

Dr Nicola Mackie

Imperial College Healthcare NHS Trust, London

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BHIVA/BASHH/FSRH SRH guidelines for PLHIV

Nicky Mackie
Consultant Physician
Imperial College NHS Trust, London

Disclosures

- Grants for attending conferences: Gilead
- Advisory Boards: Gilead, MSD, ViiV

Sorry (again)

- **BHIVA Autumn 2016**
 - Draft guidelines presented Autumn 2016
- **December 2017**
 - Public consultation closed
- **January 2018**
 - Comments collated & sent to writing group for review
- **April 2018**
 - Final review

Scope

- **Areas of overlap**
 - Vaccine guidelines
 - PEPSE guidelines
 - PrEP guidelines
 - Monitoring guidelines
 - Hepatitis guidelines
 - Malignancy guidelines
 - Pregnancy guidelines



Scope

- **Main focus:**
 - Contraception
 - Conception
 - Transmission
- **New sections:**
 - Menopause
 - Intimate partner violence
 - Female genital mutilation

**NEW RECOMMENDATIONS & THE
ADVANTAGES OF A DELAY....**

Cervical screening

BHIVA 2016 Monitoring guidelines

- Follow national guidance; no screening <25 years (1A)

Draft 2016 SRH guidelines

- As above but start 3 years post-coitarche
- ?less frequent smears if HRHPV-negative & HIV well controlled

2018 SRH guidelines (after d/w NHSCSP)

- We endorse national guidelines (which are under review)

SRH guidelines 2018: cervical screening

Additional recommendations

- Document reason for annual smears or lab may reject sample
- Multifocal intraepithelial neoplasia more common in WLHIV; symptom enquiry & external ano-genital examination advised
- Colposcopy if resources permit for women diagnosed >25 yrs,
 - particularly: previous abnormalities, long interval since last screen
- Discuss challenges of annual screening for WLWHIV who do not wish to disclose their HIV status to primary care

HIV Transmission:

Draft 2016 SRH guidelines

- **Recommendations**

- Discuss HPTN 052 & PARTNER with all PLWH
- Heterosexual PLWH with sustained viral suppression (≥ 6 months) can be advised there is no risk of transmission
- We suggest monogamous MSM meeting 'Swiss criteria' are advised the risk of onward HIV transmission is incredibly low and that PEP or PrEP are not indicated
- We cannot say zero (yet)

Since then....



**PEOPLE LIVING
WITH HIV**

*who take HIV medicine as prescribed and get and
keep an undetectable viral load have effectively*

**NO RISK OF
TRANSMITTING**

HIV to their HIV-negative sexual partners.

- Centers for Disease Control and Prevention (CDC)

U

EQUALS

U

2018 SRH guidelines

- Thorough revision to emphasise U=U at all relevant points
- Clearer advice regarding lack of need for PEP/PrEP in context of U=U
- Removal of 'timed' related to intercourse for conception
 - Timed sex may be important for conception but not for prevention of transmission

Reproductive planning: pre-consultation

- **Recommendations**

- **We recommend documented discussion of reproductive plans in all PLWH with reproductive potential**
 - At baseline assessment & annually
- **We suggest all services/networks have a named health care professional responsible for reproductive advice & signposting**

Key consultation feedback

- **Unsafe & unethical lack of acknowledgment of trans people**
 - Written from a binary gendered cis-normative perspective
 - Lack of invitation for cervical screening if marked as male in records
 - No acknowledgement of contraception, conception or fertility needs
- **Fertility, conception & surrogacy**
 - Information needed on same-sex parenting, surrogacy & egg donation
 - More emphasis of U=U
 - Call for challenge to HFEA restrictions on gametes from PLHIV

Post-consultation

- All authors asked to review their sections in light of this feedback
- Additional information & recommendations for trans people to be reviewed by ClinicQ team
- ?approach HFEA

PrEP for conception (PrEP-C)

- **Draft recommendations 2016**
 - We do not recommend PrEP-C where the positive partner has been undetectable on HIV treatment for >6 months
 - We suggest in exceptional situations PrEP-C may be used
- **Post-consultation 2018**
 - We do not recommend PrEP-C where the positive partner has been undetectable on HIV treatment for >6 months

Menopause

- **We recommend 3-yearly assessment of fracture risk using the FRAX tool if:**
 - ≥ 50 , menopausal symptoms, postmenopausal
- **We recommend use of HRT as per NICE guidelines**
 - Transdermal first line in NICE (advantages for WLWH)
- **We recommend WLWH in mid-life are provided information on menopause and treatment options**
- **We suggest**
 - Management of menopause in primary care according to NICE guidelines

Intimate partner violence

- **We recommend routine enquiry about domestic abuse, including IPV, in sexual health & HIV clinics**
 - In accordance with NICE guidelines
- **We recommend services develop local guidelines & pathways based on BASHH guidance prior to the introduction of routine questioning**
 - **Responding to domestic abuse in sexual health settings.**
BASHH (2016)

Female genital mutilation

- **May increase the risk of HIV transmission**
 - Trauma of sexual intercourse
 - Increased risk inflammatory GU conditions
 - Increased anal sex if vaginal sex difficult
- **Local safeguarding procedures should be followed for women or girls who have had FGM or are thought to be at risk**
 - In England and Wales, it is mandatory to report FGM in girls <18 years to the police by the end of the next working day
- **Sexual health and HIV clinics are exempt from mandatory reporting to the Health and Social Care Information Centre (HSCIC)**

Next steps

1. Overdue responses from writing group will be pursued enthusiastically
2. Section on SRH for trans individuals to be added

Guidelines will be published as soon as (1) permits!

Thank you: writing group

- **BASHH rep (chair)** Laura Waters
- **BHIVA rep** Nicky Mackie
- **FSRH rep** Louise Melvin
- **Trainee rep** Emily Lord (now a consultant!)
- **BASHH CEG rep** Keith Radcliffe
- **UK-CAB rep** Chris O-Connor
- **HIVPA rep** Sharon Jay
- **NHIVNA rep** Shaun Watson
- **Co-opted for expertise** Jane Ashby; Chitra Babu; Deborah Boyle; Rageshri Dhairyawan ; Yvonne Gilleece; Vinod Kumar; Shema Tariq; Benjamin White; Kathy White

Thank you for consultation feedback

- Dr Jackie Sherrard,
- Dr Conrad White
- Prof Dame Sally Davies,
- Dr Gail Crowe
- Prof Charles Lacey,
- Dr Kaveh Manavi
- Dr Rachel Caswell,
- Dr Carole Solomons,
- Dr Olwen Williams OBE,
- Dr Killian Quinn,
- Royal College of Physicians
- Dr Ruth Holman,
- Dr Liz Hamlyn,
- David Healy,
- Dr Tristan Barber
- Michelle Ross, clinicQ/56 Dean Street
- Aedan Wolton, cliniQ/56 Dean Street
- Henry de Vries
- Dr Liat Sarner,
- Dr Amy Mammen-Tobin
- Dr Claire Robertson
- Rachel Cullum, ADPH
- Dr Hilary Curtis, BHIVA Audit and Standards
- Dr Nadia Khatib
- Tuvia Borok, The P3 Network
- HIV in Young People's Network (HYPNET)
- Dr Anatole Menon-Johansson
- Sophie Strachan, Sophia
- Sharon Byrne, HIVPA
- Dr Alexander Margetts, British Psychological Society
- Dr Sathish Thomas William,
- Yusef Azad, NAT
- Dr Michael Brady
- Dr Emily Mabonga

Thank you ALL

- For your patience
- For listening