FSRH
Clinical Effectiveness Unit

The Faculty of Sexual & Reproductive Healthcare of the Royal College of Obstetricians & Gynaecologists

FSRH CEU statement on updated guidance on contraceptive choices for women at high risk of HIV
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An independent international expert guideline development group (GDG) has just updated World Health Organization (WHO) guidance on contraception for women at high risk of HIV acquisition.[1] WHO now recommends that ***all*** hormonal contraceptive methods and intrauterine devices can be used without restriction (WHOMEC1) by women at high risk of HIV infection. Previously, use of depot medroxyprogesterone acetate (DMPA) and intrauterine contraception had been classified WHOMEC2 (advantages usually outweigh theoretical or proven risks) for women at high risk of HIV.

In formulating the new recommendation, the GDG considered the findings of an updated systematic review of relevant evidence.[1] This included new, high quality evidence from a recent large randomised controlled trial (the Evidence for Contraceptive Options and HIV Outcomes (ECHO) study[2]). The evidence base for previous guidance had consisted of observational studies of lower quality, with potential for unmeasured confounding; it suggested an association between use of DMPA (but not other contraceptive methods) and HIV acquisition amongst women at high risk of HIV.

The ECHO study[2], carried out in Eswatini, Kenya, South Africa and Zambia randomised 7,829 HIV seronegative women at high risk of HIV acquisition to use of intramuscular DMPA, the copper IUD (Cu-IUD), or the levonorgestrel subdermal implant. The study found no significant difference in HIV acquisition between the three study groups over up to 18 months of follow up. The quality of the ECHO evidence was rated by the WHO GDG as “high”.

In contrast, the evidence from the 14 relevant observational studies for DMPA was rated as “low and low-to moderate”.[1] Observational studies do not suggest an association between use of the Cu-IUD (low quality evidence), the progestogen-only implant (low to moderate quality evidence) or combined hormonal contraception (low to moderate quality evidence) and HIV acquisition by women at high risk of HIV. No direct evidence was identified for subcutaneous DMPA, the levonorgestrel-releasing IUS or the etonogestrel implant.

The new WHO recommendation takes into consideration both the updated evidence base and the values, preferences, views and concerns of contraceptive users.[1]

FSRH CEU guidance for UK contraceptive providers

In line with WHO guidance, and after consideration of the evidence that has emerged since 2016, the group that developed UKMEC 2016 recommends that, for the UK population, contraceptive choice should not be restricted by the fact that a woman is identified as being at high risk of HIV. UKMEC 2016 will be amended so that use of all contraceptive methods is UKMEC1 for women at high risk of HIV (see tables on next page).

FSRH CEU reminds contraceptive providers that every consultation regarding contraceptive choice is an opportunity to assess a woman's risk of sexually transmitted infection (STI) and to offer appropriate testing and advice. Women at high risk of HIV should be advised to use effective contraception to reduce the risk of unplanned pregnancy and to use condoms reliably to minimise the risk of acquiring HIV and other STI.

UKMEC	Definition of category
Category 1	A condition for which there is no restriction for the use of the method.
Category 2	A condition where the advantages of using the method generally outweigh the theoretical or proven risks.
Category 3	A condition where the theoretical or proven risks usually outweigh the advantages of using the method. The provision of a method requires expert clinical judgement and/or referral to a specialist contraceptive provider, since use of the method is not usually recommended unless other more appropriate methods are not available or not acceptable.
Category 4	A condition which represents an unacceptable health risk if the method is used.

Progestogen-only Contraceptive (POC) **Progestogen-only pill (POP)** **Progestogen-only injectable: depot medroxyprogesterone acetate (DMPA)** **Progestogen-only implant (IMP)**	**POCs do not protect against STI/HIV. If there is a risk of STI/HIV (including during pregnancy or postpartum), the correct and consistent use of condoms is recommended, either alone or with another contraceptive method. Male condoms reduce the risk of STI/HIV.**			
CONDITION	**CATEGORY**			**CLARIFICATION/ EVIDENCE**
	IMP	**DMPA**	**POP**	
HIV INFECTION				
High risk of HIV infection	1	1	1	**Evidence:** High-quality evidence from one randomised controlled trial observed no statistically significant differences in HIV acquisition between: DMPA-IM versus Cu-IUD, DMPA-IM versus LNG implant, and Cu-IUD versus LNG implant. Of the low-to-moderate-quality evidence from 14 observational studies, some studies suggested a possible increased risk of HIV with progestogen-only injectable use, which was most likely due to unmeasured confounding. Low-quality evidence from 3 observational studies did not suggest an increased HIV risk for implant users. No studies of sufficient quality were identified for POP or etonogestrel implant.

Intrauterine Contraception (IUC) Copper-bearing IUD (Cu-IUD) Levonorgestrel-releasing IUS (LNG-IUS)	**IUC does not protect against STI/HIV. If there is a risk of STI/HIV (including during pregnancy or postpartum), the correct and consistent use of condoms is recommended, either alone or with another contraceptive method. Male condoms reduce the risk of STI/HIV.**		
CONDITION	**CATEGORY**		**CLARIFICATION/ EVIDENCE**
	Cu-IUD	**LNG-IUS**	
HIV INFECTION			
High risk of HIV infection	1	1	**Clarifications:** Many women at high risk of HIV are also at risk of other STIs. For these women, refer to the recommendation in the UKMEC on women at an increased risk of STIs, and the *FSRH Clinical Guideline Intrauterine Contraception* on STI screening before IUC insertion. **Evidence:** High-quality evidence from one randomised controlled trial, along with low-quality evidence from two observational studies, suggested no increased risk of HIV acquisition with Cu-IUD use. No studies were identified for LNG-IUS.

Combined Hormonal Contraception (CHC) which includes Combined oral contraception (COC) Combined contraceptive transdermal patch Combined contraceptive vaginal ring	**CHC does not protect against STI/HIV. If there is a risk of STI/HIV (including during pregnancy or postpartum), the correct and consistent use of condoms is recommended, either alone or with another contraceptive method. Male condoms reduce the risk of STI/HIV.**	
CONDITION	**CATEGORY**	**CLARIFICATION/ EVIDENCE**
HIV INFECTION		
High risk of HIV infection	1	**Evidence:** Low-to-moderate-quality evidence from 11 observational studies suggested no association between COC use (it was assumed that studies that did not specify oral contraceptive type examined mostly, if not exclusively, COC use) and HIV acquisition. No studies of the patch or ring were identified.

References

1. World Health Organization. Contraceptive eligibility for women at high risk of HIV. Guidance Statement: Recommendations on contraceptive methods used by women at high risk of HIV. Available online here (accessed 24/09/2019)
2. Evidence for Contraceptive Options and HIV Outcomes (ECHO) Trial Consortium. HIV incidence among women using intramuscular depot medroxyprogesterone acetate, a copper intrauterine device, or a levonorgestrel implant for contraception: a randomised, multicentre, open-label trial. *Lancet* 2019;394:303–13.

The Clinical Effectiveness Unit (CEU) was formed to support the Clinical Effectiveness Committee of the Faculty of Sexual and Reproductive Healthcare (FSRH), the largest UK professional membership organisation working at the heart of sexual and reproductive healthcare. The CEU promotes evidence based clinical practice and it is fully funded by the FSRH through membership fees. It is based in Edinburgh and it provides a member's enquiry service, evidence based guidance, new SRH product reviews and clinical audit/research. Find out more here.