

Newsletter from the Schick Foundation for the Week of November 18-25

HIV and Pregnancy from HIV Weekly November 18, 2009 It is possible for HIV+ women to have an HIV- baby. HIV treatment, mode of delivery, and not breast feeding can reduce the risk of mother -to-baby HIV transmission to very low levels.

HIV treatment must be started well before a woman goes into labor. A woman who has a C-section subjects her baby to the least risk from HIV.

HIV treatment should be continued after delivery. The period of time depends on the woman's immune status. There are even studies showing efficacy of preventing HIV transmission to baby's who are breast fed, if the woman continues HIV treatment with antiretroviral drugs.

Multiple pregnancies in HIV+ women are safe. Doctors in Dublin studied 112 HIV+ women who had two or more pregnancies between 1998 and 2008, they had a total of 263 children. The antiretroviral treatment started before delivery and suppressed their viral load to below 50 copies/ml.

The results showed the same as if the women only had delivered one child and there was no difference in rates of premature delivery, or in low birth weight. The main risk factor for women in all studies was presenting for care late.

HIV and Hepatitis

Hepatitis B

A pan-European study has shown that about 7% of HIV + patients are co-infected with chronic long term hepatitis B, hepatitis C, or both.

Some anti-HIV drugs also work against hepatitis B. It is recommended that co-infected people should receive these-drugs when they are taking HIV treatment. The researchers in the pan-European study found that 20%of patients had a very high Hepatitis B viral load, over 10, 000,000.

This increases the risk of serious liver damage.

Hepatitis C

Hepatitis C is usually cleared by the immune system of a person. However some Hepatitis C patients need treatment to prevent cirrhosis, possible liver transplantation, and death. Hepatitis C when associated with HIV is a serious problem. It is most common in Gay men and intravenous drug users. The treatment of these two conditions together is difficult but possible. The HIV-physician should start treatment of both conditions early.

Treating both conditions late frequently leads to liver failure, immune dysfunction, AIDS, and death. It is now possible for co-infected patients who are having liver failure to undergo liver transplantation and survive.

The Schick foundation this coming week will be presenting an oral abstract at the IAPAC-09 Unity in Action meeting with AMFAR in New Orleans. They also had a poster accepted. The presentation will be on November 29th, 2009, two days before World AIDS Day. We will be filming the Schick Foundation Presentation on the use of Blue Green Algae in HIV+ virologically suppressed patients. We have a pilot study under way which shows efficacy of the product, Blue Green Algae in HIV+ patients. The next news letter will come from New Orleans Louisiana from the Unity in Action Meeting.

We are also starting a study with pending FDA approval of the product, blue green algae for use in HIV+ but virologically suppressed patients to be used as a supplement with ARV. If you are interested in participating or donating to this study you can gift to a 501 C3 charity by using the web sites www.schickfoundation.org or www.schickresearch.com or you can send a donation via a check or a money order to The Peter Schick Foundation, 1223 Wilshire Blvd. #1007, Santa Monica California 90403.