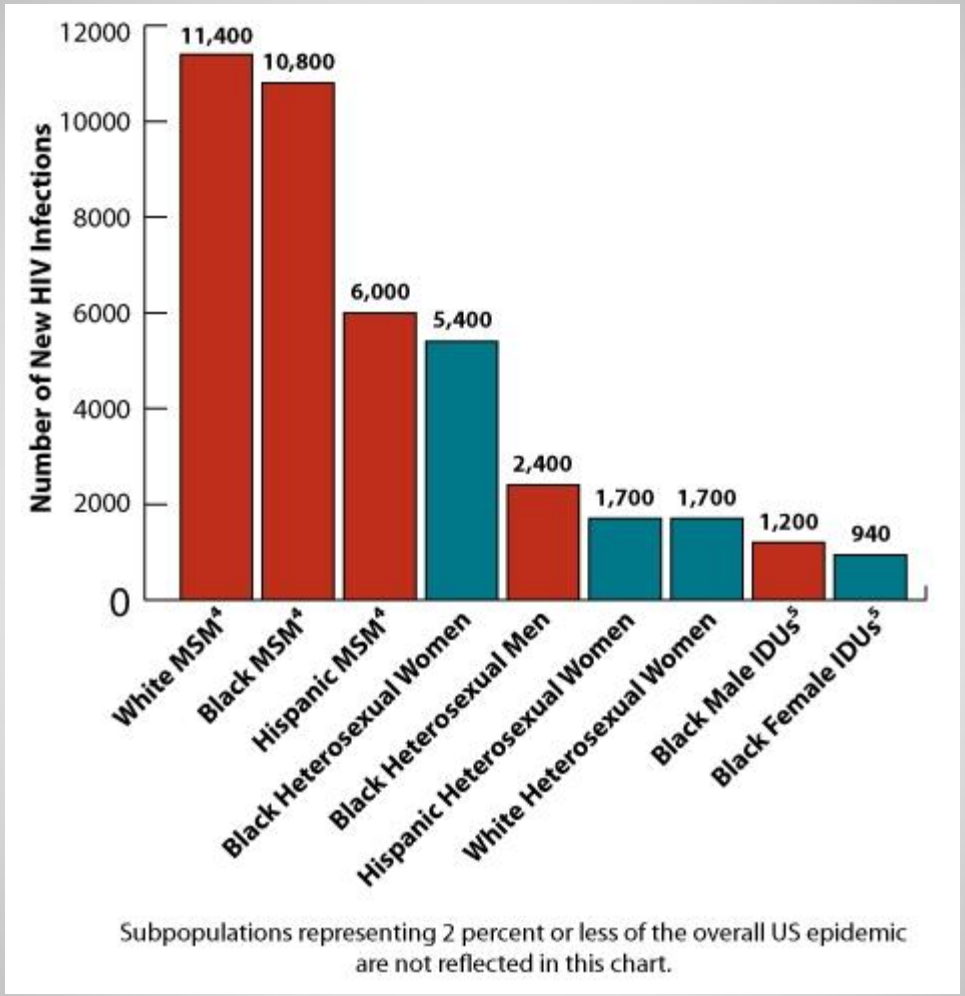
HIV and Women the Numbers

- Women Represent 24 % of all diagnosed HIV infections in the United States.
- Black and Latina women are disproportionally infected compared to other races/ethnic groups.
- New Infections in 2010
  - 57% Black Women
  - 21 % white Women
  - 16% Hispanics Latina Women

Estimated New HIV Infections, by Race/Ethnicity, Risk Group, and Gender 2010

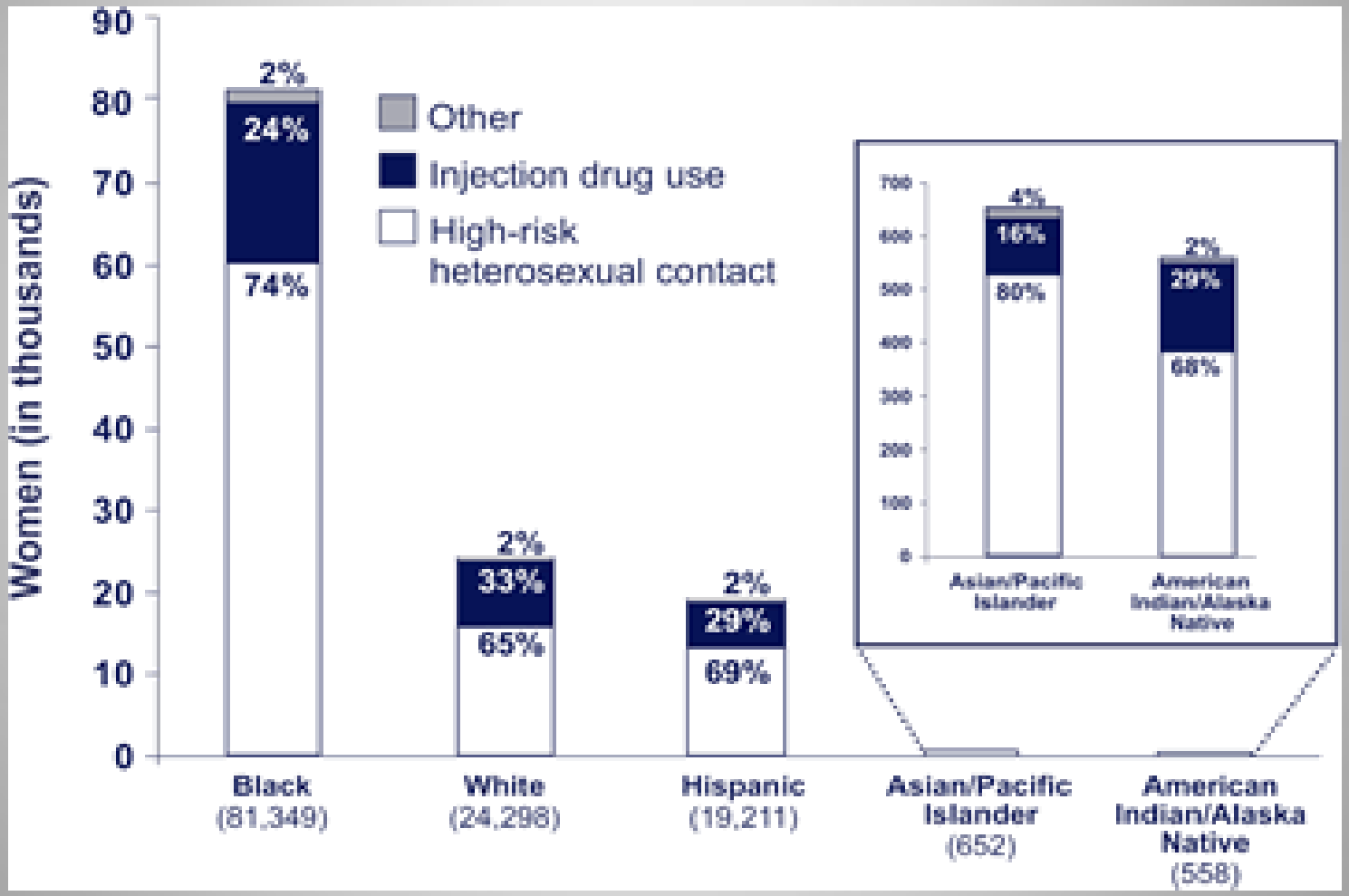


HIV diagnoses Relative Risk by Race/Ethnicity

One in 139 women will be diagnosed with HIV during her lifetime.

- 1 in 32 black women Relative Risk 16
- 1 in 106 Hispanic/Latina women Relative Risk 5
- 1 in 217 Native American/Alaska Native women Relative Risk 2.4
- 1 in 526 White/Asian Women Relative Risk 1

Transmission Categories and Race/Ethnicity of Women Living With HIV/AIDS



Deaths Attributed to AIDS in Women

Women represent 24 % of HIV infections, but in a recent survey of AIDS Deaths, women represent 28% of AIDS deaths.

- HIV/AIDS was among the top 10 leading causes of death in black women age 10-54.
- HIV/AIDS was among the top 10 leading causes of death in Hispanic/Latina Women age 15-54

Transmission of HIV in Women

- Most common risk factor for HIV infection was heterosexual contact and Injection drug use.
- High percent of women are infected because they are unaware of a male partner's risk factors of HIV infection.
- Unprotected vaginal and anal sex pose a risk for HIV transmission.
  - Unprotected anal sex presents an even greater risk for HIV transmission than unprotected vaginal sex.

Cofactors for HIV Transmission in Women

- Fear of physical abuse or abandonment for insisting on condom use.
- Sexual abuse leading to drug/alcohol abuse as a coping mechanism. This can may increase high risk behavior under the influence of drugs or alcohol. Exchanging sex for drugs.
- Presence of sexually transmitted diseases which increases to probability of HIV transmission.
- Socioeconomic issues with limited access to healthcare and education regarding risk of HIV exposure

International AIDS Conference 2012 Call for Expanded Efforts to Provide HIV Treatment, Prevention to Women, Children

- Expansion of HIV care and treatment to all women instead of focusing only on those who are pregnant.
- Many countries have programs to treat pregnant women with HIV infection with antiretroviral treatment (ART) to lessen the risk of mother-to-child HIV transmission.
- Most countries do not continue providing ART after mothers wean their infants.
  - Malawi for starting to do just that" through a treatment initiative called Plan B+
  - People with HIV on treatment become far less likely to infect their partners, as well as their babies.
- U.S. Secretary of State Hillary Clinton declared that “gender equity is crucial to protecting women”.

Is HIV Different for Men and Women?

- **Until recent years, little research had been done on women and HIV. While many questions remain unanswered, available information shows that HIV affects men and women differently in some ways:**
  - **When women are first diagnosed, they tend to have lower viral loads (amount of HIV in the blood) compared to men who are newly diagnosed**
  - **Women generally have lower CD4 cell counts than men with similar viral loads**
  - **Women are more likely than men to develop bacterial pneumonia**
  - **Women have higher rates of herpes infections than men**
  - **Women get thrush (a yeast infection) in their throats more often than men**
  - **Men are eight times more likely than women to develop Kaposi's sarcoma or KS (a cancer-like disease caused by a herpes virus)**

Pregnancy and HIV

- Many HIV-positive women are reluctant to become pregnant because they fear they will pass the virus to their child, or that they will become too sick or disabled to care and provide for their children properly. But with counseling and guidance, along with comprehensive healthcare and treatment, many HIV-positive women can have healthy, HIV-negative children.
- HIV-positive woman who is pregnant -- or is considering having children -- has an additional reason to take care of herself. Living well with HIV isn't just about antiretrovirals: it's also about adequate nutrition, quitting smoking, getting enough exercise, avoiding alcohol, caffeine, and not using recreational drugs. These recommendations will become even more vital during pregnancy

Pregnancy and HIV

- **How Do Babies Get AIDS?**
  - The virus that causes AIDS can be transmitted from an infected mother to her newborn child.
  - Without antiretroviral treatment, up to 30% of babies of infected mothers get HIV. 5% to 20% more can be infected through breastfeeding.
  - Mothers with higher viral loads are more likely to infect their babies. No viral load is low enough to be “totally safe."
  - Infection usually happens just before or during delivery.
  - The baby is more likely to be infected if the delivery takes a long time.

Pregnancy and HIV

How Can We Prevent Infection of Newborns?

- Use antiretroviral medications: The risk of transmitting HIV is extremely low if ARVs are used in pregnancy and labor,. Transmission rates are only 1% to 2% if the mother takes combination ARV therapy (ART). The rate is also about 2% when the mother takes AZT during the last 10-12 weeks of her pregnancy, the mother takes a single dose of nevirapine during labor, and the newborn takes a single dose of nevirapine within 3 days of birth.

- The World Health Organization estimates that the use of ART prevented 65,000 infant infections through 2008.

- Wherever ART is generally available, women should receive a standard multi-drug regimen

- Keep delivery time short: The risk of transmission increases with longer delivery times.

- Mothers with a high viral load might reduce their risk if they deliver their baby by cesarean (C-)section.

Pregnancy and the Mothers Health

- Pregnant is not dangerous to the health of an HIV-infected woman. This is true even if the mother breast-feeds her newborn.
- A study in 2007 showed that becoming pregnant was good for an HIV-infected woman's health.
- "Short-course" ART to prevent infection of a newborn is not the best choice for the mother's health. If a pregnant woman takes ART only during labor and delivery, HIV might develop resistance.
- A pregnant woman should consider all of the possible problems with ARVs.
- Pregnant women should not use both ddI (Videx) and d4T (Zerit) in their ART due to a high rate of a dangerous side effect called lactic acidosis.
- Do not use efavirenz (Sustiva) during the first 3 months of pregnancy.
- If your CD4 count is more than 250, do not start using nevirapine (Viramune).
- Some health care providers suggest that women interrupt their treatment during the first 3 months of pregnancy for three reasons:
  - The risk of missing doses due to nausea and vomiting during early pregnancy, giving HIV a chance to develop resistance.
  - The risk of birth defects, which is highest during the first 3 months. There is almost no evidence of this, except with efavirenz.
  - ART might increase the risk of premature or low birth weight babies.

Feeding the Newborn

- Up to 20% of babies may get HIV infection from infected breast milk if the mother is not taking ART.
- Potential Benefits:
  - Breast milk contains nutrients that the newborn needs.
  - It also protects the baby against some common childhood illnesses. Replacement feeding can increase the risk of infant death.
    - This can be due to loss of disease protection provided by the mother's milk or the use of contaminated water to mix baby formula.
- The World Health Organization advises that mothers should take ART during breastfeeding. After 6 months, they should add other foods while continuing to breastfeed for up to a year.
- A recent study showed that it is possible for a newborn to become infected by eating food that is chewed for it by an HIV-infected woman. This practice should be avoided.

Anal Cancer and Women

- **While anal cancer is widely associated with HIV-positive men who have sex with men, a recent study is highlighting how women living with HIV/AIDS are impacted by the disease as well.**
- **Despite taking antiretrovirals, the prevalence of pre-cancerous cells (neoplasms) is rising among HIV-positive women.**
- **10.5 percent showed some form of anal disease and around 33 percent of them were identified as true pre-cancerous disease.**
  - **HIV promotes human papillomavirus (HPV) persistence, which, consequently, is known to be responsible for nearly all anal cancers.**
  - **In addition, individuals infected with HIV also have a higher risk of developing several other HPV-associated neoplasms.**
  - **HAART has not been demonstrated to consistently change the course of HPV-associated anogenital disease.**
- **HIV-positive women should receive anal pap smears, and women with abnormal anal pap smears and who have high viral loads, especially, should be referred for follow-up testing.**

Women HIV and Depression

- In the general population, women are two times more likely to be depressed than men.
- Women living with HIV (HIV+) are even more likely to suffer from depression than women in the general population.
- The stigma that many HIV+ women experience may lead to social isolation and feelings of loneliness. All of these feelings -- helplessness, anxiety, loneliness -- are key components of depression.
- Many HIV+ women also experience large life stressors such as racial discrimination, poverty, violence, and single parenthood which can contribute to depression. An HIV diagnosis can simply add to the burden and to the chances of developing depression.
- Depression and Older Women Living With HIV
  - As HIV treatments have improved, there are more and more older women living with HIV.
  - One study showed that over 60 percent of HIV+ women from 50 to 76 years old suffered from depression.

Depression Can Cause Serious Problems

- There is direct connection between depression and reduced health for those living with HIV.
  - HIV+ women who are depressed seek HIV care less often.
  - Have more trouble sticking with their HIV drug regimens. If you are experiencing symptoms of depression, you may miss doses, take the wrong dose, or take the dose with the wrong food or at the wrong time
  - Have more rapid disease progression
- Even among HIV+ women with similar CD4 counts and viral loads, being depressed can double the likelihood of dying. For those women who made contact with a mental health provider, the risk of death was cut in half.
- It is important that depression be diagnosed and treated as quickly as possible to avoid serious problems.

HIV Women and Aging

- **Women usually experience menopause between the ages of 38 and 58; the average age is 51. There is some evidence that women living with HIV may experience menopause earlier. However, the symptoms of menopause appear to be the same for both HIV+ and HIV negative women.**

- **A woman can usually tell she is approaching menopause because her periods start changing. This time is called "perimenopause" and may last several years. During perimenopause hormone levels rise and fall unevenly, and you may experience symptoms such as:**
  - **Increasingly irregular periods:**
    - **Different in frequency (how often)**
    - **Different in duration (how long)**
    - **Different in amount (lighter or heavier)**
  - **Hot flashes**
  - **Depression**
  - **Forgetfulness**
  - **Lack of sexual desire**
  - **Night sweats**
  - **Irritability**
  - **Trouble sleeping**
  - **Skin changes**
  - **Mood swings**
  - **Vaginal dryness**
  - **Fatigue**

- **HIV+ women who experience hot flashes at night may be misdiagnosed as having night sweats that are common with HIV.**

- **Vaginal dryness can be mistaken for a yeast infection**

- **HIV+ women may experience irregularities in their menstrual cycles even if they're not going through menopause.**

- **There are also some serious medical concerns that can develop after menopause, including:**
  - **Osteoporosis (bone loss)**
  - **Cardiovascular (heart) disease**
  - **Urinary incontinence, including more frequent urination or involuntary loss of urine (leaking)**

Women Centered Care

Over half of people living with HIV in the U.S. are estimated to be out of care, and may be even worse for women living with HIV.

- Research shows women are getting sicker and dying faster of HIV; especially Black women and Latinas; and particularly if they are living in the South or rural areas.
- According to a recent CDC study of more than 19,500 patients with HIV in 10 US cities, women were slightly less likely than men to receive prescriptions for the most effective treatments for HIV infection.

Women's medical care and support service needs are unique. Achieving the best health outcomes for HIV-positive women requires care that is non-stigmatizing, holistic, integrated, gender-sensitive, upholds positive women's rights and dignity, is peer-based and is culturally relevant.

Wrap-around supportive services including emotional support, peer-based services, case management, transportation, housing, childcare, mental health services, substance use services, employment services, re-entry programming, legal assistance, and food vouchers. When these supportive services are absent, HIV-positive women are likely to face increased barriers to staying in medical care.

Challenges to Care

- Stigma
- Supportive services not being funded or being cut
- Not integrating all the care needs of women, such as HIV care with reproductive health care
- Uninformed and misinformed provider's on the health needs of women
- Inadequate research on women's health
- Women testing for HIV late and then being diagnosed with AIDS sooner

Positive Women's Network Recommendations

- Evaluate and reduce stigma in healthcare settings and in the general population
- Train all personnel in healthcare settings on how to reduce stigma
- Create marketing campaigns to reduce stigma and change attitudes towards people living with HIV
- Fund supportive services to keep HIV-positive women in care, especially young women, older women, and women who are especially vulnerable to rights violations -- sex workers, transgender women and drug users.
- Better integrate care, especially sexual and reproductive health and HIV, to fulfill women's needs
- Train providers on how to provide non-judgmental, quality and culturally appropriate care
- Provide comprehensive, age-appropriate, non-heterosexist sexuality education to all women
- Increase research efforts on women and HIV
- Use peer programs to link women into care and keep them in care