



A summary of articles with a women-centred focus on HIV, sexually transmitted infections, prevention issues and more. Please contact the source cited or Positive Women's Network if you'd like more information.

edited by Janet Madsen, Communications Coordinator (janetm@pwn.bc.ca)

Headlines

Prevention Issues and Challenges (page 2)

- Virginty Pledges Don't Cut STDs...2
- Never Too Old: In the Age of AIDS and Viagra, the Safe Sex Message Applies to Women Over 50 as Well...3
- HIV Often Spread During Early Infection...3
- HIV+ Heterosexuals Test Positive at Later Stage than Homosexual or Bisexual Men...4
- Spain's Catholic Church Backs Condoms to Fight AIDS...4
- Spanish Bishops Rebut Spokesman's Support of Condoms...5
- Microbicide Acceptability Among High-Risk Urban US Women: Experiences and Perceptions of Sexually Transmitted HIV Prevention...5

Women's' Health Spectrum (page 6)

- Many Parents with HIV Avoid Contact with Kids...6
- Partners Work on Drug to Fight Cervical Cancer...7
- The Women and AIDS Resolution...7

Testing, Treatment and Care (page 8)

- HIV-Infected Patients with Low Literacy Skills Do Not Take Medications Correctly...8
- HIV/AIDS Pathogenesis; Drug Use Increases Risk of Opportunistic Infections Among HIV-Infected Women...8
- Taking Medicine Prevents AIDS Mutations - Studies...9

Prevention Issues and Challenges

"In theory, everybody agrees on how to prevent AIDS: the ABC method, which stands for abstinence, being faithful and condoms. But the Bush administration interprets this as ABC. New administration guidelines stipulate that U.S.-financed AIDS programs for young people must focus on abstinence or, for those who are already sexually active, returning to abstinence."

-- Nicholas D. Kristof

source: excerpt, "When Marriage Kills", The New York Times, March 30, 2005. courtesy AF-AIDS forum: af-aids@forums.healthdev.org

Virginity Pledges Don't Cut STDs

Young people who take virginity pledges are as likely to get sexually transmitted diseases as those who do not make the same pledge, new research shows. The findings surprised researchers Peter Bearman, PhD, of Yale University, and Hannah Brückner, PhD, of Columbia University.

Four years ago, the pair reported that pledge-takers - those who promise not to have sex before marriage - tended to have sex later, delaying first intercourse by a year to 18 months. Pledge-takers also tend to marry earlier, have fewer partners, and report more monogamous partners, say Bearman and Brückner. But when it comes to STDs, there appears to be little difference between the two groups.

"Contrary to expectations, we found no significant differences in STD infection rates between pledgers and nonpledgers, despite the fact that they transition to first sex later, have less cumulative exposure, fewer partners, and lower levels of nonmonogamous partners," write the researchers.

An estimated 2 million adolescents had taken a virginity pledge by 1999. That trend showed up in the 1995 National Longitudinal Study of Adolescent Health, a comprehensive in-home survey of more than 20,000 students in grades 7-12.

Nearly 75 percent of participants provided follow-up data in 2001-2002. At that point, they were 18-24 years old. They answered more questions and provided urine samples to be screened for STDs. By then, most had had sex. Still, a "significant minority [of pledge-takers] holds out far into young adulthood," write the researchers.

STD rates were similar among all participants, regardless of whether they had taken a

virginity pledge. That might be partly explained by a few other findings. Condom use was similar among all participants at the most recent interview. But pledge-takers were less likely to have reported using a condom the first time they had sex.

The pledge-takers were also more likely to say they had oral or anal sex, but not vaginal sex. "Amongst those who have only oral sex and/or anal sex, pledgers are overrepresented," say researchers. Overall, nearly 3 percent of respondents reported oral sex with one or more partners but no vaginal sex.

"Although just over 2 percent of nonpledgers fell into this group, 13 percent of consistent pledgers and 5 percent of inconsistent pledgers do," write Bearman and Brückner. Still, that means most pledge-takers didn't put themselves in those categories. Similarly less than 1 percent of nonpledgers report anal but no vaginal sex compared with 1.2 percent of pledgers.

Condom use was rare among participants for first oral or anal sex - regardless of their pledge status. Pledge-takers were also less likely to know their STD status or to have seen a doctor about STD symptoms.

Virginity pledges aren't always taken for health reasons. Moral and religious values can also play a role. However, "as a social policy, pledging does not appear effective in stemming STD acquisition among young adults," the researchers conclude. Their study appears in the Journal of Adolescent Health's March 18 issue.

Sources: Brückner, H. Journal of Adolescent Health, March 18, 2005; vol 36: pp 271-278. WebMD Medical News: "Virginity Pledge Works." News release, Yale University.

Prevention Issues and Challenges

Never Too Old: In the Age of AIDS and Viagra, the Safe Sex Message Applies to Women Over 50 as Well

Among the findings of a 1999 American Association of Retired Persons mail survey of 1,384 adults age 45 and older, a third of women age 60 and older reported having sexual intercourse once or more a week. In another study, about half of 514 women over 50 surveyed recently by Emory University had a significant deficit of HIV knowledge.

Some Planned Parenthood affiliates have expanded their missions to address women beyond the typical childbearing years. And a Grand Rapids Planned Parenthood educator has written a curriculum to help professionals counsel older patients, said Michael McGee, the national group's vice president of education and social marketing.

Menopausal changes can make women more vulnerable to STDs. Many women over 50 are only diagnosed with HIV when they have AIDS. Women over 50 comprise 18 percent of US female AIDS cases, according to doctors. Pressure on women to have sex because their partner has taken a pill like

Viagra has been documented in one small New Zealand study, and some experienced discomfort from prolonged, repeated intercourse.

Sex among older people is "not an issue brought into conversation in a family, much less in the community. Doctors don't talk to seniors about sex," said Vincent Delgado, a founder of National Association on HIV Over 50, and deputy director of special populations in a health care center in Miami.

"The typical intervention is the use of the male condom during intercourse. We don't know, though, whether the male condom is really very effective for older couples," said Dr. Stacy Tessler Lindau, a gynecologist and geriatrician. "In order to use a condom properly, there needs to be a full erection, and we need to know whether the timing of condom application is appropriate for older men."

Source: CDC HIV/STD/TB Prevention News Update, Thursday, January 13, 2005
Original Source: Chicago Tribune (01.12.05): Connie Lauerman

HIV Often Spread During Early Infection

HIV infection is likely to be transmitted before people are even aware that they are carriers, UK researchers report in the January 3rd issue of *AIDS*.

"The study demonstrates that a significant proportion of new HIV-1 infections may be transmitted by those who themselves have only very recently been infected..." study co-author Dr. Deenan Pillay told Reuters Health. Dr. Pillay and colleagues came to this conclusion after studying 103 people with primary HIV infection. Of this group, 99 were men and 90 of these were men who had sex with men. In all, viruses from 34% appeared within 15 phylogenetically related clusters.

Unprotected anal intercourse in the 3 months before diagnosis, the number of sexual

contacts, high CD4 cell counts and a younger age were significantly associated with clustering.

"Importantly," said Dr. Pillay, "this is a means by which transmissions occur before people know that they are infected, and therefore is not amenable to prevention by treatment...."

Because of this, the researchers advocate information and awareness campaigns "to highlight the possible symptoms of primary HIV infection in groups with high rates of onward transmission."

AIDS 2005;19:85-90. Source: David Douglas, HIV and Hepatitis.Com, February 11, 2005
Original Source: Reuters: 02/11/05

Prevention Issues and Challenges

HIV+ Heterosexuals Test Positive at Later Stage than Homosexual or Bisexual Men

HIV-positive heterosexual men and women present for HIV testing at a later stage of infection than homosexual and bisexual testers, according to a prospective observational study by K. Manavi and colleagues. The authors defined late presentation as testing HIV-positive with a baseline CD4+ T-cell count less than 200 cells/mL.

Researchers compared baseline CD4+ T-cell counts in HIV-positive heterosexual men and women, IV drug users, homosexual and bisexual men diagnosed in Genitourinary Medicine and Regional Infectious Disease Unit (GUM/RIDU) departments, and routinely screened pregnant patients.

During the study, 189 patients tested in GUM/RIDU and 13 screened pregnant females were diagnosed with HIV. Of them, 34 percent of GUM/RIDU patients and 38 percent of maternal patients had CD4+ T-cells of fewer than 200 cells/mL at diagnosis. Among the heterosexuals diagnosed at GUM/RIDU sites, 45 percent were late presenters.

Significantly fewer homosexual men tested late. There was no difference in proportion of late testing between the antenatal diagnoses and all heterosexual GUM/RIDU diagnoses (5/13 and 35/78, respectively).

"A significant number of HIV-infected heterosexual patients are late presenters in the HIV testing at GUM/RIDU," researchers concluded. "HIV screening programs for heterosexual individuals in any medical encounter may reduce the number of late presenters."

The full study, "Heterosexual Men and Women with HIV Test Positive at a Later Stage of Infection Than Homo- or Bisexual Men," was published in International Journal of STDs and AIDS (2004;15(12):811-814).

Source: CDC HIV/STD/TB Prevention News Update, Friday, March 25, 2005
Original Source: Women's Health Weekly (03.10.05)

Spain's Catholic Church Backs Condoms to Fight AIDS

A spokesperson for Spain's Catholic Church acknowledged that condoms have a role to play in a broader strategy - based primarily on sexual abstinence and fidelity - to fight AIDS. There is scientific evidence that condoms can combat the spread of HIV, said Juan Antonio Martinez Camino, spokesperson for Spain's Bishops' Conference.

"The Church is very worried and interested by this problem, and its position is backed by scientific proposals such as this one published in the prestigious magazine the Lancet," said Martinez Camino. "The time has come... and contraception has a place in a global approach to tackling AIDS."

Martinez Camino's statement could mean the Spanish Church intends to avoid a face-off with

Spain's Socialist government, which is promoting condom use to fight AIDS. Official Roman Catholic teaching bans condom use - because it is a form of contraception - and it advocates abstinence - even between members of a serodiscordant married couple - as the best way to stop AIDS. The Vatican has not issued a definitive statement on using condoms in limited cases to stop AIDS.

Most Vatican officials who have commented on the issue oppose condom-use campaigns.

Source: CDC HIV/STD/TB Prevention News Update Wednesday, January 19, 2005
Original Source: Reuters (01.19.05): Daniel Flynn

Spanish Bishops Rebut Spokesman's Support of Condoms

On Wednesday, the Spanish Bishops' Conference issued a statement clarifying that it had not changed doctrine to embrace the use of condoms to prevent the spread of AIDS. On Tuesday, conference spokesperson Juan Antonio Martinez Camino had said "the time has come for a joint strategy in the prevention of such a tragic pandemic as AIDS, and contraception has a place in the context of the integral and global prevention of AIDS. Sex with condoms is not safe, it's just less unsafe," he said. He placed condom use in the context of a broader AIDS strategy known as the ABC approach, which promotes Abstinence, Being faithful, and Condom use.

"It is impossible to advise the use of condoms," because in Catholic teaching, "condom use implies immoral sexual conduct," the bishops' conference statement clarified. Rather, the Catholic Church

promotes "faithful conjugal love" in order to prevent "risky situations."

Worldwide, no bishops' conference has openly overturned the papal ban on contraception. However, Jesuit clerics in Africa, where AIDS is most widespread, have openly pressed for the proscription to be lifted. And on Jan. 13, Belgian Cardinal Godfried Daneels told the Dutch Catholic broadcaster RKK that condom use would be appropriate for a serodiscordant couple that wants to continue having sex. "This comes down to protecting yourself in a preventive manner against disease or death. It cannot be entirely judged in the same manner as a pure method of birth control," Daneels said.

Source: CDC HIV/STD/TB Prevention News Update, Thursday, January 20, 2005

Original Source: Washington Post (01.20.05): Daniel Williams

Microbicide Acceptability Among High-Risk Urban US Women: Experiences and Perceptions of Sexually Transmitted HIV Prevention

The authors conducted the study to measure microbicide acceptability among high-risk women and contextual factors likely to affect acceptability and use. The goal was to assess the usefulness of microbicides among high-risk women.

The researchers conducted 75 ethnographic interviews and a survey of 471 participants that explored women's perspectives on HIV/STD prevention, vaginal contraceptives similar to microbicides, and microbicide acceptability. Ninety-four participants in a two-week behavioral trial used an over-the-counter vaginal moisturizer to simulate microbicide use during sex with primary, casual and/or paying partners.

The study found participants had limited experience with vaginal contraceptives but high interest in microbicides as an alternative to condoms, indicated by an acceptability index score of 2.73

(standard deviation, 0.49; scale of 1-4) in the overall sample. General microbicide acceptability varied by ethnicity, prior contraceptive and violence/abuse experiences, relationship power, and other attitudinal factors. The simulation trial indicated significant willingness to use the product in various locations and with all types of partners.

"Vaginal microbicides may improve prevention outcomes for high-risk inner-city women," the authors concluded.

Source: CDC HIV/STD/TB Prevention News Update Monday, January 03, 2005

Original Source: Sexually Transmitted Diseases Vol. 31; No. 11: P.682-690 (11.04)::Margaret R. Weeks, PhD; Katie E. Mosack, PhD; Maryann Abbott, MA; Laurie Novick Sylla, MHSA; Barbara Valdes, RN; Mary Prince

Women's Health Spectrum

Many Parents with HIV Avoid Contact with Kids

A new study reports that almost four out of 10 HIV-infected parents avoid casual interaction such as hugging, kissing or sharing utensils with their children out of fear of infection.

Dr. Mark A. Schuster of the University of California-Los Angeles and colleagues interviewed 344 HIV-positive parents about their fears of transmission to or from their children in order to determine the effects of HIV infection on parent-child interaction. The researchers found that 42 percent of parents were afraid of catching an opportunistic infection from contact with their children, and 36 percent were afraid of transmitting HIV to their children. More than 25 percent said they avoided certain interactions "a lot" out of transmission fears, while 40 percent said they held back "a little."

Nearly one in five parents said they avoided kissing their children on the lips because of HIV transmission fears, and approximately the same percentage did not share utensils. A small percentage also said they withheld hugs or cheek kisses because of HIV, said the authors.

Parents' fears of transmitting HIV through casual contact are unfounded, cautioned Schuster. "There are no cases that we've ever heard of parents transmitting HIV to a child through casual contact," Schuster said, adding that parents who withhold affection from their children may only be "diminishing their relationship" with them. This is especially

important if parents cut back on affection after being diagnosed with the disease, he said, since children tend to blame themselves for things that happen at home, causing them to fear they did something wrong.

However, the fear of catching an opportunistic infection from their children "is not unrealistic," the researchers noted. "Parents are advised to avoid contact when their child has an active infection, such as a cold, but not to avoid contact on a routine basis," they said.

According to the researchers, 28 percent of the people currently being treated for HIV in the United States have children under age 18, and most HIV-positive mothers live with their children. Despite public health messages about how HIV can and cannot be transmitted, many people remain confused, they added, citing a recent survey showing that more than one-third of adults believe one can get HIV from kissing, and one-quarter believe a person can get the disease from sharing a drinking glass.

The full study, "HIV-Infected Parents' Fears About Contagion and the Effects on Parent-Child Interaction in a Nationally Representative Sample," was published in the Archives of Pediatrics & Adolescent Medicine (2005;159(2):173-179).

Source: CDC HIV/STD/TB Prevention News Update, Thursday, February 10, 2005 Original Source: Reuters Health (02.09.05): Alison McCook

Partners Work on Drug to Fight Cervical Cancer

St. Paul, Minn.-based 3M Co. announced it will team up with a Japanese drug company to develop a drug to treat the precursor to cervical cancer - cervical dysplasia - and the virus scientists believe causes the disease - human papillomavirus (HPV). The partnership will further expand 3M's portfolio of immune-response modifier (IRM) compounds. IRMs stimulate the body's immune system to fight off virus-infected and tumor cells, although there is some disagreement within the research community about precisely how the compounds work.

Cervical dysplasia is defined as abnormal cell growth in the cervix, and it is often detected by a Pap-

smear test. Though there are varying grades of cervical dysplasia, all are considered to be precancerous. Scientists believe HPV is a leading suspect in the formation of abnormal cell growth.

The yet-to-be named drug is currently in phase I clinical trials. Takeda Pharmaceutical Co. will provide funding for the drug's research in exchange for exclusive rights to sell the drug in Asia, pending regulatory approval. Phase II trials are expected to begin later this year.

Source: CDC HIV/STD/TB Prevention News Update, Wednesday, March 02, 2005

Original Source: Wall Street Journal (03.02.05); Erik Ahlberg

The Women and AIDS Resolution

On Friday, delegates to the UN's Commission on the Status of Women wrapped up a two-week meeting by passing 10 resolutions, including one on women and AIDS.

The resolution urges governments "to take all necessary measures to empower women and strengthen their economic independence. to enable them to protect themselves from HIV infection." It calls on governments to take steps to help women prevent HIV infection "principally through the provision of healthcare and health services, including for sexual and reproductive health and through preventive education."

The resolution also calls for expanded access to HIV/AIDS treatment, including treatment to prevent

mother-to-child transmission. It recognizes the importance of young men and women having access to information and "youth-specific education." In addition, it calls for new programs "to enable men, including young men, to adopt safe and responsible sexual and reproductive behavior and to use effective methods to prevent the spread of HIV/AIDS."

Other resolutions asked governments and organizations to ensure that girls receive education and women have access to reproductive health care and psychological support.

Source: CDC HIV/STD/TB Prevention News Update, Monday, March 14, 2005

Original Source: Miami Herald (03.12.05)

Testing, Treatment and Care

HIV-Infected Patients with Low Literacy Skills Do Not Take Medications Correctly

A recent study reports that HIV-infected patients with poor literacy skills do not properly follow medication regimens. The researchers, led by M.S. Wolf of Northwestern University's Feinberg School of Medicine, examined the relationship between patient understanding of HIV, HIV treatment, and health literacy. They conducted interviews with 157 persons with HIV.

Forty-eight percent of the patients were reading below the ninth-grade level. One-third of them could not name their HIV medications; this was found to be significantly associated with low literacy. Two-thirds of those reading below the ninth-grade level did not know how to take their medications properly.

Seventy-five percent did not know the meaning of "viral load" or "CD4 count."

The team found that HIV-infected patients with low literacy skills were more likely to identify their physician as their only source of information about HIV. "Physicians may require training to appropriately convey health information to patients of low literacy," Wolf and colleagues concluded.

The full report, "Health Literacy and Patient Knowledge in a Southern US HIV Clinic," was published in the *International Journal of STD and AIDS* (2004;15(11):747-752).

Source: CDC HIV/STD/TB Prevention News Update, Thursday, March 10, 2005
Original Source: *AIDS Weekly* (02.21.05)

HIV/AIDS Pathogenesis; Drug Use Increases Risk of Opportunistic Infections Among HIV-Infected Women

Animal and in vitro studies suggest that cocaine and heroin use speed HIV replication and suppress immune function, though epidemiological studies remain inconclusive, Lorna E. Thorpe of CDC and colleagues wrote in a recent study. In their prospective study, researchers examined the association between illicit drug use and four outcome measures: CD4 cell percentage, HIV RNA levels, survival to class C diagnosis of HIV infection, and death. A national cohort of HIV-positive women was enrolled between 1989 and 1995 and were followed for five years and interviewed about their drug use. Up to three urine screens were conducted to validate self-reported drug use.

Of 1,148 women, 40 percent at baseline used hard drugs during pregnancy. "In multivariate analyses, hard-drug use was not associated with change in CD4 cell percentage ($p=0.84$) HIV RNA

level ($p=0.48$), or all-cause mortality (relative hazard=1.10; 95% confidence interval, 0.61-1.98)." However, the hard-drug using women did have an increased risk of developing class C diagnoses -- especially herpes, pulmonary TB and recurrent pneumonia. The authors concluded, "Hard-drug using women may be at higher risk of developing nonfatal opportunistic infections." The full report, *Effect of Hard-Drug Use on CD4 Cell Percentage, HIV RNA Level, and Progression to AIDS-Defining Class C Events Among HIV-Infected Women* was published in *Journal of Acquired Immune Deficiency Syndromes* (2004;37(3):1423-1430).

Source: What's New at The Body, January 19, 2005 (www.thebody.com)
Original Source: *Women's Health Weekly*, January 13, 2005

Testing, Treatment and Care

Taking Medicine Prevents AIDS Mutations - Studies

Taking AIDS drugs exactly as prescribed is the best way to prevent HIV from becoming drug-resistant, researchers recently told an American Medical Association briefing. Since missing even the occasional dose is enough to let HIV adapt and mutate, helping patients adhere to their regimens will save both lives and money, they said.

Richard Harrigan of the British Columbia Center for Excellence in HIV/AIDS and colleagues found that of all factors affecting HIV mutations, patient adherence to drug therapy was the most important. Patients who missed less than 5 percent of their medications did not develop resistance. "Those who took 80 percent of their medication were likely to develop resistance most quickly," said Harrigan, whose study was published in the February issue of *Journal of Infectious Diseases*. That could mean HIV was free to replicate and was exposed to enough of the drugs to evolve in response to them.

HIV drug cocktails are expensive, must be taken in a complicated daily regimen, and can cause serious side effects. To help handle HIV that has become resistant, the drug regimen can be changed. But given the limited number of HIV drugs, treatment options can run out.

"There are only two things that make a drug fail," said Dr. John Bartlett, an infectious-disease expert at the Johns Hopkins University. "One is if [HIV] is resistant. Probably what is most important is what we call adherence," he said. The full study, "Predictors of HIV Drug-Resistance Mutations in a Large Antiretroviral-Naïve Cohort Initiating Triple Antiretroviral Therapy," was published in *Journal of Infectious Diseases* (2005;191:339-347).

Source: CDC HIV/STD/TB Prevention News Update, Thursday, January 20, 2005
Original Source: Reuters (01.13.05)