



# ■ Women and HIV

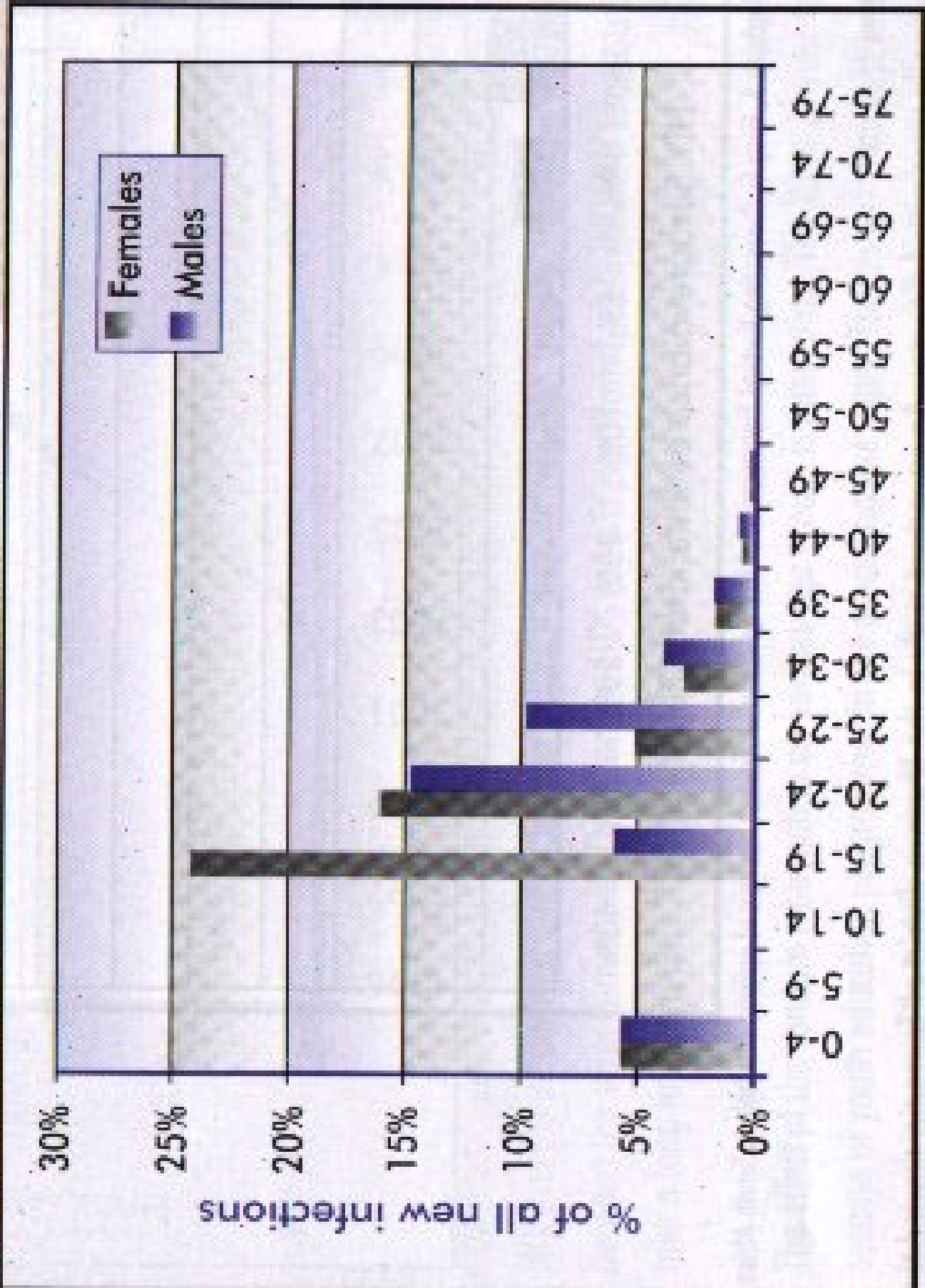


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# Issues for women in SA linked to HIV

- Younger women at risk for HIV
- High levels of sexual violence and abuse
- Post exposure prophylaxis- non occupational
- Disclosure of status to partners
- Antiretroviral therapy options
- Pregnancy concerns

Figure 11. Incidence of HIV by gender and age group.



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# Risks for women

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- Gender violence
- Age at first intercourse
- Age discordance
- Dry sex
- Female economic disempowerment

# Sexual violence

- SA one of highest rates of violence against women in the world
- SAPS statistics for 1999: 51 249 cases of rape reported nationally
- Probably one of most under-reported crimes
- Low conviction rate

# Sexual violence

- SAPS – “Statistical Analysis of Reported Rape Cases”
- Jan-Dec 1999
- Victim age group reflecting highest rape ratio per 100 000 of female population-12-17 year olds ( 471.7 cases)

# Post exposure prophylaxis (non-occupational) non-consensual sex

- Post sexual assault and rape carries a risk of HIV transmission
- HIV risk 0.08- 0.2% in heterosexual receptive vaginal sex, likely to be much higher in rape
- Hard evidence lacking, but science compelling
- Sunninghill experience: 700 women treated with Combivir, no infections noted in returning women
- Some regions/hospitals supplying prophylaxis
- Controversies: HIV testing pre-PEP

# Post-exposure prophylaxis (non occupational) consensual sex

- More controversial
- Pitfalls: Testing pre-PEP, refusal of testing, relatively low incidence of infection (cost-effectiveness)
- PEP may attenuate perceived risk
- Need to reinforce risk reduction behaviour because of possible disinhibition

# PEP (non-occupational)- Implementation

- Counseling services (24hr)
- Health care worker (24hr)
- Access/referral to district surgeon and police
- Likely effective if given within 24-48 hrs
- Generally 2 drugs used (eg AZT/3TC) or 3 drugs if high risk or late presentation (protease inhibitor)

# Antiretrovirals

- Same regimens in general with some caveats
- Women at high risk of pregnancy-avoid efavirenz, and if on ddI/d4T need to change.
- Pregnant and obese women at increased risk of lactic acidosis.
- Women (esp in reproductive years) risk of anaemias- exacerbation with AZT

# Oral contraceptives and ART

- Protease inhibitors ( ritonavir) decrease levels of ethinyl estradiol. Lack of information generally
- NNRTI's- either increase or decrease levels of ethinyl estradiol. Lack of information on other components.

# Severe Liver Toxicity in Patients Receiving Two Nucleoside Analogues and a Non- Nucleoside Reverse Transcriptase Inhibitor



# Number of Patients Treated

<u>Stratum</u>	<u>A</u>	<u>B</u>	<u>Total</u>
Nevirapine	194	191	385
Efavirenz	40	43	83
Total	234	234	468

# Patient Characteristics by Arm

<u>Characteristic</u>	<u>A</u>	<u>B</u>	<u>Total</u>
N	234	234	468
Median Age	32	32	32
% Black	89	84	87
% Female	58	60	59
Median CD4+ (Min-Max)	369 (106 -1348)	354 (129-1419)	362 (106-1419)
HIV-1 RNA	4.5	4.6	4.6

# Definition of Hepatotoxicity

Lab Test

Grade 3

Grade 4

Alkaline

Phosphatase > 5.0-10.0 x ULN > 10.0 x ULN

ALT

> 5.0-10.0 x ULN > 10.0 x ULN

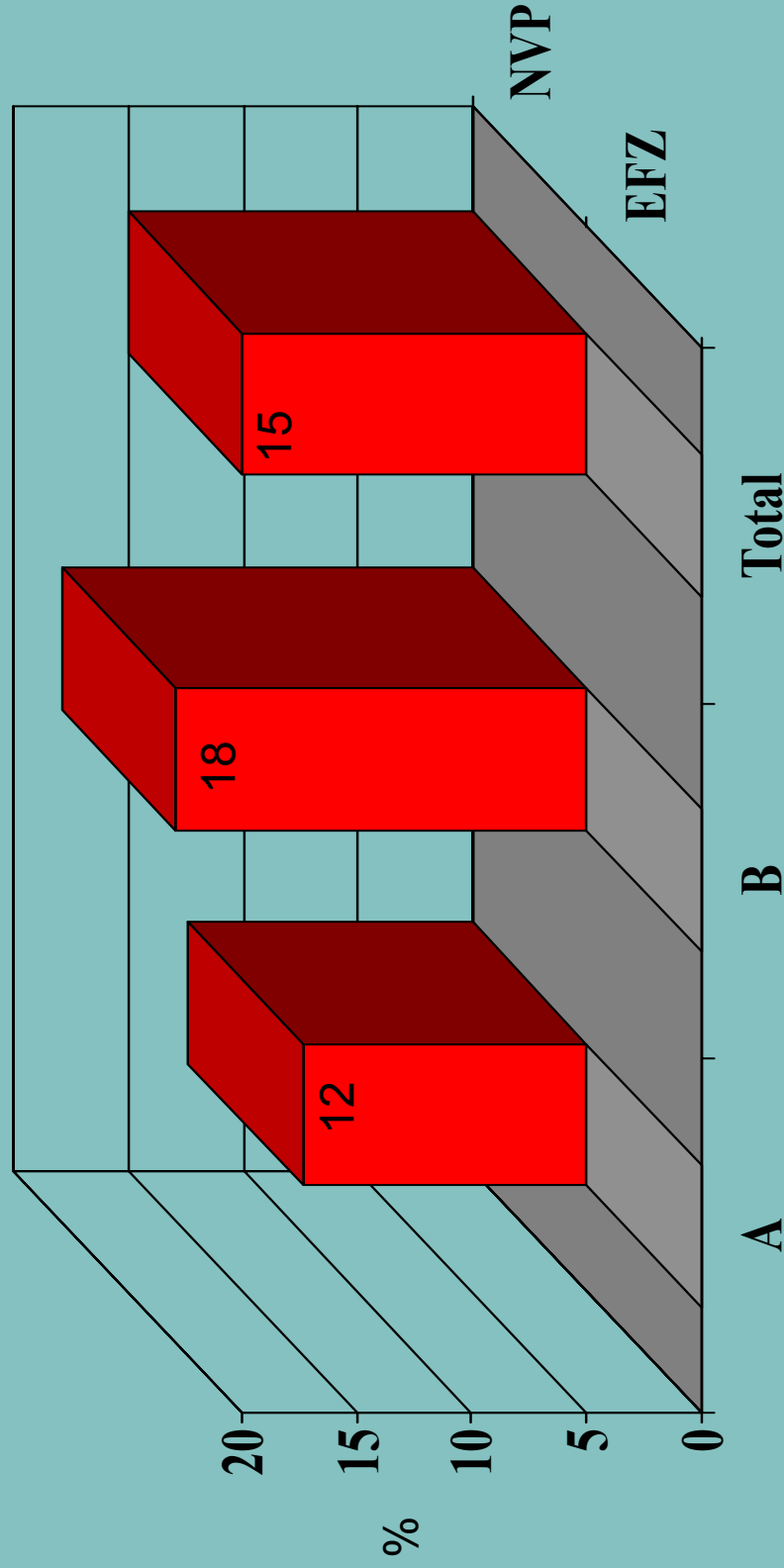
AST

> 5.0-10.0 x ULN > 10.0 x ULN

Total Bilirubin

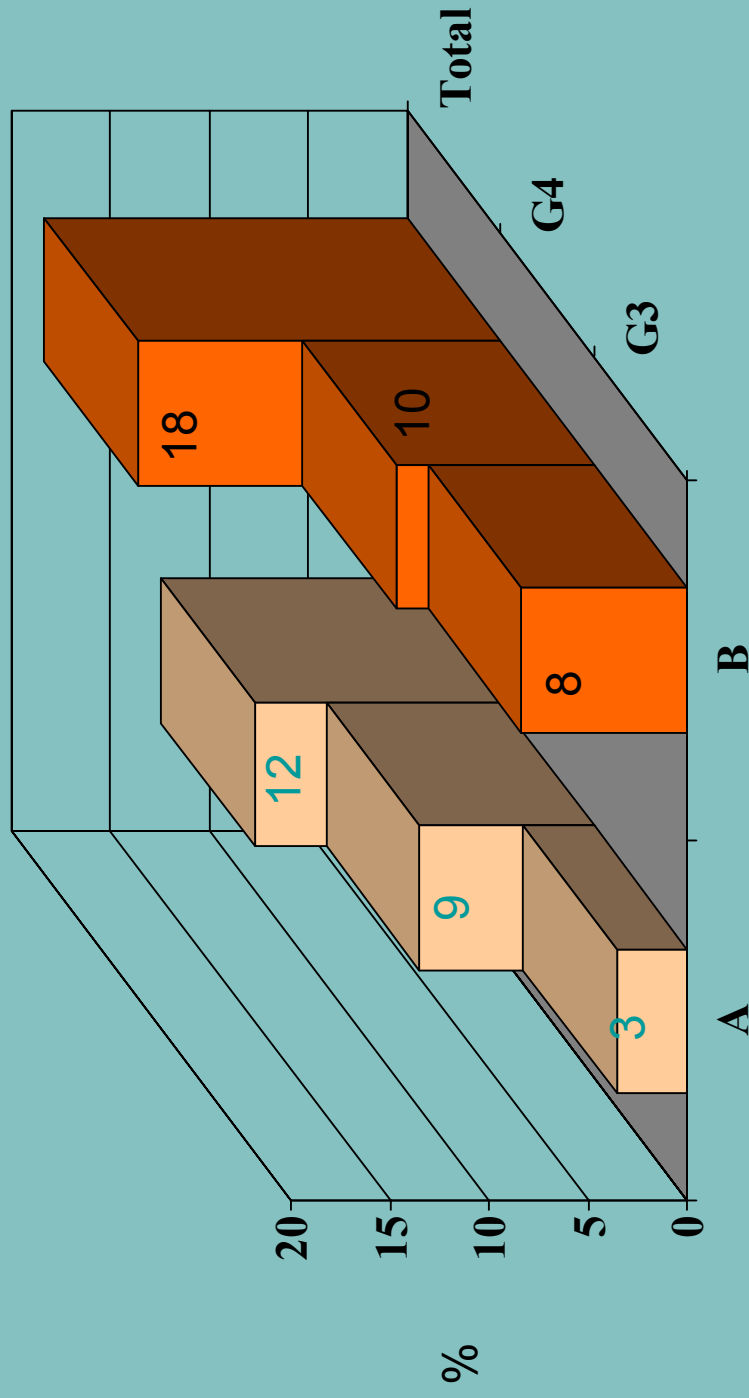
> 2.5 - 5.0 x ULN > 5.0 x ULN

# G3/4 Hepatotoxicities (%) by Stratum and Treatment Arm



P = 0.16 comparing A vs. B within NVP stratum

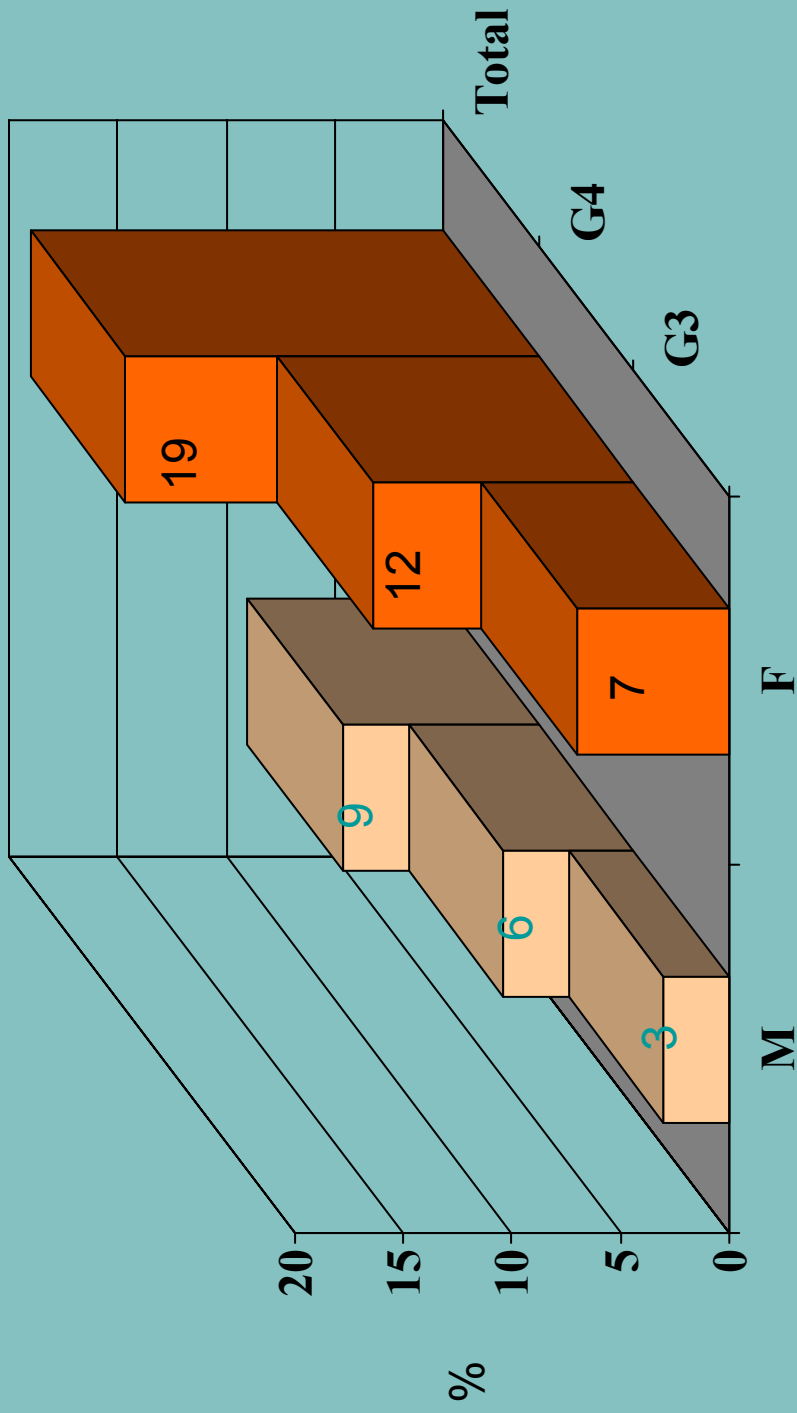
# Hepatotoxicities (%) By Grade and Treatment Arm <sup>(1)</sup>



(1) Nevirapine stratum only

P=0.16 comparing A vs. B

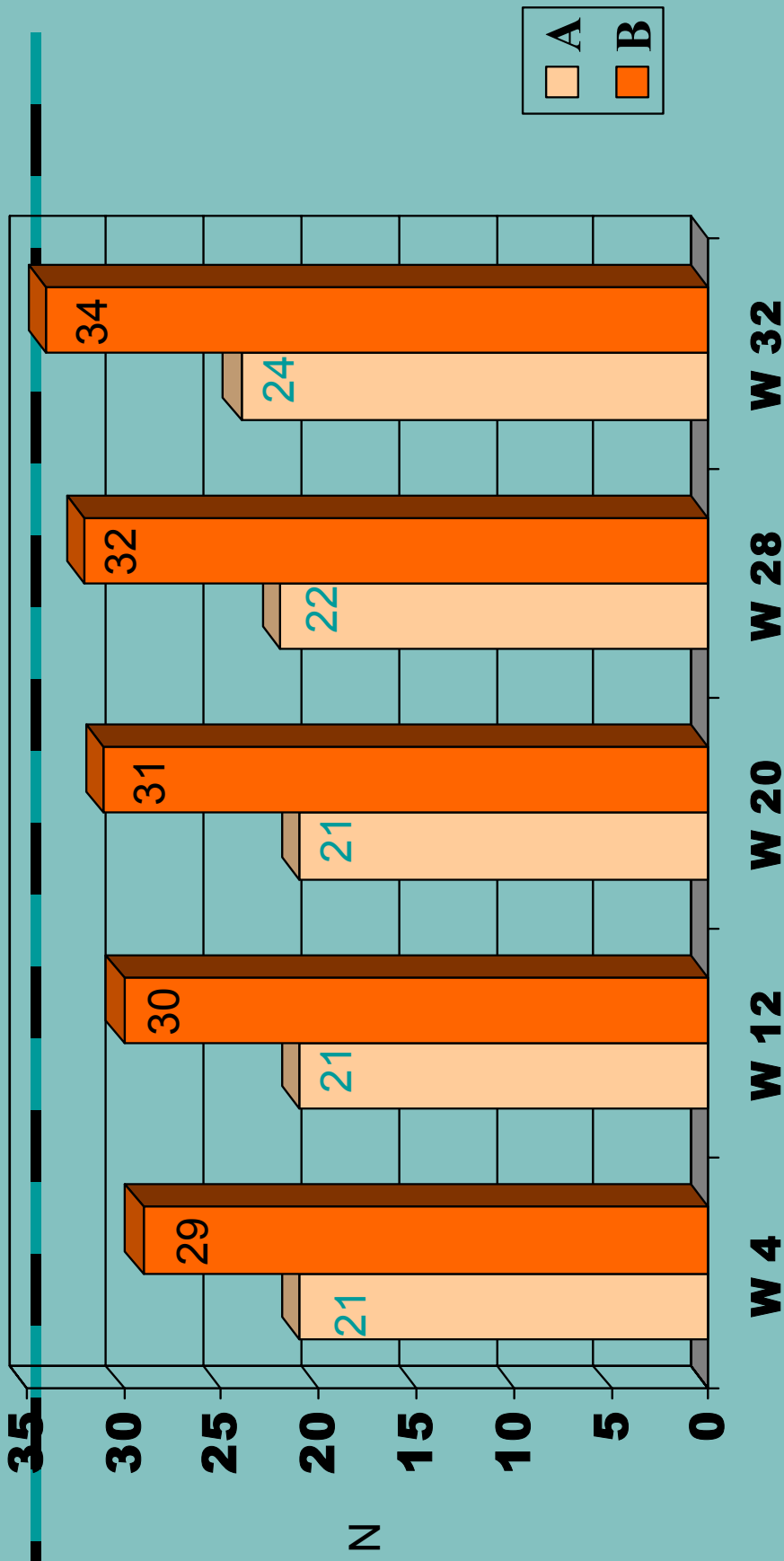
# Hepatotoxicities (%) By Grade and Gender (1)



(1) Nevirapine Stratum only

P < 0.01 comparing M vs. F

# Cumulative Frequency (N) of G3/4 Hepatotoxicities by Week of Study



# HIV and women: suggestions

- VCT and access to treatment
- Post sexual assault/rape exposure prophylaxis
- ?post all exposure
- Improved sexual health – STD's, pap-smears, family planning