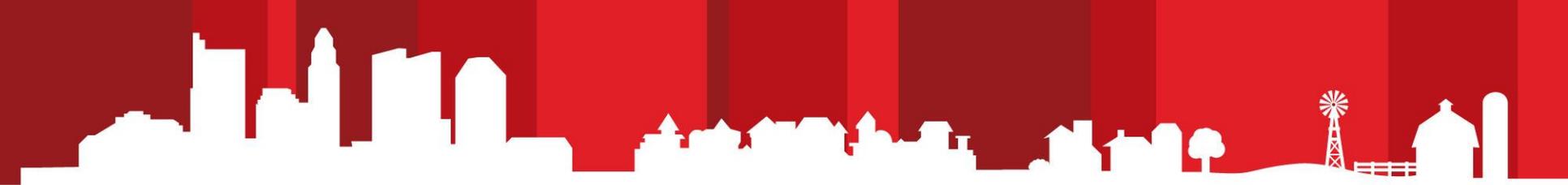


Women, Infants, Children and

HIV

Katherine E. Shumate, MPH
HIV Care Services Administrator
Ohio Department of Health



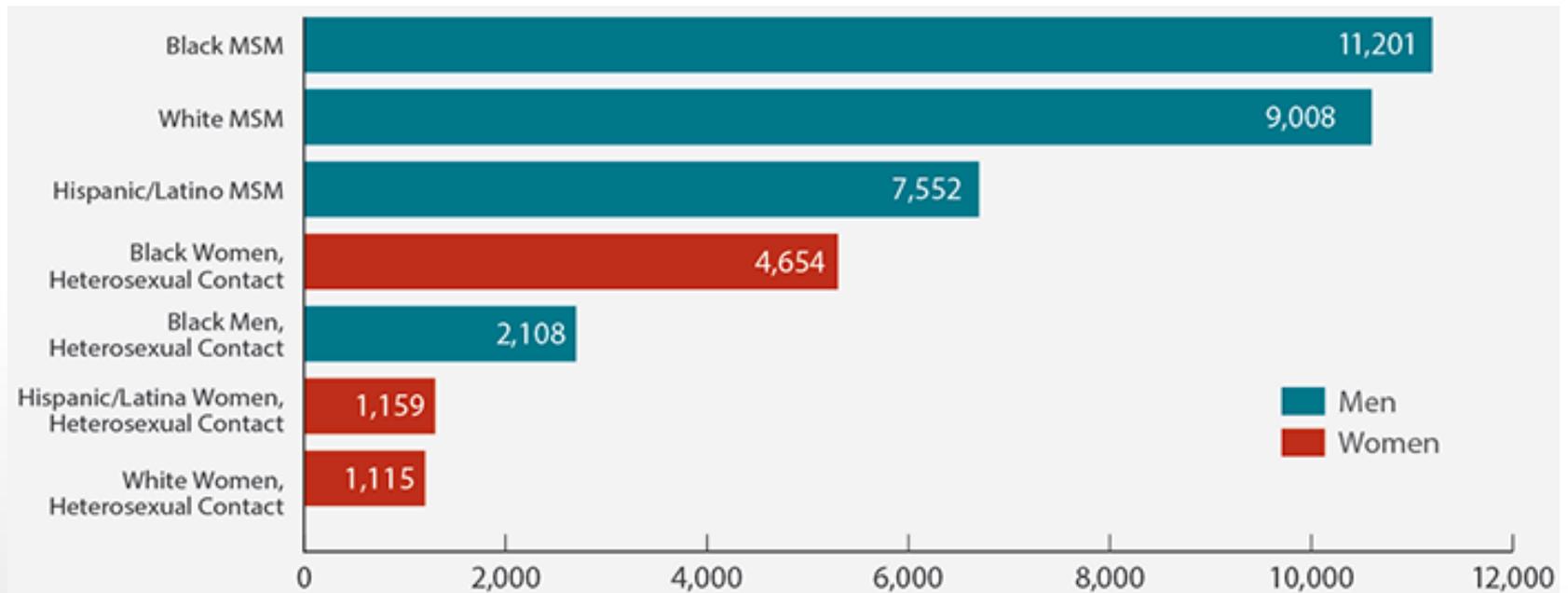


HIV-AIDS:

**It's Still
A Big Deal**

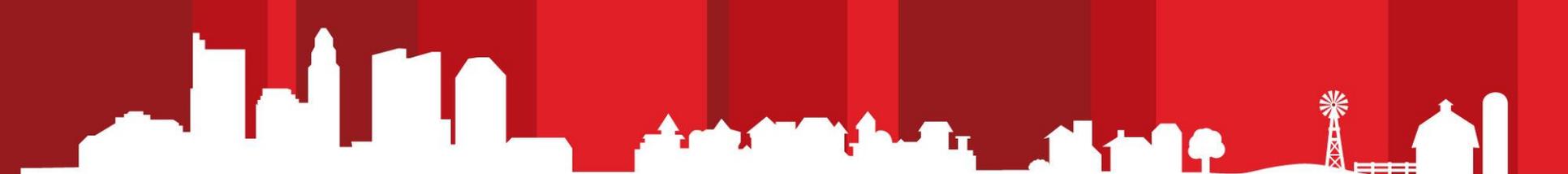


Estimates of New HIV Diagnoses in the United States for the Most-Affected Subpopulations, 2014



Source: CDC. [Diagnoses of HIV infection in the United States and dependent areas, 2014](#). HIV Surveillance Report 2015;26. Subpopulations representing 2% or less of HIV diagnoses are not reflected in this chart. Abbreviation: MSM = men who have sex with men.





GENERAL

1.2 million people were living with HIV in the United States in 2013

68% of those living with HIV were men who have sex with other men (MSM)

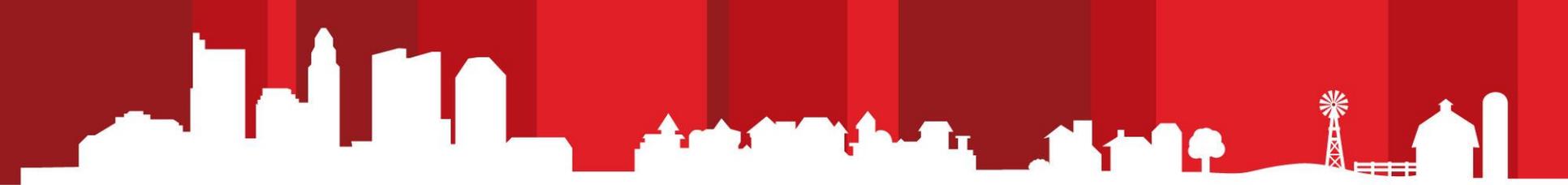
- MSM do not always self-identify as gay or bisexual
- There is stigma about sexual orientation in many communities

Young, Black MSM are more than twice as likely to have HIV as young MSM of any other ethnic group.

Hispanics/Latinos accounted for 23% of new infections in the US in 2013

- Only 17% of the total population
- Men accounted for 86% of all new infections





FOR WOMEN

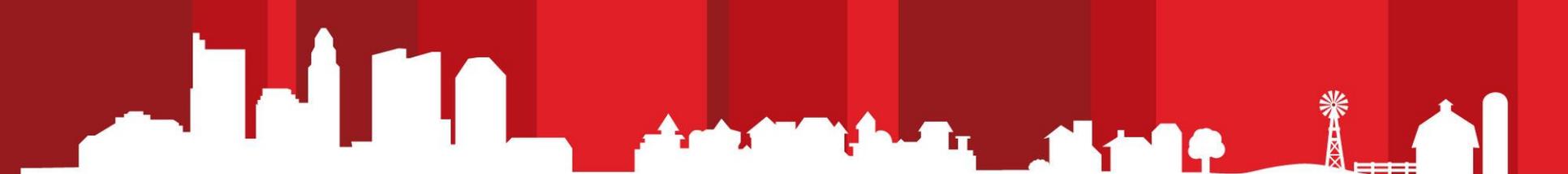
Two key predictors of risk

- Higher number of partners
- History of other sexually transmitted infections

1 in 4 people living with HIV in the US are women and, of women, around 11% do not know they are infected. Although some of these infections come from sharing needles, sex with men is the overwhelming reason for these infections.

African-American women accounted for 63% of all new HIV infections among women (2013).

- Impact of poverty, access to healthcare, stigma surrounding MSM
- Per CDC, increased likelihood of Black/African Americans to only have sexual relations with others in their community heightens the risk pool.



WOMEN

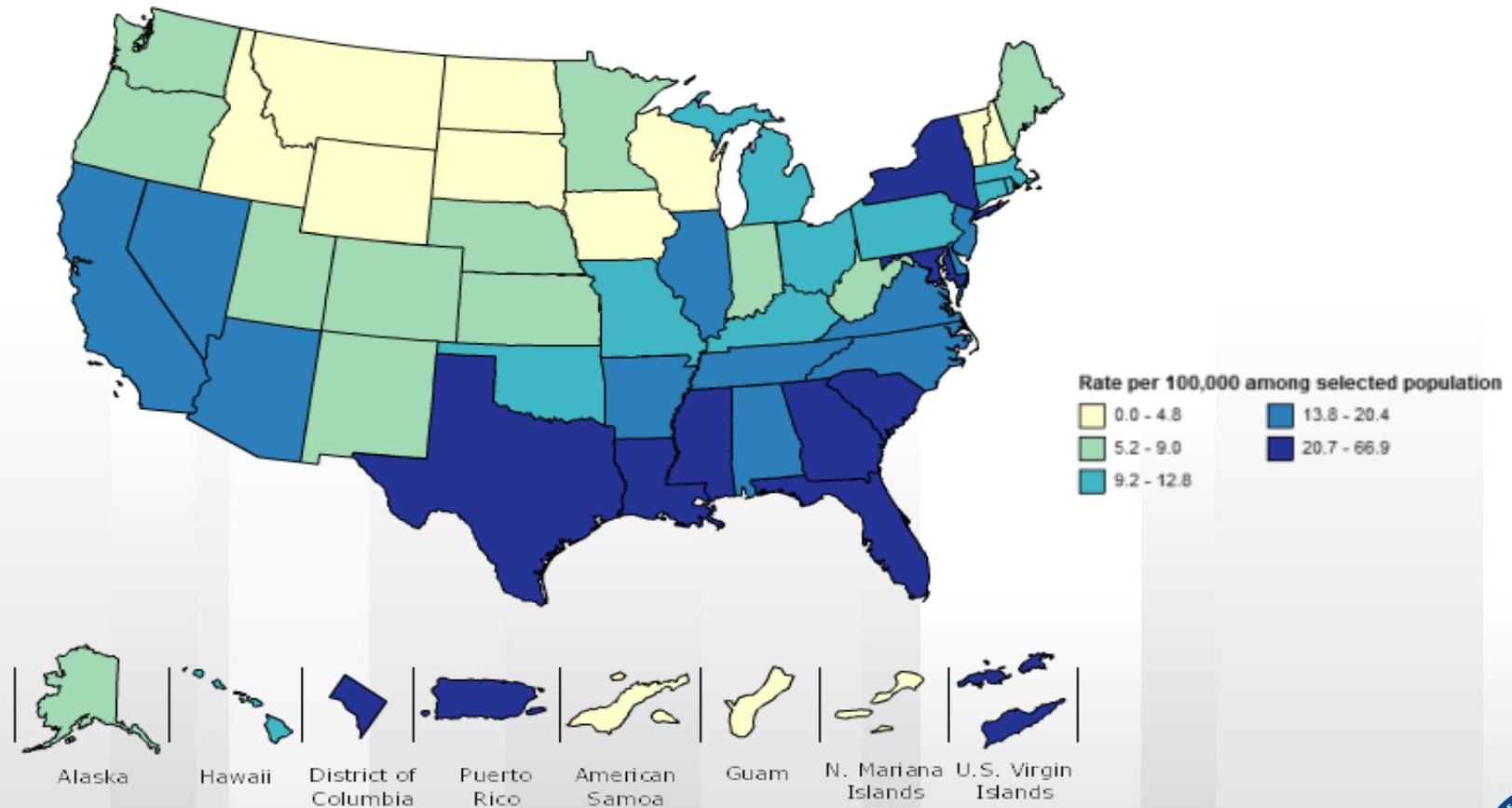
Some women may be unaware of their male partner's risk factors for HIV (such as injection drug use or sex with men) and may not use condoms.

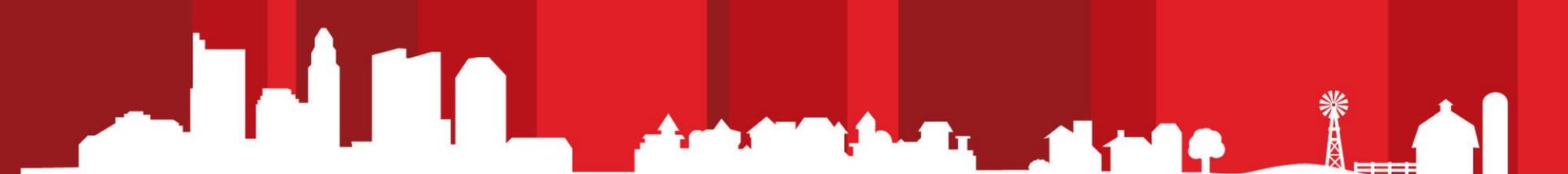
Anal sex is riskier than vaginal sex for transmitting HIV.

- In a survey of heterosexual women at increased risk for HIV, 25% of HIV-negative women reported having anal intercourse without a condom in the previous year.
- Some sexually transmitted diseases (such as gonorrhea and syphilis) greatly increase the likelihood of getting or spreading HIV
- Women who have been sexually abused may be more likely than women with no abuse history to engage in sexual behaviors like exchanging sex for drugs, having multiple partners, or having sex without a condom.

What about babies and infants with HIV?

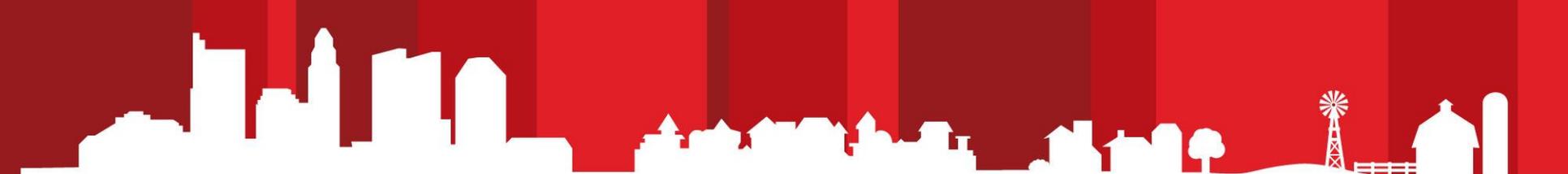
HIV Diagnoses by state, 2014—All races/ethnicities, adults and adolescents





Opportunities for WIC Interventions

- Clinic settings
 - Identifying cases of abuse
 - Identifying cases of sexually transmitted infections
 - Identifying pregnancies as early as possible and encouraging pre-natal care
 - Explaining breast feeding risk for HIV (challenge in that breastfeeding Moms are eligible to participate in WIC longer)
 - PrEP (periconception administration may offer an additional tool to reduce transmission
 - Work you are likely doing already—just keep HIV in mind



Opportunities for WIC Interventions

Provider Information Sheet – *PrEP During Conception, Pregnancy, and Breastfeeding*

Information for Clinicians

Counseling Patients about PrEP Use During Conception, Pregnancy, and Breastfeeding

PrEP use may be one of several options to help protect the HIV-negative male or female partner in a heterosexual HIV-discordant couple during attempts to conceive^{1,2}.

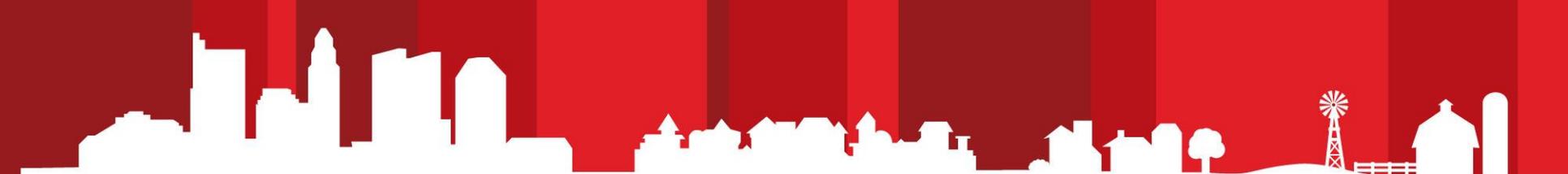
DHHS Panel on Treatment of HIV-Infected Pregnant Women and Prevention of Perinatal Transmission

Panel's Recommendations on Reproductive Options for HIV-Concordant and Serodiscordant Couples

- For serodiscordant couples who want to conceive, expert consultation is recommended so that approaches can be tailored to specific needs, which may vary from couple to couple (**AIII**). It is important to recognize that treatment of the infected partner may not be fully protective against sexual transmission of HIV.
- Partners should be screened and treated for genital tract infections before attempting to conceive (**AII**).
- For HIV-infected females with HIV-uninfected male partners, the safest conception option is artificial

http://www.cdc.gov/hiv/pdf/prep_gl_clinician_factsheet_pregnancy_english.pdf





What about WIC?

Opportunities for interventions?

- Nutrition Programs
 - Making information available in several languages
 - Keep information available to share with women related to HIV Service Organizations and places to be tested for HIV (check your referrals—make sure they are places where women will actually WANT to go/be made to feel welcome)
 - Making contacts across state lines for referrals