

# HIV Trends and Women's Sexual Health

June 2008

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

## The STD Scare for Teens

[CDC] grabbed headlines recently with a study showing that one in four young women ages 14 to 19 was infected with [an STD].

Yes, that seemed shockingly high. It's important to put the numbers in some perspective, though. The study included the four most common STDs: HPV or human papillomavirus, chlamydia, trichomoniasis, and genital herpes.

By far the most prevalent is HPV - 72 percent of the girls who had an STD had this virus. More than 20 million Americans carry the virus and 6.2 million are infected each year. Highly pervasive, as many as 80 percent of women will contract HPV by the time they reach their 50th birthday. But most HPV infections disappear naturally or are suppressed by the body without lasting effects. The CDC estimates that 70 percent of new HPV infections are gone within one year and 91 percent within two years.

So HPV skews the stats. 'HPV does inflate the number because it causes the majority of infections and that majority may not cause any physical harm,' said John Douglas, director of the CDC's division of STD prevention. 'The last thing we want is for people to believe that 25 percent of girls have something that will bring them serious harm.'

It remains that a small number of those cases, gone undetected for a long period of time, will result in cervical cancer, a devastating diagnosis. The CDC report is helpful for parents and teens to understand the scope of the danger of [STDs].

It should spur them to seek more informa-

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*Here's the news piece that initially came out:*

## One in Four Female Adolescents Is Infected With at Least One Sexually Transmitted Infection, New CDC Study Finds

A new CDC study indicates that one in four (26%) female adolescents in the United States has at least one of the most common sexually transmitted infections (STIs). Led by CDC's Sara Forhan, the study is the first to examine the combined national prevalence of common STIs among adolescent women in the United States.

The authors analyzed data on 838 female adolescents (aged 14-19) who participated in the 2003-2004 National Health and Nutrition Examination Survey (NHANES), a continuous annual study that examines a nationally representative sample of the U.S. household population to assess a broad range of health issues. For this analysis, the teens were tested for human papillomavirus (HPV)

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tion, and to talk frankly about abstinence and about protection if a teen does have sex. It should prompt conversations about Gardasil, the relatively new vaccine that protects against the two strains of HPV that are responsible for more than 70 percent of cervical cancers.

The CDC report should prompt talk, on many levels, with daughters and sons, about responsibility.

Source: CDC HIV/Hepatitis/STD/TB Prevention News Update 04/09/2008 Original Source: Chicago Tribune (04.05.08)

infection, chlamydia, herpes simplex virus type 2 (HSV-2) infection, and trichomoniasis. The authors examined high-risk HPV types, including 23 types of the virus that are known to cause cancer, and the two types that cause most genital warts.

Based on the overall STI prevalence of 26 percent, the authors estimate that about 3.2 million adolescent females in the United States are infected with one of these STIs. They note that the total prevalence might be slightly higher than these estimates indicate, because some STIs – including syphilis, HIV and gonorrhea – were not included in the analysis; however, the prevalence of these STIs is low in this age group.

In addition to overall STI prevalence, key findings of the new study include the following:

The most common STI was cancer- and genital wart-associated HPV (18.3%), followed by chlamydia (3.9%), trichomoniasis (2.5%), and HSV-2 (1.9%). Among the teenage girls who had an STI, 15 percent had more than one.

By race, African American teenage girls had the highest prevalence, with an overall STI prevalence of 48 percent compared to 20 percent among both whites and Mexican Americans. (Other Hispanics and race/ethnic populations were captured in the survey, but there were insufficient numbers in any one group to permit valid prevalence estimates for any group except Mexican Americans.)

Overall, approximately half of all the teens in the study reported ever having had sex. Among these girls, the STI prevalence was 40 percent. ➤



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## One in Four Female Adolescents Is Infected With STI....

Even among girls reporting only one lifetime partner, one in five (20.4%) had at least one STI. Girls with three or more partners had a prevalence of over 50 percent. The predominant STI was HPV.

According to the authors, the high prevalence of HPV indicates that teenage girls are at high risk for this infection, even those with few lifetime sexual partners.

It is important to realize that most HPV infections clear on their own; however some infections persist over time, placing women at risk for cervical cancer. A vaccine against HPV types 16 and 18, responsible for 70 percent of cervical cancer, and types 6 and 11, responsible for nearly all genital warts, is now recommended routinely for 11 and 12 year-old girls.

These data also underscore the importance of chlamydia screening to ensure prompt diagnosis and treatment, and to avoid the serious long-term consequences of the disease, which include pelvic inflammatory disease (PID) and infertility. CDC recommends annual chlamydia screening of all sexually active women aged 25 and under.

CDC supports a comprehensive approach to STD prevention that includes the promotion of abstinence as the surest way to prevent getting an STD, being in a mutually monogamous relationship with a partner known to be uninfected, and the consistent and correct use of condoms for sexually active people to reduce the risk of acquiring many infections. Condoms (used all the time and the right way) may lower your chances of

**Even among girls reporting only one lifetime partner, one in five (20.4%) had at least one STI.**

passing HPV to a partner or developing HPV-related diseases.

Oral Abstract D4a – Prevalence of Sexually Transmitted Infections and Bacterial Vaginosis among Female Adolescents in the United States: Data from the National Health and Nutritional Examination Survey (NHANES) 2003-2004. In: 2008 National STD Prevention Conference, Chicago, Ill., March 10-13, 2008.

This article was provided by U.S. Centers for Disease Control and Prevention. Source: The Latest HIV News & Views: March 26, 2008 ([www.thebody.com](http://www.thebody.com))



## High HPV Rate Seen Even Among Girls Who Had Just One Sex Partner

A new study of 125 university students shows that nearly one-third of women who reported having just one male sexual partner were infected with human papillomavirus (HPV) within a year of starting that relationship. Furthermore, three years later, nearly 50 percent of these women had been infected at least once, even though they still had only one sexual partner.

Lead author Dr. Rachel Winer, of the University of Washington-Seattle, said, "This paper shows that even just with one partner there's a high risk of infection." She added, "It's unlike other STDs where the virus or bacteria is in core [population] groups. HPV is different in that it's just very common among everyone who's having sex. So even just being exposed to one partner makes you susceptible to infection."

The authors suggested that some women in the study may have become newly infected after two or three years because of decreased condom use. Also, the infections may have resulted from male partners having sex with others; unreported sexual activity with other partners; or sexual activity other than intercourse. Furthermore, the rate of infection was higher among women who thought their male friends had had more than two previous sexual partners, as opposed to those who thought their partner's experience was more limited.

According to Dr. Monika Naus, director of an immunization program in British Columbia, these findings underscore the wisdom of offering the HPV vaccine to girls before they have sex. In Canada, by age 16, 28.3 percent of males and 33.4 percent of females have had sexual intercourse. The US National Institute of Allergy and Infectious Diseases supported the study.

The full report, "Risk of Female Human Papillomavirus Acquisition Associated with First Male Sex Partner," is published in the *Journal of Infectious Diseases* (2008;197:279-282).

Source: CDC HIV/Hepatitis/STD/TB Prevention News Update 01/16/2008  
Original Source: Canadian Press (01.13.08):: Helen Branswell

## Most Moms Balk at HPV Vaccine for Young Girls

The first national study of mothers' attitudes toward the human papillomavirus (HPV) vaccine found less than half (49 percent) said they would vaccinate a daughter if she were nine to 12 years old. But 68 percent of the more than 10,000 moms surveyed said they would be willing to vaccinate daughters who were 13 to 15. The affirmative response climbed to 86 percent when the question was posed for daughters ages 16 to 18. The HPV vaccine is approved for females ages nine to 26. CDC recommends vaccination when girls are 11 to 12 years old, an age when they typically receive adolescent booster shots.

Dr. Jessica Kahn, the study's author and a pediatrician at Cincinnati Children's Hospital Medical Center, said the results are not surprising. "There's sort of an underlying assumption among some parents that recommending the vaccine means that someone, either a clinician or themselves, will have to have a discussion that HPV is transmitted sexually. I think that's a barrier," she said. In addition, parents and doctors assume that older girls are at higher risk for HPV, and so they may feel less urgency to vaccinate at a younger age, said Kahn. However, HPV vaccination is most effective in girls who have not yet been exposed to the virus.

Recent CDC figures show HPV is the most common STD among teenage girls in the United States. The vaccine Gardasil targets HPV strains that are responsible for 70 percent of the more than 10,000 new cervical cancer cases diagnosed in the United States each year.

source: CDC HIV/Hepatitis/STD/TB Prevention News Update 05/07/2008. Original Source: Chicago Sun-Times (05.05.08): Monifa Thomas



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## British Columbia: New Vaccine Program to Protect Girls Against cancer

VICTORIA - Beginning this fall, girls in British Columbia entering grades 6 and 9 will be eligible for a free vaccine that will prevent 70 per cent of cervical cancers, Health Minister George Abbott announced [May 5, 2008].

“The recently approved HPV vaccine provides us with an opportunity to vaccinate against the vast majority of cervical cancers in women, and we believe our long-term cancer prevention strategy will prevent women from developing cancer in years to come,” said Abbott. “We want parents and students to know that this vaccine protects girls and women from cancer, and we’ll be sending home more information about the Human Papillomavirus (HPV) and the HPV vaccine before the end of the school year so they can make informed decisions when the vaccination program begins this fall.”

HPV is one of the most common sexually transmitted infections in Canada and cervical cancer is the second most common type of cancer for women between the ages of 20 and 40. According to the BC Cancer Agency, approximately 143 women in B.C. will be diagnosed with cervical cancer this year and 55 will die from the disease. The provincial immunization program is being launched on the advice of the National Advisory Committee on Immunization, the provincial health officer and the health authorities, as well as agencies of the Provincial Health Services Authority, including the BC Centre for Disease Control, BC Cancer Agency, BC Women’s Hospital and BC Children’s Hospital. For the first three years of the program, female students in grades 6 and 9 will be eligible to receive the vaccine, which requires three doses given

over six months. After this three-year, catch-up program, the vaccine will be provided during Grade 6 only.

“This is a vaccine that is safe and very effective against the two most common cancer-causing strains of HPV,” noted Dr. Monika Naus, head of the immunization program at the BC Centre for Disease Control. “We still want women to have regular Pap tests, because the current vaccine does not prevent all cancer-causing HPV strains, and early detection of pre-cancerous changes is key.”

The HPV vaccine is currently being used in 93 countries around the world, including the United States, Australia, New Zealand, the UK and most European and Scandinavian countries. Information about the new HPV program and answers to common questions about immunization are available at [www.immunizebc.ca](http://www.immunizebc.ca).

Information about the Human Papillomavirus is available through the BC HealthGuide at [www.bchealthguide.org](http://www.bchealthguide.org), by calling the BC Nurseline at (604) 215-4700 in the greater Vancouver area, toll-free at 1 (866) 215-4700, or by speaking with a family physician.

Source: BC Centre for Disease Control, May 5, 2008



## Stigma Clings Stubbornly to Women Living With HIV/AIDS

Washington, D.C.: HIV-positive women in the United States face strikingly high levels of stigma, according to survey results released by amfAR, The Foundation for AIDS Research. The amfAR survey results were presented at a press conference on Monday, March 31, in Washington, D.C. and followed by a briefing in which panelists offered personal and professional perspectives on HIV-related stigma among women.

The results of the survey revealed pervasive negative views of HIV-positive women and a high level of discomfort in interacting with them. Many of the responses displayed a lack of knowledge of how HIV is transmitted and misplaced fear of contracting the virus that indicate a pressing need to scale up prevention education efforts.

Sixty-eight percent of respondents indicated that they would be somewhat or not at all comfortable with an HIV-positive woman as their dentist; 59 percent said they would be somewhat or not at all comfortable with an HIV-positive woman serving as their childcare provider; and 57 percent said they would be somewhat or not at all comfortable having a female physician who is HIV-positive. One in five respondents would be somewhat or not at all comfortable having a close friend who is HIV positive.

Only 14 percent of respondents felt that HIV-positive women should have children. Currently medication exists to prevent mother-to-child

transmission of HIV.

The survey also demonstrates significant differences in how Blacks, Hispanics and Caucasians perceive HIV/AIDS and the risk of acquiring it. Of those who know someone with HIV or AIDS, Blacks (34 percent) and Hispanics (32 percent) are much more likely to have a family member with HIV/AIDS than Caucasians (13 percent).

Insights were also gained into public atti-

tudes about HIV testing. Nearly 40 percent were sure they had not been tested for HIV. A majority (80 percent) of these respondents indicated

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that they did not need a test either because they “knew” they did not have HIV or because they didn’t think they needed to be tested.

However, respondents overwhelmingly supported expanded HIV testing and 65 percent support making HIV testing part of standard routine healthcare. This acceptance may be partially linked to the belief that HIV testing occurs more frequently than it does, with 67 percent mistakenly assuming that they are automatically screened for HIV when they are tested for other sexually transmitted infections. Fifty percent believed that women are automatically tested during prenatal exams.

The survey draws much needed attention to the plight of women living with HIV/AIDS. Forty-six percent of people with HIV/AIDS worldwide - about 15.4 million - are women and girls. >



## Stigma Clings Stubbornly to Women....

In the United States, women account for 27 percent of new AIDS diagnoses, up from only eight percent in 1985. Both domestically and internationally, women continue to face widespread social and gender inequalities that can make it difficult for them to reduce their risk of HIV infection. In addition, women are biologically more susceptible to HIV infection than men.

"In the minds of many people, AIDS in the United States is no longer a crisis," said Rear Admiral Susan J. Blumenthal, M.D., M.P.A., amfAR's senior policy and medical advisor and former deputy assistant secretary for women's health in the U.S. Department of Health and Human Services. "Complacency has obscured the changing face of the epidemic and the dramatic rise in HIV infections in women over the past 25 years. These results should serve as a wake-up call for action across all sectors of society. We need to intensify efforts for science-based education and policy to shatter the stigma that has surrounded this disease for all too long."

The online survey, conducted by Harris Interactive for amfAR, questioned nearly 5,000 respondents ages 18-44 and covered HIV risk and responsibility, impact of gender-based violence, and women's access to healthcare and health information, as well as attitudes towards HIV-positive women.

The March 31 briefing featured presentations by international AIDS activist Marvelyn Brown; Regan Hofmann, Editor of POZ Magazine; Helen-Maria Leks, Ph.D., Assistant Professor of Clinical Sociomedical Sciences at Columbia University's Mailman School of Public Health; and Laura C. Nyblade, Ph.D., Senior Social Scientist,

**Only 14 percent of respondents felt that HIV-positive women should have children.**

HIV and Stigma, at the International Center for Research on Women. The briefing will be moderated by Dr. Blumenthal.

"Many women erroneously believe that they are not at risk for HIV," said Hofmann, who is HIV positive. "This is why we are seeing the rate of new infections for women rise significantly in America. While many women accept that they could potentially become pregnant from even just one act of unprotected sex, they feel that they would have to do something 'extraordinary' to contract HIV, like be excessively promiscuous or be involved with people the likes of whom they don't think they would encounter in their everyday world."

Brown said, "I take seven pills daily that make me sick to my stomach. I experience nausea, diarrhea, vomiting and the worst of all mood swings. But yet it is still not the worst part of having HIV. It is the stigma."

Source: The Body Pro, Friday April 11, 2008

Original Source: Amfar (<http://www.amfar.org>) March 31, 2008



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## HIV Programs Do Not Consider Sexual Needs, Motherhood Desires Among HIV+ Women

HIV prevention and treatment programs do not consider the sexual needs of or desire to have children among women living with the virus, HIV-positive women attending the third Africa Conference on Sexual Health and Rights in Abuja, Nigeria, said recently, IPS/AllAfrica.com reports.

Beatrice Were of the Global AIDS Alliance said health workers are often surprised to learn that HIV-positive people are either interested in having sex or are sexually active. Many health workers also consider sexual behavior among HIV-positive people irresponsible, even though the risk of HIV transmission is very low if condoms are used, Were said. According to IPS/AllAfrica.com, many health workers believe that the decreased risk of HIV transmission with condom use is still too great.

“Condoms are not 100% safe – we refer to it as ‘safer sex’ – but the risk of infection is minimal,” Anne Ntombela, program director of the International Community of Women Living With HIV/AIDS in South Africa, said. She added that HIV transmission is “not as easy as people think” and requires “exposure for a sufficient period of time under the right conditions,” as well as an entry point, such as a cut or sore.

Ntombela also said that many health workers “try to force their moral values” on HIV-positive people but added that people living with the virus will continue to have sex. People living with HIV/AIDS “would be better served if they were told how to have safer sex, rather than not to engage in sex at all,” Ntombela said.

Many health workers are concerned about pregnancy among HIV-positive women, even

**Beatrice Were of the Global AIDS Alliance said health workers are often surprised to learn that HIV-positive people are either interested in having sex or are sexually active.**

though antiretroviral drugs have reduced the risk of vertical transmission to under 2%, according to AVERT. Government officials also are concerned that HIV-positive women could die of complications associated with the virus, thereby increasing the number of AIDS orphans on the continent. “All pregnancy is risky,” Ntombela said, adding, “Telling an HIV-[positive] woman not to have a child is the same as telling all women not to have a child in case it is born with a defect.”

In addition, delegates at the conference said that some clinics give contraceptive injections to HIV-positive women without their consent. Some delegates also said that health workers can be judgmental of HIV-positive women who seek reproductive health care. There have been reports of forced abortions or sterilizations among women living with the virus, some delegates said.

The conference – which was themed “Sexuality, Poverty and Accountability in Africa” – was organized by IPAS, the World Health Organization and other groups and drew about 400 delegates from 32 countries. It took place from Feb. 4-7 (Davis, IPS/AllAfrica.com, 2/11).

Source: Kaiser Daily HIV/AIDS Report February 13, 2008



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## Study Links HPV to Lung Cancer

Human papillomavirus has long been linked to cancers of the sex organs, particularly the cervix. More recently, scientists have found connections between HPV and cancers of the mouth and throat. Now comes word from a new study that the STD may be associated with lung cancer as well.

Dr. Arash Rezazadeh of the University of Louisville presented his team's findings last week at the First European Lung Cancer Conference in Geneva. In an examination of 23 lung cancer samples, "The researchers found six samples that tested positive for the presence of [HPV], the virus that also causes many cases of cervical cancer. One was later shown to be a cervical cancer that had spread to the lungs," said a statement issued by the conference.

Smoking remains the chief risk factor for the development of lung cancer, and all the samples studied came from smokers. However, "the fact that five out of 22 non-small-cell lung cancer samples were HPV-positive supports the assumption that HPV contributes to the development of non-small-cell lung cancer," said the statement.

While this is the first research to track the combined impact of smoking and HPV on the lungs, doctors have known for some time that female smokers who acquire HPV are more likely than nonsmokers to develop cervical cancer, according to Dr. Lauren F. Streicher, an OB/GYN and a professor at Northwestern Medical School. "Seventy to 80 percent of women are exposed to HPV, but less than 1 percent of women get cervical

cancer. We know lesions on the cervix are more likely to become cancerous in smokers," she said.

The study did not address whether Gardasil, the HPV vaccine approved by the Food and Drug Administration, might be effective against lung cancer. However, the HPV type - 16 - found in the lung cancer samples is among those targeted by the vaccine. "Type 16 is the one that causes cancer," Streicher said. "As more of these studies are completed, we're learning that the vaccine would clearly be preventive in many different kinds of cancers, not just cervical."

Source: CDC HIV/Hepatitis/STD/TB Prevention News Update 04/28/2008  
Original Source: ABC News, (04.28.08): Russell Goldman

**Doctors have known for some time that female smokers who acquire HPV are more likely than nonsmokers to develop cervical cancer.**



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## Globe and Mail Examines Treatment Gaps Among HIV-Positive People in British Columbia

Toronto's Globe and Mail on Saturday examined how many HIV-positive people in British Columbia, Canada, experience gaps in treatment. Although antiretroviral drugs have prevented the deaths of "tens of thousands" of HIV-positive Canadians, the virus is continuing to spread in the province, and many people living with HIV/AIDS do not have access to treatment, according to the Globe and Mail (Mickleburgh, Globe and Mail, 3/15).

About 40% of the 1,436 people who died of AIDS-related causes in B.C. from 1997 to 2005 never received antiretrovirals even though the drugs are provided at no cost, according to a study released last month by the B.C. Centre for Excellence in HIV/AIDS (Kaiser Daily HIV/AIDS Report, 2/27). About 2,500 HIV-positive people in B.C. do not know their HIV status, increasing the risk of transmitting the virus. In addition, long-term HIV survivors are developing age-related side effects of treatment, such as osteoporosis, strokes, diabetes and cardiovascular problems.

According to Julio Montaner, director of the B.C. center, although new treatments can reduce HIV viral loads "almost to nothing," which could potentially slow the spread of the virus, many HIV-positive people do not have access to such treatment. "We have a nearly 100% ability to control viral replication and put HIV into remission," Montaner said, adding that it is "simply unacceptable" that people are dying of AIDS-related causes.

In addition, governments are unwilling to commit to funding HIV/AIDS treatment services at a level necessary to curb the spread of HIV, the

Globe and Mail reports. According to the Globe and Mail, the virus has "become mostly invisible" as fewer demonstrations about the disease are held and it spreads among low-income people, injection drug users and homeless populations.

Researchers "know just about everything we need to know to stop" the spread of HIV, HIV/AIDS expert Michael Rekart said, adding that they have not stopped its spread because of the "expense" and because AIDS-related deaths are not "on the front page anymore" (Globe and Mail, 3/15).

source: Kaiser Daily HIV/AIDS Report, March 18, 2008



## Pap Smears Still Needed, More Interest in New Tests

Although it is possible that a test for the virus that causes cervical cancer may one day replace the Pap test, experts say years of additional research are needed before a change is made.

Currently, a trend is to give both a Pap and a human papillomavirus test to improve screening accuracy. However, government researchers report that nearly one in ten women over age 30 who gets both tests learns she has been infected with HPV even though her Pap test is normal. These women need repeat testing.

Both the Pap and the HPV test have advantages and disadvantages. Pap tests can miss cancer, but slowly developing abnormalities can be caught the next time testing is done. A positive HPV test detects that virus is present, but it cannot measure duration of infection or actual abnormalities on the cervix, requiring more in-depth follow-up testing. The HPV test is more sensitive, and recent studies have found that a stand-alone HPV test is more accurate than a Pap at identifying women at risk of or with cancer. However, repeat testing may be necessary.

“One HPV test does not tell you very much. Two consecutive HPV tests are what you need,” said Debbie Saslow of the American Cancer Society.

Paps are “going to be around for the next decade, I will say at least for the next decade,” said Dr. Diane Solomon of the National Cancer Institute. “But we may not be doing as many Paps in 10 years as we’re doing now.”

Source: CDC HIV/Hepatitis/STD/TB Prevention News Update 04/25/2008  
Original Source: Associated Press (04.21.08): Lauran Neergaard

## Survival Rates Among HIV+ People Who Receive Lab Tests Similar To People Who Do Not Receive Tests

Survival rates among HIV-positive people who undergo routine viral load and CD4+ T cell counts were nearly the same as those who do not receive the tests, according to a study published on Friday in the journal *Lancet*, the CP/Google.com reports (CP/Google.com, 4/24). In some wealthy countries, HIV-positive people undergo routine laboratory screening – which can cost about \$20 to \$60 – about every six months. In many developing countries, HIV-positive people usually are monitored by a physician or nurse for clinical signs of disease progression (Cheng, Associated Press, 4/24).

For the study, Andrew Phillips from the Royal Free and University College Medical School and Charles Gilks – head of treatment, prevention and scale-up at the World Health Organization’s HIV/AIDS Programme – used a computer model that simulated patient details based on HIV progression in real people living with the virus, Reuters reports. The researchers projected survival rates for up to 20 years. The study found that after five years, 83% of the simulated HIV-positive people who were monitored with the viral load tests survived, compared with 82% for those who received CD4+ monitoring and 82% for those who were received clinical monitoring. Over two decades, the projected survival rates were 67%, 64% and 64%, respectively, the study found (Nebehay, Reuters, 4/24). >



## Survival Rates...

“The results of this study should reassure clinicians in Africa and Asia, who are treating literally millions of people without these laboratory tests, that they are not compromising patient safety,” Gilks said. He added, “In fact, the outcome of their treatment is almost as good as those patients in the [U.S.] and Europe, where laboratory-guided treatment is the norm” (AFP/Channel NewsAsia, 4/25). As antiretroviral drugs have been distributed in developing countries, some doctors worry that without lab monitoring, HIV-positive people will die earlier or develop drug resistance faster, the CP/Google.com reports. However, based on the evidence to date, that has not happened (CP/Google.com, 4/24).

Phillips said, “Laboratory monitoring shouldn’t be the priority while we’ve got less than half of people who need treatment still waiting for it” (Associated Press, 4/24). “Waiting for the perfect lab infrastructure to be ready before rolling out antiretroviral therapy means that millions of people will die,” Jennifer Kates, vice president and director of HIV policy for the Kaiser Family Foundation, said, adding, “This study says we shouldn’t wait” (CP/Google.com, 4/24). Gilks said that the tests “obviously do help, but if you don’t have tests available, the priority remains to get drugs there in the first instance.” He added that antiretrovirals are the “most important thing because without them, people die, it is as simple as that” (Reuters, 4/24).

According to the Associated Press, although the study results still have to be verified, they could affect how HIV-positive people “across Africa and Asia are treated.” The original computer model was developed by Phillips with funding from Pfizer (Associated Press, 4/24).

Source: Kaiser Daily HIV/AIDS Report, April 28, 2008

**“The results of this study should reassure clinicians in Africa and Asia, who are treating literally millions of people without these laboratory tests, that they are not compromising patient safety.”**

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