

Sexual Health  
reproduction in  
reference to treatment  
as/for prevention

# The reasons for sexual reproductive health for PLHIV

- The number of people living with HIV (PLWH) continues to rise in the UK
- The increase of the normal life expectancy for those diagnosed and on treatment
- HIV should not be a barrier to healthy and fulfilling sex life.
- Access to appropriate, up-to-date advice about transmission risk is an essential element of holistic HIV services.

# Who offers sexual health services?

- Family planning services
- Community contraception clinics
- Integrated genitourinary medicine
- Young people clinics EG: Brook advisory centres

# STI screening

- We recommend a full STI screen is offered to all PLWH at baseline, to be directed by the sexual history.
- Annually Screen for gonorrhoea and chlamydia all exposed sites if partner change since the last test (self-taken swabs if asymptomatic)
- Syphilis serology if partner change since the last test;

# STI screening

- Hepatitis B (for infection or immunity) and C screening (in at-risk patients).
- Hepatitis A screening
- Three-monthly We recommend 3-monthly screening for STIs if the patient has high risk factors for acquisition, e.g. MSM with frequent partner change or chemsex/IVDU with

# Cervical screening

- Current National Health Service Cervical Screening Programme (NHSCSP) UK guidelines recommend that women with HIV must be screened annually between the ages of 25 and 65 to avoid catching cervical cancer which is caused by some HPV virus
- Human papillomavirus is the name for a group of viruses that affect your skin and the moist membranes lining your body (cervix , anus mouth and throat )

# Pre-conception advice & conception

- Persons living with HIV should have access to accurate information and support around safe conception for themselves and their partners, involving their partners where appropriate to do so.

# Antiretroviral therapy: impact on transmission & conception

- PLHIV should be given the same amount of information around conception options than the general population
- To avoid vertical transmission, it is recommended that all the women should be on treatment.

# Pre-exposure prophylaxis (PrEP) and pre-exposure-prophylaxis for conception

- We do not recommend PrEP-C where the positive partner has been undetectable on HIV treatment for >6 months : U=U
- In a case of sero-discordant couple, if the person who has HIV viral load is detectable, PREPs can be considered

# Contraception for Women with HIV

- All contraceptive options be discussed with WLWH
- HIV infection is not a barrier to any form of contraception
- It is recommended to take a contraceptive history at every visit
- Where ART is a barrier to the optimal method of contraception, due to the impact of drug-drug interactions on hormonal contraceptive efficacy, and reasonable ART alternatives exist, ART be switched

# Management of the menopause in women living with HIV

- WLHIV should be treated the same ways than women who are not living with HIV : baseline assessment of menstrual cycle and annual review
- WLWH in mid-life are provided information on menopause and treatment options

# Sexual dysfunction and HIV

- It is recommended that an annual enquiry about sexual function, and broader sexual wellbeing, should be standard of care for all PLWH.
- Access to sexual dysfunction services should be available, and pathways in place for referral from HIV services to services skilled in treating sexual problems.

Thank you