



HIV 101 Gynecologic Care: An Integrated Component of HIV Care

The increase in development and progression of cervical dysplasia is believed to occur because HIV-infected women have decreased tumor surveillance capacity because of their altered immunoregulatory mechanisms. Therefore, management of pre-malignant lesions should be more interventional than with non-immunocompromised patients. Studies of the overall incidence of cervical cancer in HIV infected patients with squamous cell lesions are on going and these recommendations may be modified (*personal communication, S. Cu-Uvin, HERS Study*).

In the prison or jail setting, a more interventional approach is favored because 1) inmates do not necessarily remain in the correctional environment for prolonged periods; 2) should inmates be released to the community they may not be living in stable circumstances, and 3) it is unlikely that the individual will have her gynecologic issues addressed in the community while facing issues such as securing stable housing, meeting basic needs, providing for children and addressing issue related to treatment of her HIV/AIDS. Thus, for women in the correctional setting who have squamous cell lesions, it is prudent to go directly to colposcopy with directed biopsy and offer treatment if necessary. *Source: PUISIS M. Clinical Practice in Correctional Medicine. D.O. Mosby: St. Louis, IL, 1998.*

HIV-infected incarcerated women have particularly high rates of cervical cytological abnormalities, sexually transmitted diseases and certain gynecologic infections. Research indicates that vaginal infections are slightly more common among HIV-infected incarcerated women than HIV-noninfected incarcerated women, while the prevalence rates of STDs are high among incarcerated women compared to free-living women overall.

RESOURCES

Journal of the Association of Nurses in AIDS Care (JANAC) is an excellent resource for care providers who work with HIV infected patients. There are chapters of the association in most states. The November/December 1999 issue focused on HIV policy and care in correctional facilities. The journal can be obtained from Sage Publications, Inc. or via ANAC Dept.203, Washington DC 20055-0203

WOMEN-SPECIFIC WEBSITES:

Medscape: Women and HIV
<http://hiv.medscape.com/medscape/hiv/clinicalmgmt/cm.v09/public/index-cm.v09.html>

The Body: Women Specific HIV Treatment Issues
<http://www.thebody.com/treat/women.html>

Journal of the American Medical Association Women's Health Information Center
<http://www.ama-assn.org/special/womh/womh.htm>

High rates of syphilis among incarcerated women nationwide have prompted a number of studies assessing methods of syphilis screening and treatment in the correctional setting. Several studies have shown the efficacy of administering qualitative (or STAT) rapid plasma regain (RPR) testing for syphilis. A recent study conducted at a New York City jail found that qualitative nontreponemal syphilis testing (STAT RPR), on line access to the local syphilis registry and immediate treatment (if indicated) following admission medical evaluation increased syphilis treatment from 7% to 84%.

Furthermore, high rates of HPV infection, of cervical cytological abnormalities and of invasive cervical cancer have been found among high-risk HIV-seronegative women and HIV-infected incarcerated women. Most correctional HIV programs have adopted an increased level of vigilance for cervical cancer, leading to the institution of biannual pap smears (every six months) as a routine component of care for HIV infected women. (See HIV 101 for more information)

Since many incarcerated women have experienced childhood sexual abuse and adult sexual trauma, gynecological and obstetric examination takes special care and sensitivity. Some of the issues that may interfere with the examination of sexually abused women include their need to trust the examiner, their need for control (wishing to control the time and place of the gyn exam), their fear of disclosure, and their fear of having their body touched during the examination. Insensitive gynecological providers can become a major barrier to obtaining the routine gynecological screening that is so critically important for this high risk population. Sensitive gyn providers should be considered critical members of the correctional HIV management team.

HIV TREATMENT WEBSITES:

HIV/AIDS Treatment Directory
<http://www.amfar.org/td>

Medscape HIV/AIDS
<http://hiv.medscape.com>

Johns Hopkins AIDS Service
<http://www.hopkins-AIDS.edu>

JAMA HIV/AIDS Information Center
<http://www.ama-assn.org/special/hiv>

International Association of Physicians in AIDS Care (IAPAC)
<http://www.iapac.org>

AEGIS-AIDS Education Global Information System
<http://www.aegis.com>