

HIV Trends and Women's Sexual Health

September 2009

A women-centred focus on HIV, sexually transmitted infections, prevention and treatment issues

Troubling Trends In American Women With HIV

In the mid- to late 1990s, powerful anti-HIV therapies became available in high-income countries. The effect of these therapies was dramatic, as deaths due to AIDS-related infections fell. Today combination anti-HIV therapy, commonly called highly active antiretroviral therapy (HAART), has had such immense benefits that some researchers have forecasted something that would have been unbelievable just decades ago: HIV positive people starting therapy today and who have minimal or no co-existing health conditions will likely live near-normal life spans.

Research in the United States suggests that the gains from HAART are not evenly distributed across all HIV positive people. Scientists in that country have found that HIV positive women continue to see relatively high rates of illness and death. These problems have occurred particularly among women of colour. To try to understand why this is the case, a team of American researchers conducted an extensive investigation. Their findings suggest that some HIV positive women in the U.S. are experiencing a number of conditions that, if treated, could reduce their risk of death. These problems are not isolated to the United States. Researchers in Southern Alberta have also found similar issues among some HIV positive women there.

Study details

Beginning in 1994, HIV positive women and HIV negative women at high risk for this infection were recruited for the Women's Interagency HIV Study

(WIHS) in the following cities:

- Chicago
- Los Angeles
- New York
- San Francisco
- Washington, DC

The women were regularly interviewed, given physical examinations and had blood and other fluids collected for analysis. This report will focus on the results in HIV positive women. The average profile of 2,792 HIV positive women when they entered WIHS was as follows:

- a majority of them had a CD4+ cell count greater than 350 cells
- HIV viral load – 10,000 copies
- 26% were infected with hepatitis C virus (HCV)

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Troubling Trends (continued)

- about 13% used HAART • 60% had used illicit drugs such as cocaine, crack cocaine and/or heroin
- 67% smoked tobacco • 71% earned less than \$18,000 US per year. • Major ethno-racial groups were as follows: Black - 58%, White - 23%, Hispanic - 16%

Results—1995 to 2005

In that decade, about 25% of participants died. Although death rates initially declined, they then stabilized at rates higher than in HIV negative people of the same age.

Trends—AIDS

In the first seven years of the study, AIDS-related complications were a major cause of death. For instance, in 1995 about 85% of deaths were related to AIDS. But by 2002 AIDS-related complications were responsible for 50% of deaths in that year.

Dismay

The research team was deeply dismayed by the relatively high proportion of AIDS-related deaths because HAART was released in the U.S. during the first few years of the study.

Death in the time of HAART

In examining the medical records of the women who died between 1998 and 2004, the researchers found that only 37% of these women took HAART. Moreover, only four women had an undetectable viral load in the year before they died.

Non-adherence (not taking HAART exactly as prescribed and directed) was only part of the reason for this low degree of virologic control.

The study team noted that when it came to initial therapy for HIV infection, many of the women were prescribed regimens consisting of only one or two anti-HIV drugs. The HIV virus would have quickly become resistant to such sub-optimal therapy.

Thus, the women would have been burdened with a high level of drug-resistant HIV. Adding a third anti-HIV drug to a failing regimen would have been of little benefit.

Additionally, the researchers noted that the proportion of women dying from AIDS-related complications in this study is higher than seen in several other studies in Western Europe or in HIV positive men in the U.S. The research team noted that the following factors might have been responsible for the reduced survival seen in HIV positive women in the WIHS study:

- substance use
- history of physical or sexual abuse

Who is at risk?

Not surprisingly, researchers found that certain findings—low CD4+ cell counts, high viral loads—were linked to reduced survival. Also, women who had relatively low body weight or who had liver infections were at increased risk of death.

The impact of depression

Importantly, the study team also found that women who had symptoms of depressive illness were at particular risk of death from the following:

- heart attack or stroke
- cancers unrelated to AIDS.

The burden of violence

According to the researchers, the most common cause of death unrelated to AIDS was “trauma and intentional or unintentional self-harm, most commonly overdose.”

The researchers think that the high rates of “violent death and suicides” may be related to the effects of physical abuse and substance use in these women. But perhaps another factor may also be involved.

continued



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Troubling Trends (continued)

HIV and overdose—adding up the data

The study team made an unexpected finding: Women with high viral loads were more likely to die from violence or overdose.

Another study in the U.S. that focused on substance users was called ALIVE. In that study researchers found that HIV positive substance users were twice as likely to die from overdose as HIV negative users.

In a study of treatment interruption called SMART, researchers found that people who were randomly assigned to delayed initiation of HAART and who were injection drug users were more likely to die from a drug overdose compared to people who began HAART immediately.

Depression

The researchers found that nearly 70% of the WIHS women experienced chronic or episodic bouts of depression. Such high rates of depression could have easily led to the following:

- feelings of despair
- decreased interest in living
- substance use, to provide temporary relief

Unfortunately, substance use may temporarily provide feelings of relief but can quickly make depression worse, perhaps pushing the women into a downward spiral and intensifying the despair that could have shortened their lives.

Reversing the trends

The WIHS research team suggests that providing broader access to medical care and treatment—specifically treatment for depression, hepatitis C and HIV infection—would likely have improved survival rates. They may be correct. However, given the relatively high rates of illicit drug use in the study—60% of women used cocaine, crack cocaine

and/or heroin—unless psycho-social support is made available to help these women recover from addiction and the underlying psychological trauma that led to such harmful behaviour, survival rates may not increase.

Beyond America

The problem described by the WIHS team is not restricted to the U.S. The destabilizing effects of addiction, substance use and undiagnosed or untreated mental health conditions have led to high rates of death from overdose and violence among drug users in Southern Alberta and likely elsewhere. Indeed, researchers in Bologna, Italy, have found broadly similar trends to the present WIHS study among people who inject street drugs.

Increasing the availability of addiction prevention, treatment and support services for HIV positive substance users may make a difference in their survival.

Sean R. Hosein, CATIE

REFERENCES

- Krentz HB, Kliever G, Gill MJ. Changing mortality rates and causes of death for HIV-infected individuals living in Southern Alberta, Canada from 1984 to 2003. *HIV Medicine*. 2005 Mar;6(2):99-106.
- Manfredi R, Sabbatani S, Agostini D. Trend of mortality observed in a cohort of drug addicts of the metropolitan area of Bologna, North-Eastern Italy, during a 25-year period. *Collegium Antropologicum*. 2006 Sep;30(3):479-88.
- Wang C, Vlahov D, Galai N, et al. The effect of HIV infection on overdose mortality. *AIDS*. 2005 Jun 10;19(9):935-42.
- French AL, Gawe SH, Hershov R, et al. Trends in mortality and causes of death among women with HIV in the United States: A 10-year study. *Journal of Acquired Immune Deficiency Syndromes*. 2009; in press.

This information was provided by the Canadian AIDS Treatment Information Exchange (CATIE). For more information, contact CATIE at 1.800.263.1638.



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Women & HIV:

Why Does HIV Progress Faster In Women?

Scientists in the U.S. say they could help explain why women infected with the human immunodeficiency virus advance faster to AIDS than men.

One of the enigmas about the AIDS pandemic is why women, after infection with HIV-1, seem better able to combat the virus in its early stages but then advance faster to AIDS compared to men infected with a similar level of the virus. The answer lies in the response of a key component in their immune system, and hormonal differences may account for it, according to a paper published online by the journal *Nature Medicine*. If correct it opens new possibilities for drugs that would hinder the process, its authors said.

The study focuses on plasmacytoid dendritic cells (pDCs), which are "first responders" in the immune system. They detect a microbial intruder and then alert other defenders. The pDCs recognize the AIDS virus through a little docking point called Toll-like receptor 7, or TLR7. Once their TLR7 is switched on, the pDCs call up an important immune-system molecule called interferon alpha.

Researchers at the Ragon Institute of the Massachusetts General Hospital were intrigued by lab-dish tests that showed higher levels of the female hormone progesterone intensified pDC activation. The team then linked interferon alpha to the activation of one of the heavy artillery of the immune system, CD8 cells. Previous research has already spotted an intriguing phenomenon. The more CD8 cells that are stimulated, the faster a patient progresses to acquired immune deficiency

syndrome, the stage whereby the immune system is so devastated that the body becomes prey to opportunistic disease.

Source: The Vancouver Sun, Tuesday July 14 2009, Page B3
Original Source: Agence France-Presse.

Science News

Scientists Discover New Strain Of HIV Closely Related To Simian Virus

Scientists have discovered a new strain of HIV in a 62-year-old woman from Cameroon that "differs from the three known strains ... and appears to be closely related to a form of simian virus recently discovered in wild gorillas" according to a study in today's edition of the journal *Nature Medicine*, AP/Washington Times reports. The study was funded by the NIH and the Tietze Foundation (8/3). "The discovery of this novel HIV-1 lineage highlights the continuing need to watch closely for the emergence of new HIV variants, particularly in western central Africa, the origin of all existing HIV-1 groups," researchers note in the study (Reuters, 8/3). According to the AP/San Francisco Chronicle, the woman had no contact with gorillas or meat from wild animals and "currently shows no signs of AIDS and remains untreated, though she still carries the virus, the researchers said." The article adds, "How widespread this strain is remains to be determined. Researchers said it could be circulating unnoticed in Cameroon or elsewhere."

Source: Kaiser U.S. HIV/AIDS Daily Report, August 3 2009.



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Treatment

Study Suggests Targeted Chemotherapy May Help Eliminate HIV

A new study raises hopes that researchers may be closer to solving the mystery of why HIV persists in the body even when antiretroviral therapy (ART) is successful.

"For 15 years, we haven't had a clue," said Dr. Rafick-Pierre Sekaly, a University of Montreal professor, director of the Vaccine and Gene Therapy Institute in Port St. Lucie, Fla., and corresponding author of the new study. "But now we do. Now there's a whole new perspective on how to get rid of HIV."

Despite the advances achieved through ART since the mid-1990s, scientists know that HIV lingers in the body; it is never eliminated. "The minute the patient stops taking the therapy, the virus is reborn," said Dr. Jean-Pierre Routy, associate professor of hematology at McGill University-Montreal and a study co-author. "Then the immune system is destroyed and the patient becomes sick again." Viral reservoirs within the body act to re-infect the patient's system when ART is interrupted. Routy cited a recent US study that confirmed increasing the dosing and potency of antiretrovirals does not affect the level of virus hiding in these reservoirs.

In the new study, however, the researchers determined that the reservoir virus is not like typical HIV: It is dormant, and thus impermeable to known therapies. "So, if the cell lives, the virus lives," said Sekaly. "But if you zap the reservoir with a chemo, there is no more virus to allow it to come back."

If the patient responds favorably to ART, the new treatment can target infected cells, wiping out the last ones, and "the patient will remain virus-free for a long time or forever".

The success of the new treatment approach will depend upon the patient's ability to control HIV using ART. If the patient responds favorably to ART, the new treatment can target infected cells, wiping out the last ones, and "the patient will remain virus-free for a long time or forever," Routy said. He added that 85 percent of HIV patients in Canadian hospitals and clinics are managing their HIV through ART and would be good candidates for eradication treatment. However, it is unlikely that patients not responding to ART would achieve significant results from the chemotherapy approach.

The study, "HIV Reservoir Size and Persistence Are Driven by T Cell Survival and Homeostatic Proliferation," was published in *Nature Medicine* (06.21.09; doi: 10.1038/nm.1972).

Source: CDC HIV/Hepatitis/STD/TB Prevention News Update, June 23 2009.

Original Source: Ottawa Citizen, June 23 2009:: Amy Minsky, Canwest News Service.



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Health & Wellness

Study Suggests Menopause Does Not Affect Response To HIV Treatment

Menopausal status does not affect responses to HIV treatment, US investigators report in the August 1st edition of *Clinical Infectious Diseases*. In the largest ever study into the impact of menopause on the effectiveness of HIV treatment, the researchers found that CD4 cell counts and viral loads were comparable in pre- and post-menopausal women two years after initiating potent HIV therapy.

“Women respond equally well to antiretroviral therapy in the short and long term regardless of menopausal status,” comment the investigators. There is little information on the impact of menopause on the natural history of HIV infection or the effectiveness of antiretroviral therapy. There is some concern, however, that the beneficial effects of oestrogen on immune function and control of viral load will be lost due to menopause.

Investigators therefore analysed the results of two HIV treatment studies (ACTG 5095 and ACTG 5142) to determine the effect of menopause on long-term responses to HIV treatment in terms of CD4 cell count and suppression of viral load to undetectable levels.

Women were defined as pre-menopausal if they were aged under 30, or post-menopausal if aged over 55. The menopausal status of women between these ages was determined after the analysis of information provided by the patients. CD4 cell count and viral load were monitored at baseline and then 24, 48 and 96 weeks after starting HIV treatment. A total of 220 pre-menopausal women

Women respond equally well to antiretroviral therapy in the short and long term regardless of menopausal status.

and 47 post-menopausal women were included in the investigators' analysis.

Baseline CD4 cell counts were comparable in the two groups (181 cells/mm³ vs 244 cells/mm³). However, pre-menopausal women had significantly lower viral load than women past the menopause (median, 46,000 copies/ml vs 96,000 copies/ml, $p = 0.006$).

When investigators monitored responses to HIV treatment, they found that these were comparable in pre- and post-menopausal women in both the short and long term.

Increases in CD4 cell count were similar between pre- and post-menopausal women at week 24 (118 cells/mm³ vs 116 cells/mm³), week 48 (185 cells/mm³ vs 195 cells/mm³) and week 96 (260 cells/mm³ vs 273 cells/mm³). Changes in median CD4 cell percentage were also similar. Moreover, the proportion of pre- and post-menopausal women achieving a viral load below 50 copies at all time points was similar (24 weeks, 74% vs 68%; 48 weeks, 77% vs 81%; and 96 weeks, 75% vs 77%).

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Menopause and Treatment (continued)

"This analysis demonstrates the similarity in virologic and immunologic responses to antiretroviral therapy in treatment-naïve pre-menopausal and post-menopausal women initiating antiretroviral therapy," write the investigators.

The investigators conclude "postmenopausal women benefit from antiretroviral therapy and that similar responses are maintained through two years of follow-up. Therefore, clinicians should anticipate that treatment-naïve HIV-1-infected women should achieve immunologic and virologic responses to antiretroviral therapy regardless of menopause status."

REFERENCES

Patterson KB et al. Treatment responses in antiretroviral treatment-naïve premenopausal and postmenopausal HIV-1-infected women: an analysis from AIDS Clinical Trials Group Studies. Clin Infect Dis 49 (online edition), 2009.

Source: AIDSmap News, June 30 2009:: Michael Carter.

Prevention News**Oral Sex Can Transmit HIV & Other STDs**

In a fact sheet released June 4, CDC reiterated the risk of contracting HIV and other STDs through oral sex.

"Even though the risk of transmitting HIV through oral sex is much lower than that of anal or vaginal sex, numerous studies have demonstrated that oral sex can result in the transmission of HIV and other [STDs]," CDC said. Though it acknowledged, "Measuring the exact risk of HIV transmission as a result of oral sex is very difficult," CDC added, "What is known is that HIV has been transmitted through fellatio, cunnilingus, and anilingus."

The CDC statement noted that "some data suggest that many adolescents who engage in oral sex do not consider it to be 'sex;' therefore they may use oral sex as an option to experience sex while still, in their minds, remaining abstinent."

26 percent of sexually active 15- to 17-year-olds surveyed responded that one 'cannot become infected with HIV by having unprotected oral sex'.

"Moreover, many consider oral sex to be a safe or no-risk sexual practice," according to the fact sheet. "In a national survey of teens conducted for the Kaiser Family Foundation, 26 percent of sexually active 15- to 17-year-olds surveyed responded that one 'cannot become infected with HIV by having

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Oral Sex Risk (continued)

unprotected oral sex,' and an additional 15 percent didn't know whether or not one could become infected in that manner."

"Abstaining from oral, anal and vaginal sex altogether or having sex only with a mutually monogamous, uninfected partner are the only ways that individuals can be completely protected from the sexual transmission of HIV," CDC said. "However, by using condoms or other barriers between the

mouth and genitals, individuals can reduce their risk of contracting HIV or another STD through oral sex."

To access the fact sheet, visit <http://www.cdc.gov/hiv/resources/factsheets/pdf/oralsex.pdf>.

Source: CDC HIV/Hepatitis/STD/TB Prevention News Update June 9 2009.
Original Source: The Ledger, Lakeland Florida, June 4, 2009:: Robin Adams.

Prevention News

Heterosexual Anal Intercourse Among At-Risk Adolescents and Young Adults

In the current study, the researchers sought to identify factors associated with anal sex among adolescents and young adults. Among members of this population reporting recent unprotected sex, the authors examined demographic, behavioral, relationship context, attitudinal, substance use and mental health correlates of recent heterosexual anal intercourse.

The subjects were 1,348 at-risk people ages 15 to 21 in three US cities. Data were collected from 2000 to 2001. The researchers assessed sexual risk behavior with each sexual partner in the past 90 days.

Sixteen percent of subjects reported recent heterosexual anal intercourse. Females reporting anal intercourse were more likely to be living with a sex partner, to have had two or more partners, and

to have experienced coerced intercourse. For male participants, the only significant predictor of heterosexual anal intercourse was a sexual orientation other than heterosexual.

"Our findings document the prevalence of heterosexual anal intercourse among adolescents and young adults who had recent unprotected sex," the authors concluded. "Among females, the variables associated with anal intercourse relate to the context and power balance of sexual relationships. Different influences for males and females suggest different foci for interventions."

Source: CDC HIV/Hepatitis/STD/TB Prevention News Update, July 27 2009.

Original Source: American Journal of Public Health, June 2009:: Celia M. Lescano, PhD; Christopher D. Houck, PhD; Larry K. Brown, MD; Glenn Doherty, BA; Ralph J. DiClemente, PhD; M. Isabel Fernandez, PhD; David Pugatch, MD; William E. Schlenger, PhD; Barbara J. Silver, PhD



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HIV & Motherhood

Study Says TB Vaccine Too Dangerous For Babies With HIV

The World Health Organization is recommending that the Bacille Calmette-Guérin vaccine against tuberculosis be delayed until infants can be tested for HIV. A new WHO study finds BCG, which is routinely given to 75 percent of babies worldwide, is too risky for those born infected with the virus.

In use since 1921, BCG is effective against deadly tuberculosis meningitis, though it is less so against the lung disease. Because it is a live vaccine, it can cause "disseminated BCG disease," a type of whole-body bacterial infection that is fatal in more than 70 percent of cases.

In countries with co-existing TB and HIV epidemics, giving BCG to HIV-infected newborns offers them no protection against TB and may kill them due to BCG disease, according to the study, which was performed at three South African pediatric hospitals. Since BCG disease and TB can look identical, the researchers had to culture each infection.

Even as they recommended delaying BCG vaccination, the investigators acknowledged this will not be easy. In poor countries, babies are frequently not brought back at six weeks for a test and 10 weeks for a shot. Thus the practice of vaccinating every newborn may continue, since it protects the ones not infected with HIV.

The study, "Disseminated Bacille Calmette-Guérin Disease in HIV-Infected South African Infants," was published in the Bulletin of the World Health Organization (2009;87(7):485-564).

Source: CDC National Prevention Information Network, July 9, 2009.
Original Source: New York Times, July 7 2009:: Donald G McNeil Jr.

Longer, Stronger HIV Drug Regimen For Breastfeeding Women Cuts Mother-To-Child Transmission Rate

"HIV infection rates among babies are significantly cut when mothers are given prolonged ARV treatment during breastfeeding," according to findings released at the International AIDS Society conference in Cape Town, South Africa on Wednesday, Reuters reports. According to Reuters, "Key findings from the study showed that a stronger drug cocktail administered over a longer period reduced the risk of mother-to-child HIV transmission compared with the current WHO-recommended short-course ARV regimen." Tim Farley, project leader for the "Kesho Bora" study - which was conducted at five sites in Burkina Faso, Kenya and South Africa by the WHO in partnership with several other international agencies - said, "The results of this study show an almost two-fold reduction in the risk of HIV transmission during the breastfeeding period and also [show] there is no short-term toxicity (to mothers or infants)." The WHO "is reviewing its 2006 recommendations on the use of ARVs in pregnant women, including during the breastfeeding period. New guidelines are expected to be published by the end of 2009 and will take into account emerging data," Reuters reports (Roelf, 7/21).

Source: Kaiser U.S. HIV/AIDS Daily Report, July 22 2009.



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Reproductive Health

HIV Disease Progression By Hormonal Contraceptive Method

HIV-infected women need access to safe contraception. Stringer and colleagues hypothesized that women using depomedroxyprogesterone acetate (DMPA) contraception would have faster HIV disease progression than women using oral contraceptive pills and nonhormonal methods. In a previously reported trial, the authors randomized 599 HIV infected women to the intrauterine device (IUD) or hormonal contraception. Women randomized to hormonal contraception chose between oral contraceptive pills and DMPA. This analysis investigates the relationship between exposure to hormonal contraception and HIV disease progression [defined as death, becoming eligible for antiretroviral therapy, or both].

Of the 595 women not on antiretroviral therapy at the time of randomization, 302 were allocated to hormonal contraception, of whom 190 (63%) initiated DMPA and 112 (37%) initiated oral contraceptive pills. Women starting IUD, oral contraceptive pills, or DMPA were similar at baseline. Compared with women using the IUD, the adjusted hazard of death was not significantly increased among women using oral contraceptive pills [1.24; 95% confidence interval (CI) 0.42-3.63] or DMPA (1.83; 95% CI 0.82-4.08). However, women using oral contraceptive pills (adjusted hazard ratio (AHR) 1.69; 95% CI 1.09-2.64) or DMPA (AHR 1.56; 95% CI 1.08-2.26) trended toward an increased likelihood of becoming eligible for antiretroviral therapy. Women exposed to oral contraceptive pills (AHR 1.67; 95% CI 1.10-2.51) and DMPA (AHR 1.62; 95% CI 1.16-2.28) also had an increased hazard of meeting this study's

composite disease progression outcome (death or becoming antiretroviral therapy eligible) than women using the IUD. In this secondary analysis, exposure to oral contraceptive pills or DMPA was associated with HIV disease progression among women not yet on antiretroviral therapy. This finding, if confirmed elsewhere, would have global implications and requires urgent further investigation.

Source: UNAIDS HIV This Week, August 11 2009.

Original Source: Stringer EM, Levy J, Sinkala M, Chi BH, Matongo I, Chintu N, Stringer JS. HIV disease progression by hormonal contraceptive method: secondary analysis of a randomized trial. *AIDS*. 2009;23(11):1377-82 14.

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