



# WISE words

HIV/AIDS TREATMENT INFORMATION AND ADVOCACY FOR WOMEN

## Sex and Transmission:

### A Continued Concern for Positive Women

Safer sex and prevention issues are too often targeted solely to HIV-negative audiences. Yet, the prevention of HIV and other infections remains an important issue for positive women. Whether your partner is HIV-positive or HIV-negative, female, male or transgendered, there are many reasons to be concerned about prevention. This article explores some of the most common sexual transmission concerns for women living with HIV.

#### What are the risks of transmitting HIV to my HIV-negative partner?

The concern of many positive women with negative partners revolves around transmitting HIV to their uninfected partner(s). While considerable evidence suggests that men transmit HIV more easily than women, women can still pass HIV to uninfected partners—both male and female—through sex. This is because HIV is present in blood (including menstrual blood), vaginal secretions, and in cells in the vaginal and anal walls. In fact, high levels of HIV can be found in these areas even if viral load (as indicated by a viral load test) is at very low levels in the blood.

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## A Word from WISE

The transmission and prevention of HIV and other infections are important issues for women living with HIV. Too often, the emphasis on these issues is solely on preventing the transmission of HIV to uninfected partners or unborn children. But prevention issues for HIV-positive women go beyond this somewhat narrow approach.

Understanding the risks and modes of infection transmission in general, and incorporating prevention strategies into your life, can make a real difference in your own health. In fact, regardless of your partner's HIV status—or whether you have a partner at all—the importance of preventing further infection *increases* when you're living with HIV.

This issue of *WISE Words* explains why this is important and offers some guidelines for prevention. Safer sex can protect you from sexually transmitted infections. It can also protect you from other sexually transmitted diseases (STDs) such as chlamydia, hepatitis, gonorrhea and herpes, all of which can weaken your immune system and make life more complicated. Other non-sexually transmitted infections can also become troublesome. This *WISE Words* addresses issues related to STDs as well as infections that can be acquired *casually*. It also offers strategies for protecting yourself and your health.

Despite the fact that more and more women are having healthy, HIV-negative babies, the possibility of transmitting HIV from mother-to-child remains a concern. This issue also briefly talks about HIV prevention strategies for pregnant women. For more detailed information on this subject, please call



Project Inform's National HIV/AIDS Treatment Hotline and request the *Mother-to-Child HIV Prevention Discussion Paper*.

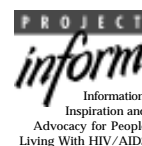
**Remember, protecting yourself from infections will help you stay healthy longer. Stay safe!**

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## Sex and Transmission, continued

HIV levels in vaginal secretions increase significantly in the presence of active gynecological (GYN) conditions (e.g. vaginal yeast infections, herpes, etc.) or vaginal inflammation. Several studies in test tubes have

shown that certain common sexually transmitted diseases, such as chlamydia, increase HIV reproduction. Vaginal inflammation, a common symptom of such infections, causes tiny scrapes and cuts to gather on the delicate skin of the vaginal area, that can then harbor HIV. HIV

levels can also increase temporarily after receiving treatment for some of these conditions.

In short, in the absence of practicing safer sex, there's no way to know when you're more or less likely to transmit HIV to your partner(s).

Exposure to vaginal secretions with high levels of HIV increases the risk of transmission. The risk increases further when one's partner has an infection or inflammation. It's possible to have active GYN conditions or infection without having symptoms or knowing it. (For general guidelines on safer sex practices, see page 6).

Finally, a number of documented cases have shown transmission of multi-drug resistant HIV from people living with HIV to their partners. What this means is that the newly infected person has a form of the virus that is not affected by currently available anti-HIV drugs, leaving them with limited options to treat their infection.

### What are my prevention needs?

Prevention isn't just about protecting someone from HIV infection; it's also about protecting yourself. The risks of unsafe sex to women living with HIV are numerous. Many sexually transmitted conditions can cause serious harm for people living with HIV. Cytomegalovirus (CMV) is such a condition. While many (but not all) adults are infected with CMV, it doesn't

cause disease in healthy, HIV-negative people. However, once CMV becomes an active infection, it's the leading cause of blindness and among the major killers of people with AIDS. Precautions against infection with CMV include practicing safer sex.

Again, when CMV causes disease, it's most often the result of a CMV infection acquired previously (i.e. latent infection becoming active). CMV prevention issues are probably much more relevant to women than to men, particularly gay adult men. The prevalence of CMV infection among women is generally lower (40% among women living with HIV) than what's observed among gay adult men (80-90% of whom are already infected with CMV, regardless of HIV status). The bottom line is that if you're not already infected with CMV, safer sex remains a potent tool in preventing the potential for later developing CMV disease.

Like CMV, human papillomavirus (HPV) is another STD that requires concern. One of the major causes of cervical cancer, HPV is prevalent and difficult to treat among women living with HIV. Some types of HPV are more associated with the development of cancer than other types. While it appears that the types of HPV which cause cervical cancer are more prevalent among women who have sex with men, a recent study of women who have sex with women shows that women who have never had sex with men can transmit and get HPV. This again demonstrates the importance of practicing safer sex among women who have sex with women.

Hepatitis, cryptosporidiosis, parasites and other types of disease-causing pests can also be transmitted during sexual activity. Every condition described above can be deadly in women living with HIV, particularly

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## Woman-to-Woman

HIV AND AIDS

Woman-to-woman sexual practices have generally been associated with a lower risk of HIV transmission, but there have been a number of reported cases. The risk of HIV and other sexually transmitted disease (STD) transmission among this group has not been rigorously studied.

The few studies to date note that many women who have sex with women engage in a number of high-risk behaviors which may increase both the risk of getting and transmitting HIV. These other risk factors, such as intravenous (in the vein) drug use and unprotected sex with men, may be masking HIV transmission risks of woman-to-woman sex.

Good information on risks associated with woman-to-woman HIV transmission has not been collected. In the meantime, it's best to play safe and refrain from easy assumptions about HIV and STD transmission risks.

when the immune system is suppressed. (For more information on non-HIV-related infections and how to prevent them, see pages 4 & 5). It's important for HIV-positive women to protect themselves from these unwanted and potentially dangerous pests during sex.

**We're both positive. What are our concerns?**

For women whose partner(s) are also living with HIV, prevention messages and reasons to practice safer sex sometimes become obscure. A common question among HIV-positive partners is: "If I'm already positive, and my partner is positive, why do we have to practice safer sex?" Simply put, safer sex remains important among positive partners. This is because, in addition to preventing infections as discussed above, other factors place HIV-positive sex partners at risk.

While the issue of re-infection with HIV remains unresolved, increasing evidence shows that it can and does happen. Re-infection could occur if you're taking anti-HIV therapies which you've become resistant to and then transmit the drug-resistant strain of HIV to your partner. Conversely, if your partner is taking anti-HIV therapy, you could become infected with drug-resistant strains of HIV (for more information on drug resistant virus, see page 6)

Finally, it's important to remember that your partner's viral load is not necessarily associated with the level of HIV in his semen or her vaginal secretions. Therefore, while viral levels may be below the limit of detection in the blood, they may be present in high or low levels elsewhere. (NOTE: Standard viral load tests do not measure the amount of HIV in semen or vaginal secretions. Moreover, in studies, even when HIV levels in semen were

**Test Your Knowledge!**

Check true or false to the following five statements. Compare your answers with the key at the bottom. Hey, and no peaking!

	T	F
1. Re-infection with HIV is possible.	___	___
2. Transmission doesn't occur when viral load is below the limit of detection.	___	___
3. Women can sexually transmit HIV (or other STDs) to women.	___	___
4. Receptive anal sex with a negative partner is safe sex.	___	___
5. Receptive oral sex with a positive or negative partner is without risk.	___	___

1 T 2 F 3 T 4 F 5 F

"undetectable," HIV-infected cells in the semen could still be found. These cells are believed important for transmitting HIV from man to woman.)

In settings where both partners live with HIV, consider these points when negotiating safer sex practices:

- Infections like CMV, HPV, herpes, hepatitis (B and C) among others, remain major concerns. All these infections are potentially deadly in people living with HIV. They all can be prevented through safer sex practices.
- Re-infection with drug-resistant or more aggressive disease-causing strains of HIV remains a theoretical possibility. It must be weighed in the balance of negotiations regarding safer sex between positive partners.

**The Reality of Safer Sex**

Negotiating safer sex and implementing risk reduction measures for transmission of HIV and other infections is not easy. In the absence of safe and affordable woman-initiated methods for HIV prevention, safer sex requires the participation of willing partners. For women living in a domestic violence setting, this can become virtually impossible. In this case, strides to seek family violence prevention

services are probably the safest and smartest strategy.

You put yourself at risk through unprotected oral sex with a partner or other sex play or activities that expose you to your partner's blood, blood products, feces, semen or vaginal secretions. These risks include possible infections that may never harm your part-ner, but may be life-threatening to you should your immune system weaken as a consequence of HIV infection.

If your partner(s) is living with HIV as well, neither of you is immune to new infections. Be aware of both real and theoretical risks as you negotiate safer sex. Every sexual behavior or activity carries a risk. It's generally believed that some activities are *less risky* than others, but low risk obviously doesn't mean *no risk*.

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# Preventing Your Risk of Infections

People with HIV must consider taking precautions to avoid exposure to common infections, which are potentially deadly when the immune system becomes weakened. Although safer sex is usually thought of only in regards to preventing HIV infection, exposure to many significant infections and sexually transmitted diseases can be reduced if safer sex practices are followed. Avoiding oral-anal contact can greatly reduce the risk of getting parasites that can cause diarrhea and other symptoms. (Parasites live and

feed off plants and animals, including humans. Examples of parasites include tape worms, scabies and more common among people with HIV are toxoplasma and cryptosporidium.)

In general, people with HIV should not eat raw or undercooked meats, poultry or seafood. They should also avoid unpasteurized dairy products, which can contain parasites, bacteria or viruses that in turn can cause severe illness in people. For example, eating raw shellfish can result in hepatitis A

infection. Risks can be reduced further by following guidelines for "safer" food preparation.

The information on pages 4 and 5 outlines other methods that can help reduce the risk of exposure to the bugs which cause infections. For more information on safer food preparation guidelines, call Project Inform's National HIV/AIDS Treatment Hotline and ask for the *Nutrition and Weight Maintenance Discussion Paper*.



BEGINNING PREVENTION AT HOME

## Ways You Can Prevent Common Infections

### Bartonella

*A bacterial infection that can cause fevers, headaches and a marked reduction in red blood cells. Called "Cat Scratch Fever."*

#### Put on the flea collar!

- Avoid adopting kittens or cats under one year of age.
- Avoid cat scratches or allowing cats to lick open cuts or wounds. Promptly wash all cat scratches or wounds.
- Use flea control for cats.



### Campylobacter

*A bacterial infection that can cause diarrhea, abdominal pain & vomiting.*

#### When Fluffy has the runs, run!

- Avoid contact with animals that have diarrhea.
- In general, get someone else to handle potty duties for pets.

### Coccidioidomycosis

*Or Valley Fever. A fungal infection that causes fevers, difficulty in breathing and night sweats.*

#### On your next archeological dig, bring Endust®!

- Although there are areas of the country such as the deserts of the Southwest where it may be impossible to avoid exposure to this pest, you can still reduce the risk of exposure by avoiding excavation sites and dust storms.



### Cryptococcosis

*A fungal infection that primarily infects the brain resulting in headaches, fevers and altered mental behavior.*

#### Don't feed the birds!

- Avoid areas which may be heavily contaminated with the pest that causes the infection (called cryptococcus), such as areas with a lot of pigeon droppings.



### Cryptosporidiosis

*A parasite that can cause diarrhea.*

#### Put down the baby, and move away from the goat!

- Wash hands after fecal contact (such as after changing a baby's diaper) and after gardening or other contact with soil.
- Avoid contact with young farm animals or animals with diarrhea (including pet stores and animal shelters).
- Wash hands after handling pets and avoid contact with pet feces.
- Boil water for at least one minute. If possible, install a water filter system capable of filtering out cryptosporidium.
- Avoid swimming in water that may be contaminated by cryptosporidia. Some lakes, rivers, swimming pools and salt water beaches may be contaminated with human or animal waste that contains cryptosporidia.



## Ways You Can Prevent Common Infections . . . continued.

### Cytomegalovirus (CMV)

A virus that infects the entire body. Left untreated, CMV can cause diarrhea, blindness, inflammation of the brain, etc.).

#### Safer Sex is Hot Sex (and it's not just about HIV infection!)

- Wash hands after fecal contact.
- Follow safer sex practices.
- If blood transfusions are required, only CMV antibody negative or leukocyte-reduced blood products should be used.

### Herpes

A viral infection that can cause ulcer lesions around the mouth, genitals and rectum.

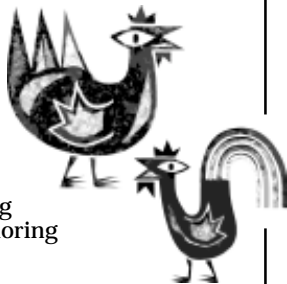
- Follow safer sex practices.

### Histoplasmosis

A fungal infection that can cause fevers, reduction in red blood cells and difficulty in breathing.

#### Put down the mop and move away from the chicken coop!

- Although it may be impossible to avoid exposure to this organism in areas of the country such as the Midwest river valleys, people can still reduce the risk of exposure by not cleaning chicken coops, disturbing soil under bird roosting sites or exploring caves.



### Human Papilloma Virus

A viral infection that can cause warts, which can become cancerous.

- Follow safer sex practices.

### Listeriosis

A bacterial infection that can cause meningitis, an inflammation in the brain.

- Avoid eating any non-pasteurized dairy products, such as soft cheeses, like Brie and goat cheese.
  - Heat ready-to-eat foods such as hot dogs and ensure that they are steaming hot before eating them.



### Microsporidiosis

A parasite that can cause diarrhea.

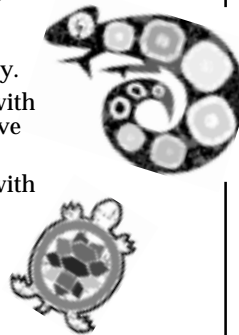
- Wash hands frequently and follow other good personal hygiene measures.



### Salmonella

A bacterial infection that can cause food poisoning and diarrhea.

- Avoid Caesar salads or anything that may contain raw eggs.
- Avoid eating under-cooked eggs and poultry.
- Avoid contact with animals that have diarrhea.
- Avoid contact with reptiles such as snakes, lizards, iguanas and turtles.



### Toxoplasmosis

A parasite that primarily infects the brain resulting in confusion and delusional behavior.

#### These recommendations only apply to people who are NOT antibody positive to toxoplasma.

- Avoid eating raw or under-cooked meats. Cook to an internal temperature of 150°F or 65.5°C).
- Wash hands after contact with raw meat and after gardening or other contact with soil.
- Wash fruits and vegetables in filtered water or in a .05% bleach solution before eating raw (washed this way, they actually taste better).
- Wash hands after changing a cat's litter box or preferably have an HIV-negative person change the litter box.
- Cats should be kept indoors and be fed canned or dried commercial cat food and not raw or undercooked meats.



### Tuberculosis

Primarily infects the lungs and can cause cough, weight loss and fatigue.

- If possible, avoid working or volunteering in facilities that are considered high risk for tuberculosis, such as health-care and correctional facilities and homeless shelters.

### Varicella-Zoster

A viral infection commonly known as chicken pox and shingles.

- People who have NOT had chicken pox or shingles should avoid direct contact with people with active chicken pox or shingles.

Following these guidelines cannot guarantee someone won't develop these diseases. However, they lessen the risk of infection. Furthermore, people who travel frequently, especially to developing countries, should be aware that they may be at increased risk for diseases not mentioned above. Frequent travelers should contact their healthcare provider for information on prevention strategies based on the countries you plan to visit.

## Safer Sex Guidelines

Whether your partner is female or male, HIV-positive or HIV-negative, practicing safer sex is important to both you and your partner's health. That's because HIV, including drug-resistant HIV (see box to the right), can be found in semen and vaginal fluids. This can occur even if your or your partner's viral load is below the limit of detection.

Practicing safer sex also reduces the risk of transmitting or contracting other diseases, such as chlamydia, gonorrhea, herpes and hepatitis B. These can be especially troublesome in people with weakened immune systems. A few tips on how to protect yourself and your partner during sex are found below.

### IN THE SPOTLIGHT

#### Transmission of Multi-Drug Resistant HIV

There has been increasing concern over the transmission of drug-resistant virus and multi-drug resistant HIV in the past year. People infected with multi-drug resistant HIV are unlikely to benefit from most, if not all, of the available anti-HIV therapies. While numerous documented cases of AZT-resistant virus transmission have been shown in the past, the appearance of multi-drug resistant virus has only been observed recently. These observations, however, should serve as a reminder of the importance of safer sex.

#### One word: Plastics!

Use latex condoms and plenty of water-based lubricant (K-Y Jelly®, Astroglide®, Probe®) for vaginal and anal sex. If you have a sensitivity (allergy) to latex, try polyurethane condoms (Avanti®). The female condom (Reality®) is also made of polyurethane. *(Polyurethane condoms may have higher breakage problems than latex.)*

#### Protect the environment and your condoms!

Don't use oil-containing lubricant products (Crisco®, Vaseline®, baby oil, lotion, whipped cream) as they can destroy latex. *(Note: oil-based lubes can be*

*safely used with polyurethane condoms).* Good water-based lubricants last longer and often feel better anyway.



#### Read the label!

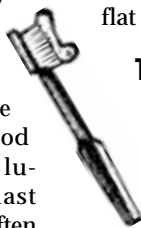
Many women avoid products containing Nonoxynol-9 (a spermicide) as some studies show it can cause irritation that may **promote** STD infections, including HIV infection.

#### Wrap it to go!

For oral sex with a man, it's safest to use a condom. For oral sex with a woman or oral-anal sex (rimming), it's safest to use a dental dam (latex square), plastic food wrap, or a condom or latex glove cut to produce a flat sheet.

#### Try a sugar-free breath mint instead!

Avoid brushing or flossing your teeth up to two hours before or after oral sex to minimize abrasions. Be aware of bleeding gums, cuts or sores on or in the mouth.



#### Let your fingers do the walking!

Use latex gloves for hand jobs (sex with your hands) or *fisting*. Try powder-free latex or polyurethane gloves for folks with latex sensitivity.

#### Good clean fun!

If you share sex toys (like dildos or vibrators), put on a fresh condom for each user and/or when going from anus to vagina. Clean toys with bleach, alcohol, or soap and water between uses.

#### Play in the wild side!

Avoid contact with blood, semen, and vaginal secretions. Sex toys like whips or knives can break the skin and should not be used on another person until they're disinfected with bleach or a cleaning solution.



## Pregnancy and HIV Transmission



In recent years, advances in decreasing the rate of mother-to-child HIV transmission (*vertical transmission*) have occurred. New information and anti-HIV treatments have made it more likely that women will give birth to healthy, HIV-negative babies. With good prenatal and HIV care and the use of anti-HIV therapies for pregnant women and their newborns, vertical transmission rates have decreased to 8% and sometimes reach even lower.

Until recently, anti-HIV treatments to reduce the risk of mother-to-child HIV transmission involved a three-part AZT (zidovudine, Retrovir®) treatment regimen. First, the drug is given at the 14th week of pregnancy and throughout the rest of the pregnancy. Then, the mother receives AZT intravenously (*injection in a vein*) during labor. Finally, the newborn child receives a liquid formulation of AZT for six weeks after birth.

While this remains the standard regimen for preventing vertical transmission in the U.S. and Western Europe, it's only standard because it represents the method used in the first and only major study conducted on the subject, not because it has proven superior to other approaches. Other regimens are finally being explored, including shortened courses of AZT, a shortened course of AZT + 3TC (lamivudine, Epivir®), as well as nevirapine (Viramune®) given alone, and more potent combinations that include protease inhibitors. Some of these new regimens are likely to prove just as, if not more, effective in preventing transmission than AZT alone. However, the effect of these regimens on how well the fetus develops also remains unknown.

In addition to the use of anti-HIV drugs, other factors affect the risk of vertical transmission. Four factors have shown particular importance. These include: the mother's viral load; the mother's adherence to her anti-HIV therapy; the baby's age at birth (premature babies are more likely to be HIV-infected); and the length of time blood and other fluids containing HIV were present during delivery. Other factors include the mother's overall general health, access to care during pregnancy (prenatal care) and breast feeding. (*Note: HIV can be transmitted through breast milk. Women with HIV are discouraged from breast feeding their children.*)

Elective cesarean section might also reduce the risk of transmission. Some researchers believe that a planned c-section before the woman's membranes rupture and labor begins will cut down the amount of fluid the infant is exposed to, thereby reducing the risk of transmission. However, response to a recent scientific report supporting elective c-section has been mixed, primarily because it remains unclear whether the benefits of this surgery outweigh the known risks to the mother.

There are still many unknowns regarding the best way to reduce the risk of vertical transmission. Even if a guideline is someday proposed, not every woman will choose to follow it, nor should she be expected to. In the end, the most important step in preventing vertical transmission remains taking good care of the pregnant woman.

In addition to providing pregnant women with the best possible HIV care, (the *Federal Guidelines* recommend she be treated as any other adult, regardless of her pregnancy status), she should also receive good prenatal care, preferably administered by providers educated about HIV and pregnancy. She should be given the best and most up-to-date information regarding HIV and pregnancy and supported in her decision to proceed with her own pregnancy.

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The most important step in preventing vertical transmission remains taking good care of the pregnant woman.

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It may not yet be possible to offer women an ironclad guarantee that they will deliver healthy, HIV-negative babies. However, with access to good prenatal care, use of available anti-HIV treatment, and avoidance of breast feeding, the chances are very good that vertical transmission will successfully be prevented.




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For information on preventing mother-to-child HIV transmission, call the National HIV/AIDS Treatment Hotline and request the *Mother-to-Child HIV Transmission Prevention Discussion Paper*.

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# Glossary of Key Concepts and Terms (underlined words)

**ACTIVE INFECTION** An infection which is currently producing symptoms or in which the causative organism of the disease is rapidly reproducing. For example, a person may be infected with the herpes virus yet only when herpes lesions (e.g. cold sores on the mouth or sores on the genitals) are present is it considered an active infection. People may transmit infections even when they are not active.

**PRIMARY INFECTION** The earliest stage of HIV infection, usually describing the time from initial infection by the virus and the first few months afterward. Beyond this time, HIV disease is thought of as a chronic infection.

**LATENT INFECTION** Describes a time when an infectious organism is present, but not actively reproducing and therefore not causing symptoms or harm to the body and/or immune system. When an infection is persistent without causing damage, obvious or subtle, this is described as a latent infection.

People may transmit infections even when they are latent. For long periods during the course of HIV infection, there are often no obvious symptoms or physical signs of disease, even though the virus is present, actively reproducing itself and causing damage to the immune system. In this setting, HIV is not a latent infection.

**DRUG RESISTANCE** The ability of a disease-causing organism to continue growing and reproducing despite the presence and activity of drug(s) which suppress that organism's growth. In HIV, this happens when the virus mutates—or changes in the process of reproduction—in a way that makes new copies of the virus insensitive or less sensitive to particular anti-HIV drugs. Once resistant mutants are produced, they can grow rapidly despite the continuing presence of the drug. People who have higher HIV levels are more at risk for developing drug resistant HIV, as are people who have developed resistance to drugs that are similar to those they are taking.

**HUMAN PAPILOMA VIRUS (HPV) TYPES** There are more than 70 identified types of human papilloma virus, and approximately 20 of these infect the cervix. HPV-related genital and anal warts are caused by certain HPV types (mostly types 6 and 11) and other HPV types (such as types 16, 18, 31) are strongly associated with dysplasias (a pre-cancerous condition) and cervical cancer. Most people with HPV are infected with a dominant type, however studies have shown that some women living with HIV have multiple HPV types. Some researchers now suggest that HPV DNA testing (which distinguishes HPV types) may be a more effective way of identifying high-risk HPV types before they cause disease, as opposed to relying on standard Pap smears, which only indicates the presence of problems once HPV-related symptoms appear.

**VIRAL LOAD** The amount of virus measurable in blood or other fluid or tissue. The viral load number has been shown to be a good predictor of the risk of HIV disease progres-

sion, particularly among people with CD4+ cell counts greater than 50.

**"UNDETECTABLE" OR VIRAL LOAD "BELOW THE LIMIT OF DETECTION"** A viral load measurement below the lower limit to which a particular form of viral load test can reliably count (for the most standard tests, the lower limit of detection is around 400–500 copies per cubic milliliter per blood). It does not mean the virus is not there, just that it is present in such low numbers, making it impossible to measure with the standard test. "Supersensitive" or ultrasensitive versions of the viral load tests are also available which can measure accurately down to 20 to 50 copies of virus. Viral load below this limit, however, still does not mean that HIV is gone, but only that it is harder to find. The main benefit identified so far from suppressing viral load below the limit of detection on the supersensitive or ultrasensitive test is that this usually results in the longest possible protection against the development of drug resistant virus.

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- In Honor of / In Memory of: (circle one) \_\_\_\_\_
- I would like to receive information on making a bequest or planned gift.
- Please omit my name from any public listing of donors to Project Inform.
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