



HIV Trends and Women's Sexual Health

September 2008

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

Harm Reduction Sites Have Met Goals: Ethics Official

Vancouver's supervised injection facility, Insite, has prevented overdoses from killing injection drug users (IDUs), according to the director of ethics at Atlantic Health Sciences Corporation.

Insite has "had over 600 overdose events in the site and no one has died," said Dr. Tim Christie. On the other hand, he said, law enforcement officials "say they want to stop drugs at the source, and they haven't made a dent."

Approximately three-quarters of federal drug strategy funding is spent on law enforcement while just 3 percent is spent on harm reduction, according to a 2006 HIV/AIDS Policy Law Review article.

"There's a cost to failing on the enforcement side and not investing on the other side, which is proven to work," Christie said. The cost to society of one untreated opiate addict is about \$45,000 (US \$44,400) a year, he said, far more than the cost of treatment. Hepatitis C treatment would run \$10,000-\$30,000 (US \$9,900-\$29,600), he said, while the lifetime treatment cost for HIV is an estimated \$240,000 (US \$237,000).

"Treatment is a lot cheaper and you'll have better outcomes," Christie said. "What we need to have is the hard ethical conversation about what do we value as a society and what values should public health policies be based on."

- Source: CDC HIV/Hepatitis/STD/TB Prevention News Update 06/05/2008 Original Source: Telegraph-Journal (New Brunswick (06.04.08)):
Andrew McGilligan

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614-1033 Davie Street. Vancouver, BC. V6E1M7 Phone: 604.692.3000 Toll free in BC: 1.866.692.3001
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Study Says Romance Makes for Safer Sex

An analysis of data from the National Longitudinal Study of Adolescent Health found that sexually active teens who identify their relationships with a partner as romantic and who socialize together are more likely to use contraception than similar teens in more casual relationships.

Jennifer Manlove, a senior researcher at Child Trends and one of the study's authors, said teens may feel more comfortable talking about contraception with a partner they know and trust. And particularly among girls, good communication and a quality relationship appear to play an important role in decision-making.

The analysis of information on more than 4,500 unmarried, sexually experienced young people showed that girls were more likely to use contraception with a partner their age than with older males. On average, the teens were 16 at sexual debut.

The study also showed that consistent birth control use in one relationship does not necessarily continue in another. Four out of ten sexually active students reported no or infrequent contraceptive use. Students who reported having multiple partners were especially likely not to use protection.

Manlove said the analysis demonstrates that it is not enough for parents to focus simply on whether their teens are having sex. She encouraged parents to engage their children in conversations about the characteristics of health relationships, relationship dynamics, and the importance of contraception.

The study, "Contraceptive Use Patterns Across Teens' Sexual Relationships: The Role of Relationships, Partners, and Sexual Histories," was published in the journal *Demography* (2007:44(3): 603-621).

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Researchers Blame HPV for Rise in Throat Cancer

In the past two years researchers have proved a link between human papillomavirus and throat cancer. With 6,000 cases per year and an annual increase of up to 10 percent in men younger than 60, some experts say the prevalence of HPV-linked throat cancers could overtake that of cervical cancer, which is also often caused by HPV, in the next decade. The HPV infections likely occurred decades ago and are only now spurring a rise in throat cancer cases.

Changes in sexual practices in the 1960s and 1970s may be a reason for the infections. Oral sex is a known risk factor for HPV-related throat cancers, and studies have shown that people who grew up since the 1950s are more likely to have engaged in oral sex than prior generations.

Last year, a research team led by Maura Gillison at the Johns Hopkins Kimmel Cancer Center found that HPV-positive throat cancer patients tended to have had more sex partners and also were far more likely to have multiple oral sex partners.

The HPV-linked cancers appear somewhat less deadly than throat cancers that arise from smoking or heavy drinking. A study published this year found that 96 percent of HPV-positive throat cancer patients survived at least two years after diagnosis, compared with 62 percent for those with HPV-negative cancers.

Other causes for the spread of HPV cancers may include the increased movement of people both nationally and internationally.

The HPV vaccine may offer protection from HPV-positive throat cancer, though studies have not yet been done to show this. Merck & Co. hopes to submit an application this year seeking Food and Drug Administration approval for use of

its HPV vaccine Gardasil by males. "We expect the vaccine to work just as well in male and female populations," said Dr. Richard Haupt of Merck.

- Source: CDC HIV/Hepatitis/STD/TB Prevention News Update 06/11/2008
Original Source: Chicago Tribune (06.08.08)

Oral sex is a known risk factor for HPV-related throat cancers, and studies have shown that people who grew up since the 1950s are more likely to have engaged in oral sex than prior generations.



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Treating Genital Herpes Does Not Reduce Risk of HIV, Study Finds

Treating genital herpes does not reduce the risk of HIV, according to a study published on Friday in the journal *Lancet*, the AP/Newsweek reports (Cheng, AP/Newsweek, 6/19). Herpes simplex virus-2 has been shown to increase the risk of HIV by as much as threefold, so the researchers examined whether treating HSV-2 might reduce the risk of HIV, Bloomberg reports.

For the study, Connie Celum of the University of Washington-Seattle and colleagues enrolled 3,172 men and women in Africa, Peru and the U.S. (Britt, Bloomberg, 6/20). All the participants were HIV-negative and HSV-2-positive at the start of the study. The researchers enrolled participants who had similar HIV/AIDS risk levels, and the participants were questioned monthly about risky sexual behavior with recent partners.

About 50% of the participants were given aciclovir, a drug that can suppress outbreaks of HSV-2, and half were given a placebo. The study - funded by NIH's National Institute of Allergy and Infectious Diseases, GlaxoSmithKline and other government agencies - found that the participants given aciclovir were not less likely to contract HIV than those given placebos. The study found that after a year-and-a-half, 75 people out of the 1,581 participants who received the drug contracted HIV, compared with 64 in the placebo group (AP/Newsweek, 6/19). In addition, the researchers found that aciclovir reduced genital ulcers by 47% and genital ulcers linked with HSV-2 by 63%.

with standard doses of aciclovir is not effective in reduction of HIV-1 acquisition," Celum said, adding, "Novel strategies are needed to interrupt interactions between HSV-2 and HIV-1." Researchers need to determine why the drug failed to reduce the risk of HIV and did not reduce genital ulcers as much as expected, Celum noted. She said that it might be because the drug is not absorbed well or because it is metabolized too quickly (Bloomberg, 6/20). According to the AP/Newsweek, the study's findings do not "necessarily mean that the theory of treating herpes to avoid HIV is incorrect," according to researchers. "It's probably likely that we need considerably more potent interventions than we have," Celum said.

Herpes Simplex Virus-2 has been shown to increase the risk of HIV by as much as threefold

Francis Ndowa - coordinator of the sexually transmitted infections control team at the World Health Organization who was not a part of the study - said, "It's a

significant, disappointing finding." He added that it was possible that even without ulcers, herpes might have lingered while the participants were taking aciclovir, increasing the risk of HIV. Both Ndowa and Celum said the strategy of fighting herpes to prevent HIV transmission might work if different doses or a more powerful drug were tried. However, Ronald Gray and Maria Wawer of Johns Hopkins University in an accompanying commentary questioned whether controlling other STIs can help curb the spread of HIV. They wrote, "It is time to reassess the hypothesis and to adjust [HIV] prevention policy accordingly" (AP/Newsweek, 6/19).

"Our results show that suppressive therapy

- Source: Kaiser Daily HIV/AIDS Report - Monday, June 23, 2008



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Female Hormone Oestrogen Could Help Prevent HIV Transmission in Men, Study Finds

The female hormone oestrogen when applied to the penis boosts a defensive protein that acts as a "living condom" and could reduce a man's risk of contracting HIV, according to a study published online Wednesday in PLoS One, the AAP/New Zealand Herald reports.

For the study, Andrew Pask of the University of Melbourne and colleagues applied the oestrogen cream Oestriol to the inner foreskin of the penis. Oestrogen is currently used to treat prolapse in women, the AAP/Herald reports. The researchers found that applying oestrogen increased the defensive protein keratin in the skin by four-fold, which acted as a barrier against HIV (Best, AAP/New Zealand Herald, 6/4). Roger Short ~ a professor at the University of Melbourne Faculty of Medicine, Dentistry and Health Sciences and co-author of the study ~ said that keratin creates a "natural condom" or a "biological membrane which [HIV] can't get through" (AFP/Google.com, 6/4).

Pask said that by "using keratin, we can increase the body's natural defense ... and then the virus can't physically inject itself through that barrier to infect cells underneath." He added, "It's not a contraception ... but it is a living condom and a perfect protection against HIV." The treatment has worked in laboratory tests and will undergo clinical trials in Africa, the AAP/Herald reports (AAP/New Zealand Herald, 6/4).

"We have found a new avenue to possibly prevent HIV infection of the penis," Short said, adding, "In countries where circumcision is not religiously or culturally accepted, oestrogen treatments to the penis could be very effective in reduc-

ing the spread of the disease" (Xinhua/People's Daily, 6/4). Although the treatment did not protect against other sexually transmitted infections, Pask said it could be a simple, inexpensive and effective guard against HIV that could be applied once weekly or eventually have applications in condoms and lubricants. Pask added that the treatment could significantly reduce HIV/AIDS caseloads over time. "Mathematical models would predict that within say 50 or 60 years, that the level of HIV in the world would be significantly reduced," he said (AAP/New Zealand Herald, 6/4).

- Source: Kaiser Daily HIV/AIDS Report - Thursday, June 5, 2008



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CATIE News - American study finds cervical cancer uncommon in HIV positive women

In high-income countries, the widespread availability of highly active antiretroviral therapy (HAART) has greatly decreased the risk of death from life-threatening infections among people who can adhere to and tolerate this therapy. But HAART does not fully restore the functioning of the immune system. So, while life-threatening infections are seldom seen in HAART users, other issues, such as the development of tumours, may become problematic as HIV positive people age.

One of the reasons for a heightened cancer risk is that many HIV positive people are co-infected with herpes viruses and HPV (human papilloma virus), all of which can cause cancer. In particular, HPV can cause the development of abnormal cells in the anus, cervix and penis. In some cases, these abnormal cells can transform into pre-cancerous lesions and even tumours. So regular monitoring of these tissues for any abnormal cells is an important part of health maintenance.

Since 1994, a team of American researchers has been assessing the cervical health of more than 2,000 women with HIV and others at high risk for HIV infection. Their findings suggest that over the long-term the development of abnormal cells on the cervix is common in HIV positive women. However, cases of cervical cancer were not common.

Study details

The researchers focused on women who were recruited into their study between 1994 and 1995 and who continued to participate until the end of 2004.

As part of the study, every six months women underwent the following:

- * detailed interviews about their social and sexual histories
- * physical exam
- * gynecologic exam
- * Pap test

Pap test results were graded as follows:

- * negative (no abnormal cells detected)
- * ASCUS (atypical squamous cells of undetermined significance)
- * LSIL (low-grade squamous intraepithelial lesions)
- * HSIL (high-grade squamous intraepithelial lesions)
- * cancer

Women who had Pap smear results that were abnormal in any way then received a colposcopic exam and biopsy. If necessary, treatment of highly abnormal lesions was given.

The study team used health-related information from 2,477 women for their analysis. The average age of the women in the study was 43 years. Their HIV serostatus was as follows:

- * 1,931 HIV positive
- * 533 HIV negative
- * 13 women seroconverted during the study

The major ethno-racial groups represented in the study were as follows:

- * 54% were Black



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- * 25% were Hispanic
- * 18% were White

Smoking history was as follows:

- * 57% were currently smoking tobacco
- * 16% were former smokers

Results—cervical cancer

The good news is that in this study cervical cancer was uncommon. Over a period of 10 years, there were 11 cases of cervical cancer, all of which occurred in women who were HIV positive and whose initial Pap test result was abnormal. None of the women whose initial Pap smear result was negative (no abnormal cells detected) ever developed cervical cancer.

Results—abnormal Pap test results

Although cervical cancers were uncommon in this study, abnormal Pap test results were more common among HIV positive women. The proportion of women developing different cervical lesions was as follows:

Any abnormal Pap test result

- * HIV positive - 77% of women
- * HIV negative - 50% of women

Low-grade SIL

- * HIV positive - 43% of women
- * HIV negative - 11% of women

High-grade SIL (precancerous lesions)

- * HIV positive - 4% of women
- * HIV negative - 1% of women

These differences between HIV positive and HIV negative women were statistically significant; that is, not likely due to chance alone.

In general, the risk of abnormal cervical lesions decreased over time for all women in the study. However, at each study visit, 25% of HIV positive women had an abnormal Pap test result. Fortunately, most abnormalities were low-grade, that is, not precancerous or cancers.

Other studies have found broadly similar results in HIV positive women in high-income countries.

In the present study, cervical cancer rates might have been higher had the women not been enrolled in a cervical cancer screening program where abnormal cells were identified and destroyed when necessary.

The study authors note that as HIV positive women have an increased risk for abnormal cells, regular, perhaps frequent, cervical screening with Pap tests and colposcopy and treatment (when necessary) can likely prevent the development of invasive cervical cancer.

—Sean R. Hosein

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Source: CATIE News, June 12,2008 (www.catie.ca)



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Study Examines Death Rates for People Newly Diagnosed With HIV

In the five years after their diagnosis, people living with HIV in developed countries and receiving highly active antiretroviral therapy are no more likely to die than HIV-negative people, according to a study published Tuesday in the *Journal of the American Medical Association*, Reuters reports (Kahn, Reuters, 7/1).

For the study, Kholoud Porter and Krishnan Bhaskaran of the Medical Research Council Clinical Trials Unit in London examined the records of people living in 10 European countries and Australia (Russell, *San Francisco Chronicle*, 7/2). Researchers monitored 16,534 people who were diagnosed as HIV-positive from 1981 to 2006 (AFP/Google.com, 7/1). They then compared the mortality rates of HIV-positive people in the first five years after infection with the rates for HIV-negative people of the same age and gender living in the same country at the same time (Reuters, 7/1).

About 2,500 people HIV-positive people died during the study period, more than 10 times the 235 deaths that likely would have occurred in a similar HIV-negative population. However, the majority of the deaths occurred early in the study period before antiretroviral drugs were available, according to the researchers (AFP/Google.com, 7/1). Before 1996, when antiretroviral cocktails were not widely available, the increased death risk for newly diagnosed HIV-positive people ranged from nearly 8% to 20%, depending on a person's age, before falling each year to 0% in the year 2000 for all age groups, Porter said.

The risk of death for people living with HIV/AIDS increases after the first five years of infection, possibly because people are less likely to adhere to antiretroviral regimens or are less able to tolerate side effects from the drugs, according to Porter. People ages 15 to 24 at the time of HIV infection have a 5% higher mortality rate 10 years after infection than HIV-negative people of the same age, and a 7% higher mortality rate 15 years after infection, the study found. People who are older than age 45 at the time of HIV infection have a 5% higher mortality rate in the first 10 years after infection, and a 12% higher rate 15 years after infection.

Porter said the study "underscores the importance that people are identified and treated early" (Reuters, 7/1).

Source: Kaiser Daily HIV/AIDS Reports, Wednesday July 2, 2008



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Sexual Diseases Double in Eight Years Among the Over-45s

On Friday, officials at the Health Protection Agency warned that STDs are rising sharply among people over age 45 and called for a safe-sex campaign targeting the group. Between 1996 and 2003, STD cases more than doubled among over-45s visiting 19 sexual health clinics, HPA reported. In 1996, the age group represented just 3.9 percent of cases seen at the clinics, but by 2003 that climbed to 4.5 percent.

Older people are more likely to be single and to undergo relationship changes, and they are less likely to use condoms consistently, said Dr. Babatunde Olowokure, a consultant epidemiologist with HPA. In addition, Internet dating and erectile dysfunction drugs could be playing a role, HPA experts said.

Researchers found 4,445 STD cases among West Midlands patients over age 45, and most of the patients were heterosexual men and women. In over 45s, rates for all five STDs studied - chlamydia, herpes, genital warts, gonorrhoea and syphilis - rose from 16.7 cases per 100,000 population to 36.3 cases.

The more frequently diagnosed STDs were genital warts (45 percent of cases) and herpes (19 percent). Infections among males were highest in those over age 55, while among women more cases were found in those ages 45-54.

"Sexual health strategies have rightly focused on the under-25s, but our results indicate that sexual risk-taking behavior is

also an increasing trend in the over-45s," said Olowokure, who led the study.

The full report, "Trends in Sexually Transmitted Infections (Other Than HIV) in Older Persons: Analysis of Data From an Enhanced Surveillance System," was published in *Sexually Transmitted Infections* (2008;doi:10.1136/sti.2007.027847).

Source: CDC HIV/Hepatitis/STD/TB Prevention News Update 07/02/2008
Original Source: Guardian (06.30.08): Ian Sample



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"More HIV Treatment Could Cut Subsequent Cases 60 Percent"

A study of data on HIV patients in British Columbia finds that more aggressive treatment programs could reduce future AIDS cases by up to 60 percent.

"Our data is starting to generate support for the idea that treatment, as well as being a benefit to patients, can also be effective in preventing AIDS cases in the future," said Dr. Julio Montaner, a study coauthor.

The researchers developed a mathematical model to study the effect, over a 25-year period, of expanding access to highly active antiretroviral therapy in British Columbia. Although the province provides free HIV drugs, various challenges associated with treatment are blamed for the fact that just half the HIV patients there access HAART.

According to the study, expanding treatment to 75 percent of HIV-positive patients would cut the province's number of annual new infections by 30 percent. Further extending treatment to 90 percent and 100 percent of patients would lower the number of future AIDS cases by 50 percent and 60 percent, respectively, the study says.

Montaner and colleagues have long been advocates of expanding HIV treatment as a means to reduce onward transmission because the drugs dramatically reduce patients' viral loads, meaning they are much less infectious. The new model, he said, backs up this theory.

"Bottom line, we showed that no matter how you configure it, the more people you treat, the more infections you prevent," he said.

Montaner called for greater efforts to seek out patients and encourage them to enter treatment. "These results provide powerful additional motivation to accelerate the roll-out of HAART programs aggressively targeting those in medical need, both for their own benefit and as a means of decreasing new HIV infections," the researchers concluded.

The full report, "Expanded Access to Highly Active Antiretroviral Therapy: A Potentially Powerful Strategy to Curb the Growth of the HIV Epidemic," was published in the *Journal of Infectious Diseases* (2008;198(1):59-67).

Source: CDC HIV/Hepatitis/STD/TB Prevention News Update 07/03/2008
Original Source: Toronto Globe and Mail (07.03.08): Rod Mickleburgh



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Spousal Sexual Violence and Poverty Are Risk Factors for Sexually Transmitted Infections in Women: A Longitudinal Study of Women in Goa, India

The researchers conducted the current study to describe factors associated with incident sexually transmitted infections (STI) in a population-based sample of women in Goa, India.

From November 2001 to May 2003, a random sample of Goa women ages 18 to 45 was enrolled in the study. Participants were interviewed six and 12 months after completing the recruitment procedure. A commercial polymerase chain reaction and the InPouch TV Culture Kit were used to test vaginal and/or urine specimens for chlamydia, gonorrhea and trichomoniasis.

In total, 2,180 women were followed up. Of these, 64 had an incident STI: 1.8 percent in the first six months, and 1.4 percent in the second six months. Incident STI was found to be associated with low socioeconomic status, marital status, and with concurrent bacterial vaginosis. The highest incidence was noted among women who were married and exposed to sexual violence (10.9), were concerned about their husbands' affairs (10.5 percent), or were separated, divorced or widowed (11.0 percent).

Among the women, the researchers found those who were socially disadvantaged to be at increased risk of STI. Participants rarely reported having had sex outside marriage; rather, the women, especially those who were victims of sexual violence, were at risk of becoming infected within the marriage. "This highlights the vulnerabilities of socially disadvantaged married women in India, and

the need for health care professionals to screen STI patients for violence, and provide the necessary support," the researchers concluded. "The results also stress the importance of effectively diagnosing and treating married men with STI and promoting safer sex within marriage."

- Source: CDC HIV/Hepatitis/STD/TB Prevention News Update 04/28/2008
- Original Source: Sexually Transmitted Infection Vol. 84; No. 2: P. 133-138 (04..08):: H.A. Weiss; V. Patel; B. West; R.W. Peeling; B.R. Kirkwood; D. Mabey

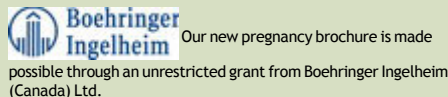
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