



Women and HIV/HCV Co-Infection



Question

What does the research evidence say about co-infected women and:

- Treatment, care and support;
- Gaps in treatment, care and support;
- Diverse backgrounds (Aboriginal, newcomers, etc.); and
- Stigma and discrimination

Key Take-Home Messages

- HIV/HCV co-infection increases risk of vertical transmission of both HCV and HIV, and cesarean delivery is recommended
- In the studies identified, few gender differences were found to exist in referral to, initiation of, or adherence to HAART for co-infected individuals
- HAART is safe and effective for co-infected women

The Issue and Why It's Important

While the proportion of women affected by HIV continues to rise(1) and approximately one quarter of Canadians who are HIV-infected are also seropositive for HCV(2), there is little evidence that has been generated about treatment, care, and support needs of co-infected women(1).

What We Found

There is limited research evidence that specifically addresses the treatment, care, and support needs and gaps for HIV/HCV co-infected women.(1) Through our searches (see the 'What we did' section for an outline of our search methods), we identified 16 published studies that in some way addressed HIV/HCV co-infected women's experiences of treatment and/or treatment considerations

EVIDENCE INTO ACTION

The OHTN Rapid Response Service offers HIV/AIDS programs and services in Ontario quick access to research evidence to help inform decision making, service delivery and advocacy. In response to a question from the field, the Rapid Response Team reviews the scientific and grey literature, consults with experts, and prepares a brief fact sheet summarizing the current evidence and its implications for policy and practice.

Suggested Citation:

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Considerations for Treatment Protocols

- Clinical treatment protocol reviews highlight the increased rates of both HCV and HIV transmission from mother to infant in co-infected mothers and recommend cesarean delivery (3-8)
- HCV treatment should be initiated for co-infected women at a lower hemoglobin level than for co-infected men (>11g/dL vs. >12 g/dL) (9)
- In contrast to study with cohort where 70% of the sample was male, HCV did not affect efficacy of HAART in female cohort (10)
- HAART is safe (does not increase hepatic injury) for co-infected women, but it is unclear whether HAART has an overall positive effect on HCV disease (11)
- Daily micronutrients can be beneficial to female IDUs without negatively impacting plasma HCV or HIV RNA levels (12)

Differences Between Men and Women in Treatment for HIV or HCV

- A small number of studies examined treatment differences between men and women and found no significant differences in referral to HCV care (13), HCV treatment rates (14;15), or levels of high HAART adherence (16)
- One study found co-infected men had a higher response to HAART (CD4 cell response) than co-infected women (16)

Differences in Treatment for Co-infected Women Compared to Mono-infected Women

- HIV/HCV co-infected women initiated HAART at a later date than HIV mono-infected women (11)

Factors that May Impact Local Applicability

- Of the ten experimental studies cited in this review, six were conducted in US urban centres, two in European urban centres, one was conducted in Vancouver, British Columbia, and one was conducted in Ottawa, Ontario. The other studies cited in this review are clinical protocols, five out of six of which were written from a US context.
- None of the cited studies specifically addressed overall treatment needs and gaps for co-infected women
- All cited studies addressed clinical treatment issues and we did not identify any research evidence that explores care and support issues specifically for co-infected women
- We did not identify any research evidence that explored issues facing co-infected women with diverse backgrounds or stigma and discrimination experienced by co-infected women

What We Did

To identify any systematic reviews we first conducted hand searches of the reviews and protocols from the HIV/AIDS Cochrane review group as well as reviews from www.health-evidence.ca in the 'acquired immunodeficiency syndrome' and 'HIV' categories. Using text search terms [HIV AND (hepatitis C OR HCV)], we searched Medline (1999 to 14 December 2009, hits), the Cumulative Index to Nursing and Allied Health Literature, the Database of Reviews of Effects (1999-2009), and the Cochrane Library to locate additional reviews and primary literature.

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