HIV in Specific Populations

HIV and Women

Women accounted for about one in five of the more than 39,000 people newly diagnosed with HIV in the United States in 2023, according to the Centers for Disease Control and Prevention (CDC). Fortunately, women respond as well as men to antiretroviral treatment, and many can benefit from pre-exposure prophylaxis (PrEP) to prevent HIV acquisition.

Cisgender women make up nearly a quarter of all people living with HIV in the United States, but this rises to more than half worldwide. HIV incidence among U.S. women has remained roughly stable over the past several years, but the risk varies considerably by race/ethnicity and geography. (Click here for information about HIV and transgender women.)

Black women, who make up about 13% of the U.S. female population, are disproportionately affected by HIV, accounting for about half of all new diagnoses among women—11 times higher than the rate for white women. Rates are also higher for Latina, Native American and Pacific Islander and multiracial women compared with white women. While women in locations such as the Bronx and Washington, DC, have higher HIV rates, new cases are increasingly shifting to the South. A majority of new diagnoses among women are attributable to heterosexual contact or injection drug use.

HIV Prevention

Women at risk for HIV in the United States are substantially less likely than gay men to use PrEP, which reduces the risk of HIV acquisition via sex by around 99% if used consistently. Along with using condoms and not sharing drug injection equipment, PrEP is a highly effective tool for preventing HIV.

The once-daily tenofovir disoproxil fumarate/emtricitabine pill (Truvada or generic equivalents) is approved for cisgender women. However, a second PrEP pill, Descovy (tenofovir alafenamide/emtricitabine), is not approved for people exposed to HIV through vaginal sex because they were not adequately represented in clinical trials.

There are now two long-acting injectable PrEP options: Apretude (cabotegravir), administered by a health care provider every other month, and Yeztugo (lenacapavir), administered twice a year. Clinical trials showed that both are safe and effective for cisgender women, including those who are pregnant or breastfeeding.

Care and Treatment

With good care and prompt treatment, women with HIV can live long, healthy lives. An estimated 90% of women living with HIV in the U.S. have been tested and know their status. According to the CDC, 82% of women diagnosed with HIV in 2023 were linked to care within one month and 70% achieved viral suppression within six months—both a bit lower than the rates for the newly diagnosed population as a whole.

HIV testing is important because people who know they are positive can start antiretroviral treatment, which both halts disease progression and prevents HIV transmission because people with an undetectable viral load do not transmit the virus through sex.

HIV progression is similar for women and men. However, some studies find that cisgender women may naturally control the virus better than men, suggesting they may be good candidates for functional cure strategies that aim to prevent viral rebound after stopping antiretrovirals. Antiretroviral therapy works equally well for both sexes, and treatment recommendations are generally the same for women and men.

Compared with their HIV-negative peers, women living with HIV are at greater risk for other health conditions, such as cardiovascular disease, liver disease and bone loss. To lower your risk, eat a healthy diet, get enough exercise, curb unhealthy habits, such as smoking or drinking too much, and see your health care providers regularly. It's important to discuss not only HIV treatment but also your overall health, sexual health and concerns about aging.

Special Considerations for Women

Many women at risk for or living with HIV face additional challenges, including poverty, lack of health insurance, homelessness, violence, incarceration and criminalization related to their HIV status. Dealing with HIV and related stigma can increase stress and lead to depression and anxiety.

HIV-positive women, especially those who are not on effective antiretroviral treatment and have a low CD4 T-cell count, are prone to gynecological problems, such as recurrent vaginal yeast infections (candidiasis), precancerous cell changes caused by human papillomavirus (HPV) and irregular menstruation.

Family planning is also a consideration, and it's important to see an HIV-knowledgeable gynecologist in addition to primary care providers and HIV specialists. Women living with HIV can safely use most forms of contraception, but some could potentially interact with antiretrovirals. For HIV-positive women with an HIV-negative male partner, or vice versa, PrEP can enable safe conception without putting the negative partner at risk.

HIV can be passed from mother to baby during pregnancy or delivery, but effective antiretroviral therapy prevents vertical transmission. Women on treatment can have healthy babies born free of HIV, and breastfeeding is an option for those with viral suppression.

Women are often responsible for caring for others, and they may not prioritize their own needs. But knowing your HIV status, using the best prevention tools if you're negative and staying on treatment if you're positive can help maximize your own health and put you in a better position to care for loved ones.

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http://beta.docker.poz.com/basics/hiv-basics/hiv-women