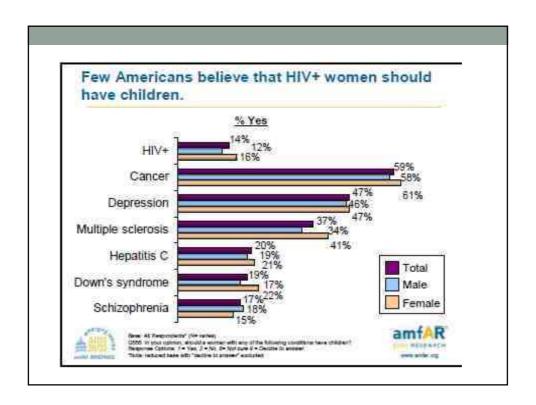
HIV AND CONCEPTION THE MALE PERSPECTIVE

Chris O'Connor

HIV and prospective parenting – between a rock and a hard place

- HIV and conception still taboo?
 - Confusion and contradiction
 - The reality behind the advice
 - Fertility Clinics little access or choice

 Believe the science asking the wrong question its not where's the risk? It's where is the transmission?
 - opportunity to inform
 - •Where do we go now?



PLWHIV Preconceptions around Conception

According to a 2009 study of 59 heterosexual men and women living with HIV in Birmingham:

- □5 believed it was not possible for HIV positive women to have HIV-negative children
- □ 8 thought that HIV positive women could not become pregnant without passing on HIV to their male partner
- □Only 13 were aware that with medical intervention, the risk of transmitting HIV to the baby was 'very low'
- □15 thought HIV positive men could transmit HIV directly to their baby
- ■28 thought if a woman started ARV therapy during pregnancy, the treatment would be lifelong
- □ Only 25 knew a caesarean section is not mandatory
- □Only 29 knew breastfeeding is not recommended

(Source: Jaya Suriay A et al, Directorate of Sexual Health and HIV, Birmingham Heartlands Hospital, 2009)

Who starts the conversation?

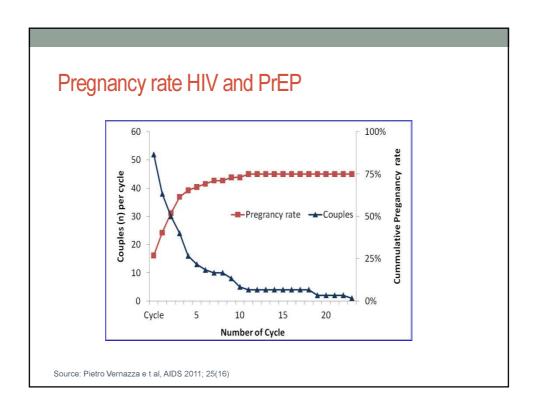
- There are only a few such surveys on health care professionals attitudes. Recent research highlights the need for more open-ended, non-judgemental conversations about HIV and child-bearing.
- A study of 181 HIV positive women from two urban health clinics only 31% had discussed their plans for conception with their health care providers.
- 64% of these discussions, had been initiated by the woman herself not by the clinician
- "This is actually the best case scenario for what is happening in our country." SF Kessler, University of Kansas

(Source Hadley Leggett, Beta, Winter/Spring 2011)

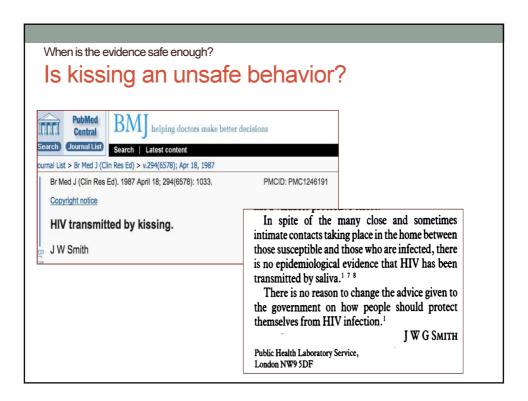
Sperm Washing - reducing a zero risk?



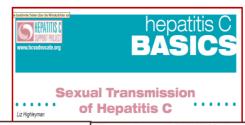
- TWO EUROPEAN STUDIES SHOWED THAT THE PREGNANCY RATES PER INSEMINATION WITH WASHED SPERM WERE 14% AND 18% RESPECTIVELY (Ohl et al, 2003)
- RESTRICTED CHOICE, WAITING LISTS, STAFF SHORTAGES IN THE PAST
- EXPENSIVE
- INVASIVE
- TAKES A LONG TIME
- PEVIDENCE THAT PEOPLE WITH HIV MAY BE AT AN INCREASED RISK OF INFERTILITY – SPERM WASHING FURTHER REDUCES CHANCES OF CONCEIVING







Sexual Transmission of HCV



Sex and HCV

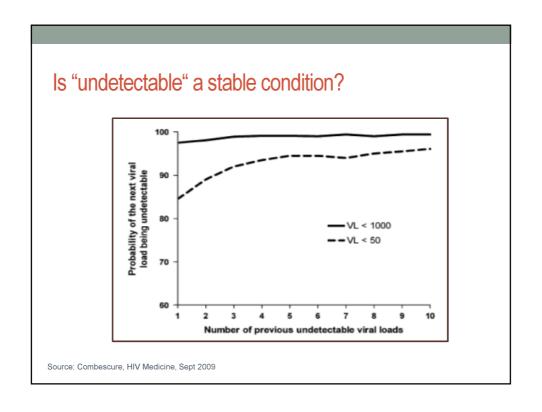
Getting HCV by having sex does not happen very often. But we know that it is possible to give or get blood-borne viruses, like HCV, during sex.

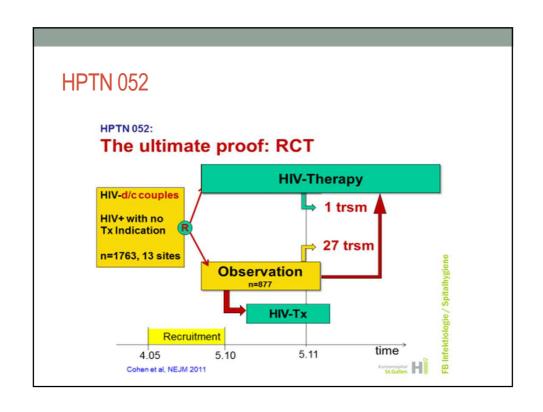
Most experts believe that 0-3% of straight people who have only had unprotected sex with only one steady sexual partner for a long time get HCV if their partner has HCV.

The most recent (2002) National Institutes of Health consensus statement said

People in long-term sexual relationships with one person do not have to change how they protect themselves during sex.

http://www.hcvadvocate.org

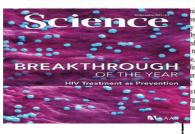




TasP



HIV Treatment as Prevention



ismission," they cautioned.
y of this year, the 052 clinical
by the HIV Prevention Trials
ed that ARVs reduced the risk transmission by 96%. Now
e, confirmed data," said Fauci
ference this summer in Rome
ers first presented
2 data in detail.
sthe U.S. National

Online

The researchers planned to compare the groups until 2015. But on 28 April, an independent monitoring board that periodically reviewed the data stunned Cohen and his collaborators when it recommended that the results of the trial be made public as soon as possible. Of the 28 people who become infected with HIV that genetically matched the viruses in their long-term partners, only one was in the early treatment roup—which is

ne viruses in meir long-term partners, omy one was in the early treatment group—which also experienced 41% fewer serious health problems associated with HIV. Infected people in the delayed arm of the study were offered ARVs rgy and Infectious aciencemag.org immediately. Science in the data of the science immediately. The HPTN 052 results and

British HIV Association, BASHH and FSRH guidelines for the management of the sexual and reproductive health of people living with HIV infection 2008

HIV discordant couples where the male is infected who desire to eliminate or significantly reduce HIV transmission risk to their uninfected partner are limited to the following options:

- (1) Insemination using donor sperm:
- (2) Sperm washing
- (3) Adoption: this is a more difficult option for couples because current adoption practice regards HIV in one or both partners as a significant undesirable factor when assessing the suitability of parents requesting to adopt. Nevertheless, this is an approach that has been successful for some serodiscordant couples

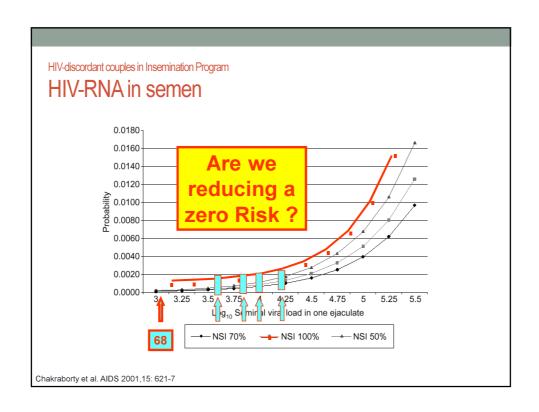


Chelsea and Westminster Assisted Conception Unit, website, 16.06.2015:

The medication used to treat HIV is now highly effective which has led some couples to ask about the safety of conceiving naturally. Unfortunately, even in men with negative viral loads, semen can still carry HIV, and therefore potentially infect the female partner.

The risk of HIV transmission per act of unprotected intercourse from man to woman is still there and it is estimated to be 0.2% or 1 in 500 in couples.

We therefore **strongly recommend** that couples wishing to conceive safely continue to have protected intercourse and use **sperm washing** as a safer alternative.





NICE guidelines [CG156] Published date: February 2013

Fertility: Assessment and treatment for people with fertility problems

- Couples where the man is HIV positive
- If you are taking HIV drugs known as HAART the risk of infection during intercourse is minimal as long as all of these conditions are met: adherent, VL undetectable for six months, no STIs,
- · limited to ovulation.
- If you can meet all the conditions in the list above, <u>sperm washing may not reduce the risk of HIV infection any further. Sperm washing may also reduce the likelihood of becoming pregnant compared with natural conception.</u>
- If you can meet all the conditions in the list above, NICE does not recommend also using 'preexposure prophylaxis' (PREP). This is because it has not been found to reduce the risk of infection any further.

Mail Online

IVF clinics 'could carry risk of HIV'

by BEEZY MARSH, Daily Mail

Women undergoing IVF treatment are being put at risk of HIV infection, a leading fertility expert has warned.

Dr Carole Gilling-Smith, of Chelsea and Westminster Hospital in London, claims mothers and their children are subject to appalling safety lapses during treatment.

She said clinics were creating embryos for HIV-infected couples in the same laboratories as those used by healthy parents, raising the possibility of babies contracting Aids before they are born.

Women may also be exposed to HIV during egg collection if traces of the virus remained on equipment.

Dr Gilling-Smith, who runs a specialist fertility unit for HIV-positive men and women, sounded the alarm yesterday after a survey revealed just two out of 69 IVF clinics UK-wide which were treating HIV-positive men, women and couples had separate laboratories to care for them.

HFEA stance on HIV couples

Suzy Leather HFEA chair, 'we cannot deny the right of people with HIV getting care.

Planned or unplanned?

J Acquir Immune Defic Syndr. 2013 Nov 20.
Unplanned Pregnancies among HIV-infected Women in Care - United States.
Sutton MY, et al

> 382 pregnancies reported 85% unplanned

HIV Med. 2012 Feb;13(2):107-17. doi: 10.1111/j.1468-1293.2011.00946.x. High prevalence of unintended pregnancies in HIV-positive women of reproductive age in Ontario, Canada: a retrospective study.

<u>Loutfy M. et al</u>

> 56% of last pregnancies unplanned

HIV Med. 2011 Feb;12(2):118-23. doi: 10.1111/j.1468-1293.2010.00878.x. Pregnancy in HIV-infected teenagers in London. Elgalib A, et al

> 85% pregnancies unplanned (many diagnosed antenatally), with 12 months 25% pregnant again

Source: F. Lyons. Guide Clinic, St James, Dublin (2014)

Conception Guidelines - some better practices

- · Many countries have more up to-date guidance for clinicians
- · Usually a larger heterosexual cohort, more demand for guidance on conception
- Need updating regularly eg The impact of START trial

- · Seven regional centres, government subsidized offering assisted conception
- Part of protocol: on diagnosis, clinician should discuss right and support to have children

Germany

 Guidelines about to be written, but expected, they will include clear message on ART protected sex as the best way for couples without underling fertility issues.

Canada

• Task 1

Comite des Familles, France, weekly radio show, lobbying, publications, forums and support







Positive couples – altruistic adherence

"Most people process complex information about risks and rewards every day of their lives. The life partners of people who take ARVs are among the best placed in the world to understand the consequences of perhaps becoming infected with HIV. Public health professionals don't need to treat them like idiots. Rather we should lay out the risks as accurately as we know how and let them decide for themselves."

Elizabeth Pisani, Epidemiologist



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