CONTRACEPTION, HIV and STI

GREBENNIKOVA GALINA

KAZAKHSTAN

AZAKHSTAN ASSOCIATION ON SEXUAL AND REPRODUCTIVE HEALTH (KMPA) MEMBER OF IPPF

INSTITUTE OF REPRODUCTIVE MEDICINE

Global HIV and STI statistics

36.7 million [30.8 million–42.9 million] people globally were living with HIV in 2016.
1.8 million [1.6 million–2.1 million] people became newly infected with HIV in 2016.
1 million [830 000–1.2 million] people died from AIDS-related illnesses in 2016.

More than 1 million sexually transmitted infections (STIs) are acquired every day worldwide.
Each year, there are an estimated 357 million new infections with 1 of 4 STIs: chlamydia, gonorrhoea, syphilis and trichomoniasis.


People living with HIV

In 2016, there were 36.7 million [30.8 million–42.9 million] people living with HIV.
- 34.5 million [28.8 million–40.2 million] adults
- 17.8 million [15.4 million–20.3 million] women (15+ years)
- 2.1 million [1.7 million–2.6 million] children (<15 years)


People living with HIV accessing antiretroviral therapy

As of June 2017, 20.9 million people living with HIV were accessing antiretroviral therapy.

In 2016, around 76% [60–88%] of pregnant women living with HIV had access to antiretroviral medicines to prevent transmission of HIV to their babies.

As a consequence of the improvements in life expectancy ART contraception and reproductive issues have become increasingly important.


MEC RECOMMENDATION for

1. Women at high risk of HIV infection
2. Women living with asymptomatic or mild HIV clinical disease (WHO stage 1 or 2)
3. Women living with severe or advanced HIV clinical disease (WHO stage 3 or 4)
4. Women living with HIV using antiretroviral therapy (ART)

MEC Category 1

- ICDCs
- Combined injectable contraceptives (CICs)
- Combined contraceptive patches and rings
- POPs, POIs (DMPA and NET-EN)
- LNG and ETG implants

MEC Category 2

- LNG-IUDs or Cu-IUDs

Women at high risk of HIV infection

CAN USE WITHOUT RESTRICTIONS:

0
Women at high risk of HIV infection and using progestin-only injectables

Women at high risk of HIV infection should be informed that progestogen-only injectables may or may not increase their risk of HIV acquisition.

Women and couples at high risk of HIV acquisition considering POIs should also be informed about and have access to HIV preventive measures, including male and female condoms.

WHO/RHR/14.24

Women living with HIV
Possible impact of contraceptives on progression of HIV infection

No major changes in CD4 count/viral load/HIV RNA levels or clinically relevant outcomes with: CHC, DMPA, LNG implant, Copper IUD, LNG-IUD.

The World Health Organization (WHO) recommends:
No restriction (MEC Category 1) on the use of combined hormonal contraceptives, progestogen-only pills, progestogen-only injectables (DMPA and NET-EN), and levonorgestrel (LNG) and etonogestrel (ETG) implants.

Women living with asymptomatic or mild HIV clinical disease (WHO stage 1 or 2)
CAN USE WITHOUT RESTRICTIONS:

- COCs
- Combined injectable contraceptives (CICs)
- Combined contraceptive patches and rings
- POPs, POIs (DMPA and NET-EN)
- LNG and ETG implants

MEC Category 1
- LNG-IUDs or Cu-IUDs

MEC Category 2
- LNG-IUDs or Cu-IUDs

Women living with severe or advanced HIV clinical disease (WHO stage 3 or 4)
CAN USE WITHOUT RESTRICTIONS:

- COCs
- Combined injectable contraceptives (CICs)
- Combined contraceptive patches and rings
- POPs, POIs (DMPA and NET-EN)
- LNG and ETG implants

MEC Category 1
- LNG-IUDs or Cu-IUDs

MEC Category 2
- LNG-IUDs or Cu-IUDs

Women living with severe or advanced HIV clinical disease (WHO stage 3 or 4)
Generally should not initiate use:

MEC Category 3 for initiate
- LNG-IUDs or Cu-IUDs

Women who already have an LNG-IUD inserted and who develop severe or advanced HIV clinical disease need not have their IUD removed

MEC Category 2 for continuation
- LNG-IUDs or Cu-IUDs

Women living with HIV using antiretroviral therapy (ART). Drug interaction

LNG-IUD users with severe or advanced HIV clinical disease should be closely monitored for pelvic infection.
Antiretroviral therapy (ART)

Reverse transcriptase inhibitors:
- Nucleotide/Nucleoside (NRTIs)
- Non-nucleoside (NNRTIs)

Protease inhibitors

Integrase inhibitors

Fusion/entry inhibitors

Concurrent use of hormonal contraceptives and antiretrovirals can lead to drug interactions, predominantly due to effects on liver metabolism.

Nucleotide/nucleotide reverse transcriptase inhibitor (NRTI)

CAN USE:
- COCs
- Combined injectable contraceptives (CICs)
- Combined contraceptive patches and rings
- POPs, POIs (DMPA and NET-EN)
- LNG and ETG implants

MEC Category 1
- LNG-IUDs (HIV clinical disease is asymptomatic or mild (WHOStage 1 or 2)

MEC Category 2
- LNG-IUDs (Women living with severe or advanced HIV clinical disease (WHO stage 3 or 4)

MEC Category 3

Non-nucleoside/nucleotide reverse transcriptase inhibitors (NNRTIs)

- Nevirapine
- Efavirenz

CAN USE:
- COCs
- Combined injectable contraceptives (CICs)
- Combined contraceptive patches and rings
- POPs, POIs (DMPA and NET-EN)
- LNG-IUDs or Cu-IUD (HIV clinical disease is asymptomatic or mild (WHOStage 1 or 2)

Protease inhibitors (ritonavir and ARVs boosted with ritonavir)

Ritonavir boosted Atazanavir with COC decreased ethinyl estradiol levels, but increased progestin levels

Ritonavir boosted Lopinavir with COC decreased ethinyl estradiol levels, but progestin levels were not evaluated

Daranavir/Ritonavir with COCs, DMPA, Implant (etonoestrel) resulted in no ovulation

Lopinavir/Ritonavir with DMPA, Implant (etonoestrel) resulted in no ovulation

Drug interactions between hormonal contraceptives and antiretrovirals can lead to drug interactions, predominantly due to effects on liver metabolism.
Protease inhibitors (ritonavir and ARVs boosted with ritonavir).

**CAN USE:**

<table>
<thead>
<tr>
<th>MEC Category 1</th>
<th>MEC Category 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEC Category 3</td>
<td></td>
</tr>
</tbody>
</table>

**Integrase inhibitor - Raltegravir**

Women can use:
- All hormonal contraceptive methods without restriction (MEC Category 1).
- Cu-IUD or LNG-IUD (MEC Category 2).

Drug interactions between hormonal contraceptives and antiretrovirals

**CONCLUSION:** Women taking antiretrovirals, for treatment or prevention, should not be denied access to the full range of hormonal contraceptive options, but should be counseled on the expected rates of unplanned pregnancy associated with all contraceptive methods, in order to make their own informed choices.

Does hormonal contraception modify the risk of STI acquisition?

No restrictions on the use of combined oral contraceptives and DMPA by women at high risk of acquiring an STI.

Hormonal contraception does not protect against STI infection (including HIV) and that the correct and consistent use of condoms is recommended.

**Key messages**
- Consistent and correct use of condoms, male or female, is critical for prevention of HIV or STI transmission to non-infected sexual partners.
- Women with HIV and STI can use all existing hormonal contraceptive methods without restriction (no association between use of HCs and progression of HIV).

**Key messages**
- Women living with HIV and using ARVs should discuss the potential impact of certain ARVs on contraceptive efficacy with their healthcare provider.
- Women at high risk of HIV infection should be informed that progestogen-only injectables may or may not increase their risk of HIV acquisition.
Thank you!