



HIV Trends and Women's Sexual Health

March 2008

Summaries of articles with a women-centred focus on HIV, sexually transmitted infections, prevention and treatment issues.

HIV rate soars among Vancouver's native drug users

Startling new research reveals that aboriginal drug users living in Vancouver's Downtown Eastside are contracting HIV-AIDS at twice the rate of non-aboriginal users. Over the four-year study, 18.5 per cent of aboriginal men and women who injected such drugs as cocaine and heroin became HIV-positive, compared with 9.5 per cent of non-aboriginal intravenous drug users.

"This is a tragedy," Evan Wood, a research scientist at the B.C. Centre for Excellence in HIV/AIDS, said in an interview. "Many people in the aboriginal community are reaching out for care and the care isn't there."

Dr. Wood, the lead author of the research, said the higher rates of infection among natives are not due to biological factors but rather to patterns of social networking: The fact that aboriginal people interact principally with other aboriginals heightens their exposure and speeds the spread of HIV-AIDS.

Better social programs tailored to aboriginals could help alleviate that situation, he said. In fact, even before researchers started tracking new infections, they found that the proportion of aboriginal drug users with HIV-AIDS was already higher - 25.1 per cent versus 16 per cent for non-aboriginals.

The research suggests that, all told, two in every five drug users in downtown Vancouver who identify as being Indian, Inuit or Métis are infected with HIV-AIDS, a rate higher than some areas hardest hit by the pandemic in the developing world.

Among non-aboriginals, the HIV-AIDS >

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Native Drug Users...

infection rate among IV drug users is about one in four, still a disturbingly high number.

The study, published today in the American Journal of Public Health, shows that aboriginal and non-aboriginal injection drug users have essentially the same risk factors and behaviours, such as needle sharing, selling sex and practising unsafe sex.

But the social side is key. Lucy Barney, a nurse-researcher at the Children's & Women's Health Centre of British Columbia and co-author of the paper, said "people congregate in social networks where they feel safe - with their peers. This is a real problem when your peers are addicts and end up sharing needles."

However, Ms. Barney, a member of the Lillooet Titqet Nation, said the real explanation for the higher rates of HIV-AIDS infection goes beyond these daily interactions. It has its roots in poverty, unemployment, lack of housing and dislocation that plague many aboriginal communities and send young people to the streets of Vancouver seeking solace.

"Many of our people are walking around with no purpose in life, with no hope," she said. "Give them hope and there won't be so many drug addicts and alcoholics and there won't be so much HIV-AIDS."

Both researchers stressed that there need to be more "culturally appropriate" services offered to aboriginal IV drug users, including housing, rehabilitation facilities and health services. Ms. Barney said that while many programs are aimed at aboriginal people, there is a lack of co-ordination. Dr. Wood agreed and said the "findings suggest the need for immediate action on the part of health policy-makers." He bemoaned the fact that the current strategy seems to deal with IV drug use principally as a law-enforcement issue rather than a

public-health issue.

The study notes that aboriginal drug users have higher rates of incarceration than non-aboriginals and that doing prison time is a definite risk factor for contracting illness and a drug habit. An estimated one in five HIV-AIDS infections are contracted in prison.

The data for the study were derived from two similar cohorts of injection drug users, the Vancouver Injection Drug Users Study and the Scientific Evaluation of Supervised Injection. A

Two in every five drug users in downtown Vancouver who identify as being Indian, Inuit or Métis are infected with HIV-AIDS, a rate higher than some areas hardest hit by the pandemic in the developing world.

total of 2,496 individuals were recruited between May, 1996, and December, 2005, of whom 585 identified as being aboriginal - Indian, Inuit or Métis. During the study period, 159 people became newly infected with HIV-AIDS, including 44 aboriginals.

The study found that those most likely to contract HIV-AIDS were people who routinely injected cocaine. (Cocaine can be injected up to 30 times a day, while heroin is injected far less frequently.) Aboriginal participants in the study were more likely to be female and younger than non-aboriginals.

They had higher rates of daily cocaine injection and of involvement in the sex trade. Aboriginal people in Vancouver's Downtown Eastside are also less likely to get drug treatment such as methadone and to take drugs to treat their HIV-AIDS infection.

Source: Andre Picard, The Globe and Mail, February 1, 2008



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Antiretroviral Drugs Could Be Used To Prevent HIV Transmission, Study Says

Antiretroviral drugs might be effective at preventing the transmission of HIV, according to a study published online in the February issue of PLoS Medicine, the San Jose Mercury News reports (Johnson, San Jose Mercury News, 2/4). For the study, Jose Gerardo Garcia-Lerma of CDC and colleagues exposed five groups of macaques to SIV, the simian form of HIV, once a week for 14 weeks.

Researchers then gave four groups various dosages and combinations of Emtriva, or emtracitibine, and Viread, also known as tenofovir. The remaining group did not receive antiretrovirals (Joshi, ANI/Topnews, 2/5). One group received a daily injection of emtracitibine, which reduced the risk of HIV transmission by 3.8-fold compared with the control group. A second group received daily oral doses of both emtracitibine and tenofovir, which reduced the risk of transmission by 7.8-fold compared with the control group. A third group of macaques received daily injections of emtracitibine and higher doses of tenofovir before being exposed to SIV, and the fourth group received the same combination before and after exposure to the virus. Walid Heneine, a CDC researcher and co-author of the study, said the combination of emtracitibine and higher doses of tenofovir provided 100% protection against SIV.

“The findings from this intermittent

study suggests that ultimately it is possible to provide a promising new avenue for future research, where it opens up the floor for a lot of more research for intermittent dosing,” Heneine said (Berman, VOA News, 2/5). Heneine cautioned that the formulation the monkeys received contained more tenofovir compared with the version administered to humans. He added that it is too early to know if the combination could prevent HIV transmission among humans. According to the Mercury News, other studies to test if the combination could prevent HIV in humans are under way in the U.S. and several other countries (San Jose Mercury News, 2/4).

Source: Kaiser Daily HIV/AIDS Report, February 7, 2008



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Pfizer To License Antiretroviral To IPM for Reformulation as Microbicide

Pfizer on Wednesday is expected to announce plans to license its new antiretroviral drug Selzentry to the International Partnership for Microbicides in an effort to prevent sexual transmission of HIV among women worldwide, the Wall Street Journal reports (Johnson, Wall Street Journal, 1/30). Microbicides include a range of products – such as gels, films and sponges – that could help prevent the sexual transmission of HIV and other infections (Kaiser Daily HIV/AIDS Report, 12/20/07).

Selzentry, known generically as maraviroc, belongs to a new class of antiretrovirals that could provide an alternative to HIV-positive people who have developed resistance to multiple drugs. The treatment works by blocking a protein, called CCR5, on human immune system cells that HIV uses as a portal to enter and infect the cell. Pfizer has proposed using the drug to treat people with advanced HIV or AIDS who have not responded to other medications. FDA approved Selzentry in August 2007 on the condition that the drug's label include a black box warning about an increased risk of heart attack. FDA also is requiring Pfizer to conduct further research into the drug's long-term

side effects (Kaiser Daily HIV/AIDS Report, 9/25/07).

The word "microbicides" refers to a range of different products that share one common characteristic: the ability to prevent the sexual transmission of HIV and other sexually transmitted infections (STIs) when applied topically. A microbicide could be produced in many forms, including gels, creams, suppositories, films, or as a sponge or ring that releases the active ingredient over time.

Global Campaign for Microbicides: www.global-campaign.org

Jack Watters, Pfizer's vice president of external medical affairs, said he is optimistic about Selzentry's prospects as a preventive treatment but added that researchers are "a long way from proving that." Zeda Rosenberg, IPM's chief executive, said a topical formulation of the drug is preferred to daily pills because a lower dose of medicine gets into the bloodstream with topical application, increasing the safety for long-term use. The topical form also can be applied directly where HIV enters the body, she added.

According to the Journal, IPM "offers a low-risk way for Pfizer to find out if" Selzentry could "become a frequently taken drug, while potentially offering an empowering concept to women in the developing world." In addition, because the drug already has FDA approval, it could be easier to conduct tests of Selzentry in modified forms, the Journal reports. Selzentry also might be more appropriate for use as a microbicide than other antiretrovirals that block HIV-infected cells from replicating because it prevents the virus from infecting healthy cells (Wall Street Journal, 1/30).

Source: Kaiser Daily HIV/AIDS Report, Wednesday, January 30, 2008



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Experimental Microbicide Carraguard Does Not Provide Protection Against HIV, Study Finds

The experimental microbicide Carraguard is safe but does not provide women with protection against HIV, according to results from clinical trials conducted in three locations in South Africa, the Seattle Post-Intelligencer reports (Paulson, Seattle Post-Intelligencer, 2/18). Microbicides include a range of products – such as gels, films and sponges – that could help prevent the sexual transmission of HIV and other infections (Kaiser Daily HIV/AIDS Report, 2/6).

The study was conducted from March 2004 to March 2007 in the South African locations of Gugulethu, Isipingo and Soshanguve. Carraguard is developed by the New York City-based not-for-profit Population Council and contains carrageenan, which is derived from seaweed. The microbicide was given to half of the 6,202 participants, and the remaining half was given a placebo, the AP/Google.com reports. All study participants received safer-sex counseling and condoms. Women participated in the study from nine months to two years, with 4,244 completing the study. About 18% of the participants dropped out of the study, often because they became pregnant and Carraguard is not proven to be safe for use during pregnancy. An additional 13% of participants could not be found to gather follow-up information.

At the end of the study, researchers recorded 134 new HIV cases among women who used the microbicide, compared with 151 new cases among women given the placebo. Khatija Ahmed, principle investigator for the study, said the “results are comparable,” with no statistic

difference between the two groups (Marchione, AP/Google.com, 2/18).

The Population Council noted the study participants “self-reported” using the microbicide gel in 44.1% of their sex acts. About 10% of the women said they used Carraguard 100% of the time, and 20% said they used the microbicide 75% of the time (Seattle Post-Intelligencer, 2/18). Barbara Friedland, a researcher at the Population Council who coordinated behavior studies in the trial, said that the “overall number [of adherence] is low, and it could have had an impact” on Carraguard’s efficacy. It will take further analysis of the results to determine if patterns of condom use or failure to use the microbicide affected the outcome, the San Francisco Chronicle reports (Russell, San Francisco Chronicle, 2/19). The Population Council plans to continue testing Carraguard in combination with an experimental antiretroviral drug MIV-150, the Post-Intelligencer reports (Seattle Post-Intelligencer, 2/18).

The researchers also found that condom use among the study participants doubled from 33% of participants at the start of the trial to 64% during the trial. Other sexually transmitted infections decreased during the study, according to the AP/Google.com (AP/Google.com, 2/18).

Reaction

Henry Gabelnick – executive director of Arlington, Va.-based Conrad, which halted Phase III trials of its microbicide Ushercell in Africa and India last >



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Carraguard Does Not Protect...

year – said that Carraguard “could still turn out, upon further analysis among those who used it more consistently, that there was a protective effect.” Lori Heise, director of the Global Campaign for Microbicides, said, “We’re all disappointed, but we’re going to learn from this.” She added, “A more important lesson to take away from this trial is to conduct future microbicide trials with greater attention to and emphasis on maximizing subject participation.”

Friedland agreed with Gabelnick and Heise but said, “it’s tricky. Everyone struggles with adherence (to consistent use) on these kind of trials. Everybody tries to improve both adherence and our ability to measure it” (Seattle Post-Intelligencer, 2/18).

According to Reuters, because Carraguard was found to be safe, there are “hopes that it might be combined with drugs or other compounds to work better” (Fox, Reuters, 2/18). Jeff Spieler, an official at USAID, in a statement called the trial “groundbreaking work,” adding, “We have always known that the path to developing a successful microbicide would be a long one” (AP/Google.com, 2/18). “Now we all have to redouble our efforts to develop a microbicide that women can use to protect themselves,” Spieler said (Reuters, 2/18). The study was funded by the Bill & Melinda Gates Foundation and USAID (AP/Google.com, 2/18).

Source: Kaiser Daily HIV/AIDS Report, February 20, 2008



**To find out more about
microbicide development,
visit:**

**The Global Campaign for
Microbicides:
www.globalcampaign.org**

**International Partnership
for Microbicides: [www.ipm-
microbicides.org](http://www.ipm-microbicides.org)**



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Researchers Examine Effect of Male Circumcision on Female Partners

Researchers on Sunday at the 15th Conference on Retroviruses and Opportunistic Infections in Boston discussed a study that examined the effect of male circumcision on female partners, the New York Times reports. Although the researchers said that the study's findings are not statistically significant, they did say that male circumcision does not provide protection from HIV to female partners and that the procedure could increase the risk of HIV transmission if HIV-positive men have sex before the circumcision is healed.

For the study, Maria Wawer of Johns Hopkins University and colleagues enrolled 1,015 HIV-positive men who randomly were chosen to be circumcised either immediately or after waiting two years. Of the 770 married men in the group who were asked to invite their wives to participate in the study, 566 did so. Among the women, 245 were HIV-negative at the start of the study. The researchers focused on the 161 couples who enrolled at the same time and in which the men were HIV-positive and the women were HIV-negative. All the men and women were given information about HIV-prevention methods other than male circumcision, wound care and abstaining from sex after circumcision, according to the Times. The men also were given no-cost condoms, and the couples were provided with counseling and HIV tests.

Men in 93 of the couples had an immediate circumcision, compared with 68 men in the control group who delayed having the procedure for two years. In both groups, the HIV incidence was highest during the first six-month follow-up period: 27.3 in the immediate circumcision group and 17.8 in the delayed circumcision group. HIV incidence decreased during the rest of the study

period, according to the Times. Researchers recorded an incidence of 5.7% in the immediate circumcision group and an incidence of 4.1% in the delayed group.

Higher HIV incidence was recorded among couples who resumed sex more than five days earlier than when a health worker confirmed that circumcision wounds had healed completely, compared with couples who resumed sex within five days of confirmed wound healing, according to the Times.

Rates of condom use, bacterial vaginal infections, vaginal discharge, painful urination and urinary tract infections were the same among women in both groups, according to the study (Altman, New York Times, 2/4).

A similar study conducted by the researchers in Uganda found a 25% lower rate of genital herpes among women whose male partners were HIV-negative when circumcised. The study also found a 50% reduction in the sexually transmitted infection trichomoniasis and a 20% reduction in bacterial vaginosis among women whose partners were HIV-negative when undergoing the procedure (Russell, San Francisco Chronicle, 2/4).

According to the researchers, the study's findings underscore the need for education among men who are circumcised and their female partners. Wawer said that because the findings are not statistically significant, more research is needed to determine the benefits of male circumcision among men and their partners. In addition, further research is needed to determine ways to reduce the risks associated with resuming sex before the circumcision is healed, Wawer said (New York Times, 2/4). Wawer added that although the study did >



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Molecule That Directs Immune Cells to Intestines Also Serves as Receptor for HIV, Study Finds

A molecule called integrin alpha-4 beta-7 that naturally directs immune cells to the intestines also serves as a receptor for HIV, according to a study conducted by NIH's National Institute of Allergy and Infectious Diseases and published Sunday in the journal *Nature Immunology*, the *New York Times* reports. The study's findings have identified a new human receptor for the virus, according to the *Times*.

HIV rapidly infects the lymph nodes and lymph tissue found in the intestines, which become the primary location where the virus replicates, the *Times* reports. After HIV replicates in the intestines, the virus depletes the lymph tissue of CD4+ T cells. This situation occurs in all HIV-positive people regardless of the mode of transmission, the *Times* reports.

For the study, NIAID director Anthony Fauci and colleagues showed that a protein on the outer shell of HIV attaches itself to a molecule in the receptor that is linked to the way T cells find the digestive tract. The study also found that the binding of HIV to the molecule stimulates activation of another molecule, LFA-1, which helps spread the virus from one cell to another. These actions ultimately lead to the destruction of lymph tissue, according to the *Times*.

Fauci in an interview said the study "took

nearly two years, and there's little doubt that what we have found is a new receptor" (Altman, *New York Times*, 2/11). He added, "It is the very molecule that steers lymphocytes to the gut and keeps them there." According to Fauci, "It is not only important in that it is a homing receptor to the gut. But it also can play a role in enhancing the ability of HIV to spread in the body." Elena Martinelli, a researcher involved in the study, said, "The gut is where the virus really takes hold." She added, "We found that integrin alpha-4 beta-7, whose natural function is to direct T cells to the GALT, is also a receptor for HIV. It is very unlikely that this is a coincidence" (Fox, Reuters, 2/10).

Warner Greene – director of the Gladstone Institute of Virology and Immunology who was not involved in the study – said the findings are "an important advance in the field." He added, "They begin to shed light on the mysterious process on why the virus preferentially grows in the gut." Fauci said he hopes the results will encourage other scientists from different disciplines to explore new ways to attack HIV, adding that drugs aimed at blocking the molecule also should be studied for their potential benefit in HIV/AIDS treatment (*New York Times*, 2/11).

Source: Kaiser Daily HIV/AIDS Report February 11, 2008

Circumcisions' Effect on Female Partners...

not find a reduced risk of HIV among women whose HIV-positive partners were circumcised, male circumcision likely still will benefit women because fewer men within a population will be HIV-positive, and thus less likely to transmit the virus. "We

are sure there will be a population benefit" associated with male circumcision, Wawer said (*San Francisco Chronicle*, 2/4).

Source: Kaiser Daily HIV/AIDS Report February 4, 2008



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HIV Can Be Transmitted Through Pre-Chewed Food, Researchers Say

HIV can be transmitted to infants through food that is pre-chewed by an HIV-positive parent or caregiver, CDC researchers said Wednesday at the 15th Conference on Retroviruses and Opportunistic Infections in Boston, the New York Times reports. Specific findings from the study have not been released, the Times reports.

According to the Times, pre-chewing food most often occurs in developing countries, where commercially prepared infant food and blenders are not available and caregivers need to soften food before giving it to an infant. The practice is rare in the U.S. but does occur among several racial and ethnic groups, according to a CDC study on infant feeding. The virus is transmitted in blood in the saliva of HIV-positive people who have inflammations or sores in their mouths through cuts associated with teething in the infants' mouths (Altman, New York Times, 2/7). Previous studies have linked pre-chewing to the spread of other infections such as *Helicobacter pylori*, which causes stomach ailments, and streptococcal pharyngitis, which causes sore throats, the AP/Google.com reports (Strobbe, AP/Google.com, 2/6).

At the conference on Wednesday, CDC epidemiologist Kenneth Dominguez and colleagues from St. Jude Children's Research Hospital and the University of Miami said three cases of HIV transmitted through pre-chewing have been identified in the U.S. since 1993 (New York Times, 2/7). In at least two of the cases, the infants' mothers were HIV-positive and had bleeding gums or mouth sores while they were pre-chewing food for their children (AP/Google.com, 2/6). The researchers ruled out other possible transmission modes, such as blood transfusions or breastfeeding, in all three cases (Dunham, Reuters, 2/6). In two of the cases, genetic

studies of the infants' viruses matched those of their mothers, according to the Times (New York Times, 2/7).

All three of the children were teething and had inflamed gums when they contracted the virus. According to the researchers, it might be necessary for both the caregiver who pre-chewed food and the child to have inflammation or open sores in the mouth for the virus to be transmitted (AP/Google.com, 2/6). The researchers said that pre-chewing as a mode of HIV transmission "warrants further investigation in order to continue reducing cases of HIV transmission in the U.S.," adding that the findings "could have more significant implications for developing countries." The researchers advised health care providers and HIV-positive caregivers to be aware of the risks of pre-chewing. They also advised caregivers living with HIV/AIDS to not pre-chew food for infants (Reuters, 2/6). The researchers also said that they reported the three cases in an effort to ask health care providers and family members to report suspected cases to officials to quantify the situation (New York Times, 2/7).

Kimberly Hagen of the Emory Center for AIDS Research said that programs in developing nations aimed at reducing pre-chewing among HIV-positive caregivers could be nutritionally harmful for infants. "This would really take a lot of thinking before you could say, 'We've had three cases in 11 years, so you have to stop pre-chewing your child's food,'" Hagen said (AP/Google.com, 2/6).

Source: Kaiser Daily HIV/AIDS Report - Thursday, February 7, 2008



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Rural, Urban Singles Are Very Much Alike When It Comes to Sex

A new study finds very little difference between rural and urban singles in terms of the number of sex partners, frequency of unprotected sex, and testing for HIV and other STDs.

“The first task for health educators in rural areas is to get the message out there that these infections don’t discriminate based on geography,” said Robin Milhausen, professor of family relations at the University of Guelph. Milhausen, who worked on the report with Bin Huang and Richard Crosby of the University of Kentucky and Bill Yarber of Indiana University, said the study of US data has implications for Canadians as well.

“The study suggests there are actually few differences between rural and non-rural individuals in terms of their risk behavior, so we shouldn’t neglect rural areas in Canada when it comes to prevention and education efforts,” Milhausen said. Rural areas, home to fewer than 50,000 people, make up 95 percent of Canada. Thirty percent of Canadians live in areas classified as remote.

Among the study’s findings:

The average number of sex partners was about seven for rural men and about eight for non-rural men.

Rural women reported an average of five partners, and non-rural women reported six.

No condom use at last intercourse was reported by about 46 percent of rural and non-rural men

No condom use at last intercourse was reported by about 46 percent of rural and non-rural men alike. Among women, not using a condom was reported by 47 percent in rural settings and 51 percent in non-rural settings.

alike. Among women, not using a condom was reported by 47 percent in rural settings and 51 percent in non-rural settings.

Having been tested for HIV was reported by 44 percent of men in both groups, and by 50 percent of rural women and 59 percent of non-rural women.

Yet while the level of risk exposure is similar between both populations, “It’s often more difficult to access testing and treatment in rural areas, and there appears to be more of a stigma associated with accessing these resources in small communities,” Milhausen said. The study is set to be published in Health Education Monograph.

Source: CDC HIV/Hepatitis/STD/TB Prevention News Update 12/19/2007
Original Source: The Record (Kitchener-Waterloo) (12.15.07)



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Scientists Study How HIV Hides in Body

An existing drug used to fight a parasite could prove useful in flushing dormant HIV out of the blood's macrophage cells, where existing AIDS drugs cannot penetrate, a new study suggests.

Macrophages engulf and digest debris and pathogens in the body, and usually a damaged or infected macrophage would self-destruct. But through multiple steps, HIV turns this part of the immune system into a viral reservoir.

The researchers observed that HIV produces a protein that turns on a cell-survival pathway, which ultimately activates an enzyme called Akt that prevents HIV-infected macrophages from committing suicide. This pathway is also important for certain cancers, and oncologists have been trying to target it for treatments, said Dr. Baek Kim, the study's senior investigator with the University of Rochester.

With this knowledge, the researchers added Akt-inhibiting drugs to HIV-infected macrophages in lab dishes to see if the cells would die. Both miltefosine, a drug to treat leishmaniasis, and a similar, prospective cancer drug called perifosine quickly killed the infected macrophage cells. Since miltefosine is already known to be safe in treating leishmaniasis patients, Kim hopes soon to study the drug's efficacy in targeting macrophages in animals.

"The evidence they show is in fact pretty good," said Dr. Kuan-Teh Jeang, an HIV specialist at the National Institutes of Health. A subsequent study should test miltefosine in SIV-infected monkeys, Jeang said.

The report, "Akt Inhibitors as an HIV-1 Infected Macrophage-Specific Anti-Viral Therapy," was published in *Retrovirology* (2008;5(11):doi:10.1186/1742-4690-5-11).

Source: CDC HIV/Hepatitis/STD/TB Prevention News Update 02/05/2008
Original Source: <http://www.ap.org/> (02.01.08): Lauran Neergaard

HIV/AIDS Advocacy Groups, Scientists React to Swiss Claim About Antiretrovirals, HIV Transmission

Some HIV/AIDS advocacy groups and scientists on Wednesday reacted with concern to a claim by a Swiss state commission that HIV-positive people taking antiretroviral drugs cannot transmit the virus during sex if they are adhering to their treatment regimens and have suppressed HIV viral loads for at least six months, AFP/Yahoo! News reports.

The Swiss AIDS Commission on Wednesday in a report based on four studies said that couples with one HIV-positive partner do not need to use condoms to prevent HIV transmission provided the above conditions are met and the HIV-positive partner does not have any other sexually transmitted infections. One of the studies – published in the *Swiss Bulletin of Medicine* – was conducted in Spain between 1990 and 2003 among 393 heterosexual couples with an HIV-positive person. The study found that none of the HIV-negative partners contracted the virus from an HIV-positive person taking antiretrovirals. Another study conducted in Brazil found that out of 93 couples, 43 with an HIV-positive partner, six >



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Antiretrovirals and HI V Transmission ...

people became HIV-positive. All six of the new HIV cases in the Brazil study were attributed to the HIV-positive partners not following their treatment regimens, AFP/Yahoo! News reports. The two other studies – one conducted in Uganda and the other conducted among pregnant women – had similar results, Bernard Hirschel, co-author of the Swiss report and an HIV/AIDS specialist at University Hospital in Geneva, said.

Reaction

Several HIV/AIDS advocacy groups and scientists expressed concern following the release of the report, noting that the research was focused on heterosexual couples and vaginal intercourse rather than anal sex, according to AFP/Yahoo! News. Roger Peabody of the Terrence Higgins Trust in London said the “real thing” missing from the report was information about “anal sex and getting a new” STI. “We don’t feel the scientific evidence is conclusive, and there are some key issues that are not covered” in the report, Peabody said.

The French HIV/AIDS advocacy group Act Up said that only a small number of HIV-positive people would be affected by the findings and added that 40% of HIV-positive people taking antiretrovirals still carry the virus despite treatment adherence. France’s National AIDS Council said the findings are not conclusive enough to apply to all HIV-positive people who follow their treatment regimens.

Hirschel said that although the report “can provoke certain fears,” the information is “credible” and “relies on proven and certain facts” and “should be made known” (AFP/Yahoo! News, 1/30).

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