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L'OMS confirme ses recommandations sur la contraception hormonale et le VIH

GENÈVE, 16 février 2012 – Suivant l'avis de son Comité d'évaluation des directives, l'Organisation mondiale de la Santé (OMS) a conclu que les femmes qui vivent avec le VIH ou qui courent un grand risque de contracter le virus peuvent continuer, sans danger, à recourir à la contraception hormonale. Cette recommandation est le fruit d'un examen approfondi des données sur les liens entre la contraception hormonale et l'infection à VIH.

Les recommandations actuelles de l'OMS qui figurent dans la publication *Critères de recevabilité pour l'adoption et l'utilisation continue de méthodes contraceptives* (édition 2009) restent donc valables : les femmes qui vivent avec le VIH ou qui courent un grand risque de contracter le virus peuvent recourir à toute méthode contraceptive hormonale sans restriction. Il est vivement conseillé aux couples qui souhaitent à la fois ne pas ou ne plus avoir d'enfant et se prémunir de l'infection à VIH d'avoir recours à une double protection – le préservatif et une autre méthode contraceptive efficace, hormonale par exemple.

Une étude publiée dans le numéro d'octobre 2011 de la revue *Lancet Infectious Diseases* semblait indiquer que les contraceptifs hormonaux, comme la pilule ou les contraceptifs injectables, pouvaient accroître le risque pour une femme de contracter l'infection à VIH. Elle montrait également que les femmes qui vivaient avec le VIH et qui avaient recours à la contraception hormonale risquaient davantage de transmettre le virus à leur partenaire que les femmes qui n'avaient pas recours à ce type de contraception.

Les 31 janvier et 1^{er} février 2012, l'OMS a organisé une consultation technique pour examiner les résultats de toutes les études épidémiologiques récentes sur la question. Cette consultation a réuni 75 experts de 18 pays, qui ont revu les recommandations existantes de l'OMS à la lumière de ces résultats.

Les experts ont recommandé que les femmes qui vivent avec le VIH, ou qui courent un grand risque de contracter le virus, continuent à recourir à la contraception hormonale mais ils ont souligné qu'elles devaient aussi utiliser le préservatif pour éviter de contracter ou de transmettre le VIH. Ils ont également signalé que davantage de recherches devaient être menées sur cette question et qu'il fallait élargir l'éventail des possibilités en matière de contraception.

Le 15 février, le Comité d'évaluation des directives de l'OMS a confirmé ces recommandations. Ce comité est chargé de veiller à ce que toutes les recommandations de l'OMS soient fondées sur les données scientifiques disponibles les plus fiables, qu'elles aient été élaborées de manière transparente et impartiale et communiquées de façon claire.

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Toutes les informations relatives à l'OMS sont disponibles sur le site Web de l'Organisation, à l'adresse www.who.int.

Le document technique sur la consultation sera disponible dans très peu de temps sur cette adresse:

http://www.who.int/reproductivehealth/topics/family_planning/hc_hiv/en/index.html

En attendant, le document vous est envoyé en PDF (En anglais uniquement).

include alteration of the systemic and local immune response or changes in the genital tract environment. It was noted that different forms of hormonal contraception may change these factors in different ways. Combined contraceptives such as combined oral contraceptives (COCs), which contain estrogen as well as progestogen, may have a different effect than progestogen-only methods. Additionally, various progestogen-only methods, such as depot medroxyprogesterone acetate (DMPA) and norethisterone enanthate (NET-EN), may change immune function variably. Some findings suggest a protective effect of progestogen, others suggest a harmful effect, and others suggest no effect, leading to inconsistency in findings. The extent to which data from animal and laboratory studies can be applied to clinical outcomes in humans remains uncertain.

Epidemiological studies

In general, most available epidemiological evidence has assessed COCs or progestogen-only injectable contraceptives (including DMPA and NET-EN); little evidence is available on the potential relationship between HIV risks and other hormonal contraceptive methods such as implants, vaginal rings, patches, or intrauterine devices.

1. Acquisition in HIV-negative women

In total, 20 prospective studies assessed the risk of HIV acquisition among HIV-negative women using different hormonal contraceptives; the group focused largely upon a subset of studies considered to be of higher methodological quality.

Most higher-quality studies found no statistically significant association between oral contraceptive pill use and HIV acquisition, although point estimates varied and several had limited statistical power (indicated by wide 95% confidence intervals). No currently available studies report a statistically significant association between use of NET-EN and HIV-acquisition risk. Evidence on injectables was mixed; some higher quality observational studies reported a significant increase in risk (ranging from a 48% to 100%) of HIV acquisition, other higher-quality observational studies did not report such an association.

All studies had limitations that affected data interpretation. Inconsistencies between point estimates related to injectable contraception were not explained by differences in overall HIV incidence in the study population, primary study objective, study size, number of seroconverters, or the statistical methods used. Other methodological factors, including manner of controlling for potential differences in condom use, length of time between study visits, and analysis of serodiscordant couples could explain part, if not all, of the differences in results from the various studies. These factors merit additional consideration in future analyses. Owing to serious limitations and inconsistency in the data, the quality of the body of evidence on hormonal contraception and HIV acquisition in women was given a GRADE rating of "low".

2. Transmission from HIV-positive women to HIV-negative men

One recent observational study provided direct evidence on the relationship between oral contraceptive pills or injectable contraception and female-to-male HIV transmission. It suggested a two- to three-fold increased risk (depending on statistical method) with use of injectable contraceptives, but not for oral contraceptive pills. This study had several strengths, including statistical adjustment for multiple potential confounders, low loss to follow-up and frequent follow-up visits, large size of the population studied, genetic linkage of HIV transmissions, and measurement of genital viral shedding. However, limitations included the potential for residual confounding in observational data, uncertainty regarding whether the genital shedding data bolster the main findings, and the limited statistical power given small numbers of new HIV infections in men.

Indirect evidence on two possible mechanisms by which hormonal contraception may impact female-to-male HIV transmission, namely increased genital HIV viral shedding or altered plasma viral load, was also assessed. Findings from studies assessing hormonal contraceptive use and genital HIV viral shedding were inconsistent, but studies assessing hormonal contraceptive use and plasma viral load or viral load setpoint largely indicated no adverse effects. Owing to serious limitations of the data and serious imprecision in the study results, the GRADE rating for the quality of the body of evidence on injectable contraception and female-to-male HIV transmission was "low" and the rating for oral contraceptives and female-to-male transmission was "very low".

3. Disease progression in HIV-positive women

None of the 10 observational studies examining use of various hormonal contraceptives and HIV disease progression (as measured by mortality, time to CD4+ cell count below 200 cells/mm³, initiation of antiretroviral therapy (ART), increased HIV-RNA viral load, or decreased CD4+ cell count) found a statistically significant association. An increased risk of a combined outcome of progression to AIDS, ART initiation or death was reported in one randomized controlled trial that compared hormonal contraceptive users with copper intrauterine device users; however, interpretation of this association is difficult due to high rates of method switching and loss to follow-up. Due to serious limitations of the data and the imprecision of study results, the GRADE rating for the quality of the body of evidence on hormonal contraception and HIV disease progression was "low".