

HIV Trends and Women's Sexual Health

January 2005



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.

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Women's Health Spectrum

Drug Companies Attempting Cervical Cancer Breakthrough

The University of Alabama-Birmingham is participating in worldwide human trials of two new vaccines targeted at the human papillomavirus strains that produce about 75 percent of cervical cancer cases. HPV is the most common STD, and Merck and GlaxoSmithKline have created HPV vaccines that have shown promise in studies.

"This research is really groundbreaking," Dr. Warner Huh, an obstetrician/gynecologist and researcher at UAB, said Monday during a news conference to promote recruitment for the Glaxo study. "The vaccines are incredibly, incredibly effective. They may really change the frontier and how patients are managed from the moment they are born."

UAB is enrolling 200 women ages 19-25 as part of the four-year Glaxo trial, the final step toward Food and Drug Administration approval of the vaccine. The Merck vaccine, also undergoing testing at UAB, is aimed at the same strains of HPV as the Glaxo product but also includes protection against HVP strains that cause genital warts. Test subjects for the Merck vaccine are no longer being recruited.

Source: CDC HIV/STD/TB Prevention News Update, Thursday, January 13, 2005

Original Source: Birmingham News (01.11.05): Dave Parks

Oral Contraceptives Upregulate [sic] CCR5 on Endocervical Mucosa

NEW YORK (Reuters Health) Jan 10 - Upregulation [sic] of the HIV-1 chemokine co-receptor CCR5 in the endocervical mucosa of women using combined oral contraceptives may increase the risk of HIV transmission, UK researchers report in December issue of the British Journal of Obstetrics and Gynaecology.

"There is evidence from previous studies showing that women using combined oral contraceptives may shed more HIV from the cervix than non-users," senior investigator Dr. Moses S. Kapembwa told Reuters Health. Thus, "there exists the potential that such women may be more infectious since high concentrations of HIV in cervical mucus increase the risk of HIV transmission among heterosexuals."

To investigate potential underlying mechanisms, Dr. Kapembwa of Imperial College of Science Technology and Medicine, Harrow, and colleagues studied 32 healthy HIV-negative women. Of these, 16 were combined oral contraceptive users.

The team established that "women who used combined oral contraceptives had a higher proportion of CD4+ T lymphocytes containing the CCR5 receptor which normally promotes HIV transmission across mucus membranes," Dr. Kapembwa said.

This finding "provides for the first time, a potential mechanism as to why women taking combined oral contraceptives might be more susceptible to HIV transmission."

This is particularly relevant, he added "in Africa and Southeast Asia where heterosexual transmission is the predominant mode of spread of HIV."

"Other factors may play a part," he concluded, "and we are continuing to search for these."

Reuters Health Information 2005. (c) 2005 Reuters Ltd.

Source: Medscape Web MD January 19, 2005 Original Source: BJOG 2004; 111: 1468-1470.

Women's Rights in Developing World Crucial to Victory over AIDS, UN Says

The inequities faced by women in developing countries - from poverty and limited education, to violence and denial of inheritance and property rights - must be overcome if the world is to win the battle against HIV/AIDS, a UNAIDS report said Tuesday. "The fact that the balance of power in many relationships is tilted in favor of men can have life-or-death implications" for women, the report said. "These factors are not easily dislodged or altered, but until they are, efforts to contain and reverse the AIDS epidemic are unlikely to achieve sustained success."

Current AIDS-prevention strategies - including advice to abstain from sex, be faithful and use condoms - "are missing the point when it comes to women and girls," said Dr. Kathleen Cravero, deputy chief of UNAIDS. "We are finding that in most regions of the world, they simply do not have the economic and social power or choices, or control over their lives, to put that information into practice." Prevention strategies must address the factors that can give women control over their lives, the report said.

"Moving to a situation where every woman gets to keep her house, her land and her furniture when her partner dies is not beyond the realm of possibility," Cravero said. "It doesn't require turning society on its head. It requires getting the right laws there and making them enforceable for women."

UNAIDS Executive Director Dr. Peter Piot said AIDS must be a catalyst for women's rights in the developing world. "There was reason enough before AIDS, but now the link between the whole gender inequality and death has never been so direct as with AIDS," said Piot. Almost 50 percent of the 39.4 million people living with HIV worldwide are women.

Source: CDC HIV/STD/TB Prevention News Update, Wednesday, November 24, 2004
Original Source: Associated Press (11.23.04): Emma Ross

Risk Factors for Cervical Cancer Development: What Do Women Think?

The authors suggest that introduction of human papillomavirus detection into the cervical-cancer screening process will make it necessary to inform the target population about the relationship between the virus and cervical cancer. They conducted a study to determine what knowledge women in Belgium have of the relation between HPV and cervical cancer, using a self-administered questionnaire to measure perception of risk factors for cervical cancer development.

The questionnaire the researchers developed suggested 20 risk factors for cervical cancer: smoking, alcohol, drugs, early start of sexual activity, number of sex partners, sexual behavior of the male partner, bacterial infection, viral infection, large number of children/pregnancies, immune suppression (e.g. due to transplantation), hormonal therapy (e.g. due to menopause), infrequent cervical cancer screening, environmental pollution, use of oral contraceptives, non-safe sex (i.e. no condom use), insufficient physical activity, imbalanced nutrition, obesity, presence of high-voltage transmission lines, and genetic factors (i.e. cancer in the family).

The 162 respondents included women visiting their general practitioner, women at a lecture on cervical-cancer risk factors, and female students in biomedical sciences. Mean age of the women polled was 39.6 years. Prior investigation of the perception of risk

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factors for cervical cancer had focused on mainly college or high school students in Canada, the United States or the United Kingdom, according to the authors. The women rated genetic factors as the highest risk, with a mean score of 4.5. They ranked bacterial infection second, with a mean score of 3.8. Smoking ranked fourth with a mean score of 3.6, and viral infection shared sixth place with number of sexual partners at a mean score of 3.4. Presence of high-voltage power lines and physical activity scored in the last two places at 2.4 and 2.2, respectively.

"Seventy-four percent of the women expected the chance of cervical-cancer survival to be 80 percent or lower," the study reported, "whereas survival is estimated at more than 95 percent when lesions are detected in early stages."

The investigators found that "the vast majority of the women believe that there is a genetic basis for the development of cervical cancer." Twenty-one women suggested sexually transmitted agents could play a role in cervical-cancer development, but only five women (3.1 percent) could pinpoint HPV.

"In conclusion," the researchers reported, "although the risk factor 'genetic factors' was overrated, knowledge of the most important risk factors [i.e. smoking, sexual habits and (sexually transmitted) infections], would appear to be present to a moderate level in our population. However, few women indicated HPV as the most important risk factor. Accurate information about HPV is needed to inform women of their screening choices and to avoid psychosocial problems in women with positive HPV DNA test results."

Source: CDC HIV/STD/TB Prevention News Update, Wednesday, December 15, 2004

Original Source: Sexual Health (09.04) Vol. 1; No. 3: P.145-149: M.F.D. Baay; V. Verhoeven; D. Avonts; J.B. Vermorcken

Prevention Issues and Challenges

French Campaign for Microbicides is launched in Europe

A group of leading French NGOs in the field of reproductive health and HIV/AIDS have jointly launched a campaign in partnership with the Global Campaign for Microbicides to denounce the failure of public authorities to take action on women's increasingly high risk of HIV globally and calling upon them to invest in microbicides. In France itself, 43% of heterosexually-acquired infections are among women. Members of the French public are being urged to send postcards to the French government, the European Union and UNAIDS calling on them to increase their commitment to microbicides.

The campaign kicked off on World AIDS Day with a joint press conference by AIDES, the French Movement for Family Planning, Sida Info Service, and the Kiosque Info SIDA. These agencies have come together to jointly coordinate a 3 month action which will culminate on March 8th, 2005 in Paris with a meeting of NGO activists, researchers, and political decision makers. For more information, please contact Graciela Cattaneo, AIDES' national key contact for women's issues at: gcattaneo@aides.org

Source: Global Campaign for Microbicides News - Issue #47 January 11, 2005

Interactive Video Behavioral Intervention Reduces Adolescent Females' STD Risk

Recent research by J.S. Downs and colleagues at Carnegie Mellon University used "a longitudinal randomized [study] design... to evaluate the impact of a theoretically based, stand-alone interactive video intervention on 300 urban adolescent girls' (a) knowledge about sexually transmitted diseases (STDs), (b) self-reported sexual risk behavior, and (c) STD acquisition."

The researchers compared the video intervention to two controls: the same content in book form and in commercially available brochures. Following randomization, the research team administered interventions at baseline with booster sessions at one, three and six months.

"Self-reports revealed that those assigned to the interactive video were significantly more likely to be abstinent in the first 3 months following initial exposure to the intervention, and experienced fewer condom failures in the following 3 months, compared to controls," the study noted. "Six months after enrollment, participants in the video condition were significantly less likely to report having been diagnosed with an STD."

"A non-significant trend in data from a clinical polymerase chain reaction assay of Chlamydia trachomatis was consistent with that finding," the researchers added. The study, "Interactive Video Behavioral Intervention to Reduce Adolescent Females' STD Risk: A Randomized Controlled Trial," appeared in *Social Science & Medicine* (2004; 59(8):1561-1572).

Source: CDC HIV/STD/TB Prevention News Update, Thursday, December 02, 2004
Original Source: Women's Health Weekly (11.04.04)

Amnesty: Violence Against Women Is Spreading AIDS

A report released today by the human rights group Amnesty International said that a global pandemic of violence against women is fueling the spread of HIV/AIDS. The Amnesty report comes just one day after the annual report by UNAIDS and the World Health Organization showed that women comprise nearly half of the 37.2 million adults living with HIV, a proportion that rises to almost 60 percent in sub-Saharan Africa.

"The increasing spread of HIV/AIDS among women and sexual violence are interlinked," said Amnesty. "If governments are serious in their fight against the disease they also have to deal with another worldwide 'pandemic': violence against women."

Amnesty said mass rape and sexual violence in conflicts, combined with collapsing health-care systems in countries like the Democratic Republic of Congo, put women at a much greater risk of getting infected. In addition, studies from some areas of the world suggest the first sexual experience of a girl will often be forced, the group said, noting that many women who are raped do not seek medical advice for fear of being stigmatized within their communities.

"Traditional practices such as genital mutilation, early marriage and the practice of newly bereaved widows being 'inherited' by other male relatives also increased women's exposure to the virus," Amnesty added.

Source: CDC HIV/STD/TB Prevention News Update, Wednesday, November 24, 2004
Original Source: Reuters (11.24.04)

Family Important for AIDS Prevention, Says Chinese Expert

Families have become a conduit in the spread of HIV in China but this basic social unit can also be used to effectively curb the pandemic, professor Jing Jun of Qinghua University in Beijing told the World Family Summit, a three-day forum on family and socioeconomic development. Jing said the increasing number of women affected by the disease - both in China and worldwide - illustrates the spread of HIV/AIDS through families. He noted that Chinese women's proportion of HIV cases was 10 percent in the 1980s, compared with 41 percent today.

China has mainly concentrated its HIV prevention efforts on high-risk groups such as IV drug users, sex workers, gay men and blood sellers, said Jing. But overlooked is the fact that many of these high-risk groups are made up of individuals who have families or had families in the past. And a growing number of people outside these high-risk groups, especially family members, have been endangered by those most at-risk.

Jing said that 80 percent of China's estimated 840,000 people living with HIV/AIDS are found in the countryside. Prevention efforts should be focused on the 130 million migrant workers who come from rural areas looking for work in cities and towns, he said.

Recognizing the family's status as the basic social unit is important and irreplaceable in HIV/AIDS prevention, said Jing. He called on the government to reduce violence against women; improve the living and social conditions for women and children; enhance basic medical care; and do away with barriers for families seeking testing and treatment for HIV/AIDS.

Source: CDC HIV/STD/TB Prevention News Update, Wednesday, December 08, 2004
Original Source: Xinhua News Agency (12.08.04)

Sibling Influences on Adolescents' Attitudes Toward Safe Sex Practices

The authors examined sibling discussion about safe sexual practices and the extent to which such discussions influence adolescents' attitudes toward safe sex, their self-efficacy for refusing sex, communicating about condom use with partners, and buying and using condoms. Participants were 297 Midwestern high school students, approximately 17 years old, who answered questionnaires and who had a biological sibling at least one year older but younger than 30.

Of the 297 students, 62 percent were female. Sixty-eight percent reported having engaged in sex at least once, while 32 percent reported being virgins. Eighty-one percent were Caucasian, 16 percent African-American, and 3 percent of another ethnicity. Older siblings were, on average, 21.97 years old.

"We found that when sibling discussions about safe sex practices take place in concert with parent-adolescent conversations about sex, adolescents reported less risky attitudes about appropriate sexual behavior for people their age and higher levels of self-efficacy for communicating with partners about condom use and for buying and using condoms," the researchers wrote. "We did not find similar results with regard to adolescents' perceived ability to refuse sex."

The authors said their results reinforce previous research emphasizing that parent-child communication about sexuality is important, and also highlighted that siblings' discussions could play "a supplemental role in influencing adolescents' sexuality."

The researchers suggested that while sibling conversations about sex do not substitute for parent-child communication about sex, they may be an important supplement. They noted that older siblings might be able to facilitate parent-child discussions regarding sexual issues, or teach younger siblings the importance of such discussions. "Older siblings are in the unique position of being able to explain to parents the sexual situations that their younger siblings are likely to encounter and the potential barriers to safe sex practices that they may experience," the authors noted.

The researchers suggested that older siblings might be integrated into existing programs that emphasize that parent-child communication is associated with more positive outcomes for adolescents' responsible sexual behavior, "so that they too learn about their important role in the development of their younger siblings' attitudes about and self-efficacy for safe sex practices."

Source: CDC HIV/STD/TB Prevention News Update, Wednesday, December 08, 2004

Original Source: Family Relations (10.04) Vol. 53; No. 4; P.377-384: Amanda Kolburn Kowal; Lynn Blinn-Pike

Condom Use Inconsistent for High-Risk Heterosexuals: Survey Conducted in 10 States

A recently presented CDC analysis of the 2002 HIV Testing Survey - an anonymous, cross-sectional study in 10 states - found safe sex messages continue to be ignored by many high-risk individuals. Three at-risk populations were surveyed: injection drug users, men who have sex with men, and high-risk heterosexuals.

"For this study, we focused on high-risk heterosexuals, who were recruited at STD clinics," said Kathleen M. Gallagher, DSC, MPH, a CDC epidemiologist. "Then, we collected patient information about sexual and drug-use behaviors that could ultimately result in HIV transmission."

Of the study's 1,225 heterosexuals, 54 percent were male; 61 percent were black; 12 percent were white; 17 percent were Hispanic; and 61 percent were ages 18-24. Of the approximately 61 percent who reported having sex with primary partners within the last year, the majority used condoms inconsistently with those partners. Of the 51 percent who reported having sex with non-primary partners during the previous year, 64 percent reported inconsistent condom use, said Gallagher.

Condom use increased for non-primary partners, a finding consistent with other studies, Gallagher said. Partner serostatus was not known; this could help explain the inconsistent condom use among primary partners, she said: "If they're negative and their partner is negative, maybe they don't feel it's necessary." However, 35 percent of respondents reported sex with both a primary and nonprimary partner. Younger people used condoms more consistently than older people, she said.

"We know that correct and consistent use of condoms can prevent HIV and other sexually transmitted diseases, and there are a lot of people who are not getting that message or who are choosing not to use that information," said Gallagher. Of direct CDC funds to 141 community-based organizations, 63 target high-risk heterosexuals, Gallagher said. Findings of the study were presented during the 2004 annual meeting of the Infectious Diseases Society of America, held Sept. 30-Oct. 3 in Boston.

Source: CDC HIV/STD/TB Prevention News Update, Thursday, December 30, 2004

Original Source: AIDS Alert (12.01.04)

Testing, Treatment and Care

AIDS Research Chief Rewrote Safety Report

Memos show that Dr. Edmund Tramont, chief of the AIDS Division at the National Institutes of Health, removed some negative safety conclusions from a subordinate's report on nevirapine and, over the objections of his staff, ordered the resumption of a US-funded experiment using the drug.

Tramont's top deputy and other staff had urged closer scrutiny of a Uganda research site in response to issues - including record-keeping problems and violations of federal patient safeguards - that had led to a 15-month halt in an experiment examining whether a single dose of the drug could prevent mother-to-baby HIV infection.

On Monday, AP reported that NIH knew about the problems in early 2002 but did not inform the White House prior to President Bush's launch of a program to distribute nevirapine across Africa.

In July 2003, Dr. Jonathan Fishbein - an expert hired by NIH to improve research practices - wrote to Tramont that NIH risked being perceived as "toothless" if the suspended experiment were resumed before Uganda's capabilities and safety monitoring were reviewed. Tramont dismissed the concerns of safety monitors, saying he did not believe they fully understood AIDS, and called for the restriction to be lifted "ASAP." In an e-mail, Tramont wrote that it was important to encourage Africans' fight against the epidemic "especially when the president is about to visit them." A few days after Tramont ordered the clinics reopened, Bush visited Africa.

Officials at NIH acknowledged that Tramont rewrote the report and overruled his staff on restarting the experiment; he did so, they said, due to an "honest difference of opinion" with safety experts. Tramont had no financial interest in nevirapine, and the flawed study began well before 2001, when he joined the agency.

Dr. H. Clifford Lane, one of Tramont's supervisors at NIH, said an internal review found Tramont had not engaged in scientific misconduct. The National Academy of Sciences continues to investigate whether the Uganda research was valid. Lane said NIH believes it helped save hundreds of thousands of African babies by administering nevirapine. However, he acknowledged problems with the research and said NIH now believes nevirapine should not be the first choice to prevent HIV in infants - if other options are available - because of the recent discovery that a single dose may cause long-term resistance to AIDS drugs.

On Tuesday, the Elizabeth Glaser Pediatric AIDS Foundation expressed concern that the controversy over the 2002 research could deter African nations from using nevirapine; it called on medical experts to deliver new, better solutions to the developing world.

Source: CDC HIV/STD/TB Prevention News Update, Wednesday, December 15, 2004
Original Source: Associated Press (12.15.04): John Solomon

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NIH Whistleblower Says Government Bungled AIDS Study in Uganda

On Tuesday at a hearing before Institute of Medicine scientists in Washington, Dr. Jonathan Fishbein said officials at the National Institutes of Health overlooked problems with a US-funded study of nevirapine in Uganda, thereby endangering the lives of hundreds of patients.

"We can ill afford to entrust the lives of people to invalid data," Fishbein said, citing poor data collection, record keeping, and quality control in the trial, which was conducted to determine whether nevirapine can protect infants from HIV infection during birth.

Fishbein charged that the failure of NIH officials had "grave and sometimes fatal implications for the lives of real patients." NIH had asked the independent IOM to review the Uganda study.

Dr. H. Clifford Lane, second-ranking infectious-disease official at NIH, acknowledged record-keeping problems and said the study failed to meet some required US standards. He maintained, however, that single doses of nevirapine are safe and are saving lives in Africa.

The IOM hearing marked Fishbein's first public testimony since the Associated Press reported problems with the project. NIH hired Fishbein to improve its research practices. NIH had suspended the research for 15 months after auditors, medical experts and others found problems with the project. In 2003, Fishbein told NIH's chief of AIDS research that the study should not be resumed. His concerns, and those of others, were dismissed, and the clinics were reopened.

NIH knew of the problems early in 2002, documents show, but did not tell the White House prior to President George W. Bush's launch of a \$500 million plan to distribute nevirapine throughout Africa.

Fishbein is fighting his dismissal by NIH and says he is being punished for speaking out. NIH says he was fired for poor performance during his probationary period.

Used since the 1990s to treat adult AIDS patients, nevirapine (Viramune) is known to have potentially lethal side effects when taken in multiple doses over time. Recent reports suggest it may also cause long-term drug resistance.

CDC HIV/STD/TB Prevention News Update, Wednesday, January 05, 2005

Original Source: Associated Press (01.04.05): Jennifer C. Kerr

Analyzing the debate around Nevirapine studies Research

Several major media sources have recently reported on efforts by Dr. Jonathan Fishbein, a clinical research specialist, to "blow the whistle" on perceived problems with HIVNET 012, a US government funded study on the use of an anti-retroviral drug Nevirapine (NVP) to prevent mother to child HIV transmission. The study was initiated in 1997 and provided single doses of NVP to HIV-positive pregnant women in Uganda during delivery and to their babies shortly after birth. The study results demonstrated that this treatment prevented HIV transmission to newborns in as many as half of births.

According to USA Today (01/04/05), "Fishbein did not draw any conclusions about whether nevirapine is a safe or effective drug. Instead, he discussed a number of problems with the practices of the researchers involved in the study. He cited shoddy data collection, record-keeping and quality control issues. Because of those concerns, he said, the results of the study could not be trusted".

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Coverage of this debate has raised a storm of controversy among scientists, advocates and others around the globe.

Perhaps the most problematic aspect of this debate is the manner in which it has been carried out in the media - with sound bites and over-simplification largely replacing nuanced discussion of the issue. All sides agree that the data collection discrepancies Dr. Fishbein pointed out do not alter the study's fundamental findings. Nevertheless, rhetoric likening HIVNET 012 to the infamous Tuskegee experiment and saying that researchers used the women participating the study as "guinea pigs" has promoted wide-spread suspicion that may lead women and their doctors to reject the single-dose NVP option, even in the absence of other alternatives. If this happens, thousands of newborn lives could be put at needless risk.

Long time HIV/AIDS journalist and activist Bob Rohr's excellent commentary on this complex debate appears in the current issue of the British Medical Journal, available at <http://bmj.bmjournals.com/cgi/content/full/330/7482/61-a>. It makes interesting reading for microbicide advocates - as we struggle, ourselves, to address the complexities inherent in advocating for accurate, ethical clinical trial standards that can be applied in resource poor settings where the need for more prevention options is overwhelmingly urgent.

Another excellent source that explores the issues behind this debate is available at: http://www.thebody.com/atn/nevirapine_controversy.html

Source: Global Campaign for Microbicides News - Issue #47 January 11, 2005