

HIV Trends and Women's Sexual Health

December 2009

A women-centred focus on HIV, sexually transmitted infections, prevention and treatment issues

AIDS Leading Cause of Death and Disease for Women

According to the World Health Organization's new report, "Women and Health: Today's Evidence Tomorrow's Agenda," HIV is the leading cause of death and disease among women ages 15 to 45. The other two major killers of these women are pregnancy-related conditions and tuberculosis, says the report released by WHO Monday in Geneva.

The chief health risk factor for women of childbearing age in developing nations is unsafe sex, which the report said is responsible for one in five deaths among females in this age bracket. Other risks include lack of access to contraception and iron deficiency.

WHO Director-General Dr. Margaret Chan noted that biologically women enjoy an advantage, as they tend to live six to eight years longer than men. Yet they are at a distinct disadvantage in cultures that limit their ability to access knowledge about HIV and negotiate safer sex.

"We will not see significant progress as long as women are regarded as second-class citizens in so many parts of the world," Chan said. "In so many societies, men exercise political, social, and economic control. The health sector has to be concerned. These unequal power relations translate into unequal access to health care and unequal control over health resources."

continued...

"We will not see significant progress as long as women are regarded as second-class citizens in so many parts of the world"

~Dr. Margaret Chan, WHO

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Positive Women's Network: Action and Leadership on women and HIV/AIDS

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Leading cause of Death & Disease (continued)

Globally, the report notes, up to 80 percent of all health care and 90 percent of HIV/AIDS-related care is provided in the home, nearly always by women. Yet more often than not, women's contributions and needs go unrecognized.

Additionally, in many cultures, the available sexual and reproductive health resources tend to focus exclusively on married women - ignoring the needs of unmarried women and adolescents, along with those of sex workers, intravenous drug users, ethnic minorities, and rural women.

To access the full report, visit <http://www.who.int/gender/documents/9789241563857/en/index.html>.

Source: CDC HIV/Hepatitis/STD/TB Prevention News Update November 10 2009. Original Source: Associated Press, November 9 2009:: Bradley S. Klapper.

Science News:

Researchers Decode HIV Genome

"Researchers at the University of North Carolina at Chapel Hill have decoded the entire HIV genome, opening the door to understanding how viruses infect humans - knowledge that could lead to new antiviral drugs," the Triangle Business Journal reports. The building block of HIV is a single stranded RNA, not a double stranded DNA (Gallagher, 8/6). In the Nature study, published Thursday August 6, the team of researchers describe how their newly developed "chemical method called SHAPE ... make[s] an image not only of the RNA's nucleotides, but of the shapes and folds of the RNA strands," Reuters writes (Fox, 8/5). The approach allowed researchers to capture a more complete picture of the HIV RNA genome than previously identified, revealing "that the RNA structures influence multiple steps in HIV's infection cycle," HealthDay News/U.S. News & World Report writes (8/5). According to the team of researchers, the technique could lead to new treatments for HIV as well as "for other viruses such as influenza and the bugs that cause the common cold," Reuters writes (8/5).

Source: Kaiser Daily U.S. HIV/AIDS Report, August 6 2009.



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Vaccine News:

Investigational Vaccine Shows Modest Potential For Protecting Against HIV Infection

For the first time, scientists say an investigational vaccine has modest potential for protecting people against HIV infection, the Associated Press reports. "The vaccine – a combination of two previously unsuccessful vaccines – cut the risk of becoming infected with HIV by ... 31 percent in the world's largest [HIV] vaccine trial of more than 16,000 volunteers in Thailand, researchers announced Thursday in Bangkok," the news service writes (Marchione/Casey, 9/24).

"It's the first evidence that we could have a safe and effective preventive vaccine,' Colonel Jerome Kim of the U.S. Army," which sponsored the trial, said at a press conference, the Financial Times reports, adding, "Doctors said an actual vaccine was still some way away but the tests provided a valuable 'proof of concept'" (Johnston, 9/24). Other supporters of the trial include the National Institute of Allergy and Infectious Diseases (NIAID), the Thai Ministry of Public Health "and the patent-holders in the two parts of the vaccine, Sanofi-Pasteur and Global Solutions for Infectious Diseases," the New York Times reports (McNeil, 9/24).

For the study, "[t]he researchers enrolled volunteers in Thailand's Chon Buri and Rayong provinces, which have the nation's highest rates of HIV, according to the study Web site," Bloomberg writes. "Subjects were given four doses of the ALVAC vaccine [made by Sanofi-Pasteur] and two of the AIDSVAX shot [made by VaxGen, now owned by Global Solutions for Infectious Diseases] over six months, then monitored for three years. They were also given advice on safe sex" (Bennett, 9/24).

The New York Times adds: Approximately "half the 16,402 volunteers were given six doses of two vaccines in 2006 and half were given placebos. Of those who got placebos, 74 became infected, while only 51 of those who got the vaccines did" (9/24).

"The results were barely significant on statistical grounds, perplexing for scientific reasons and unanticipated by most researchers," the Washington Post writes. "Nevertheless, the first positive results for an [HIV] vaccine after two decades of experimentation was being called a milestone" (Brown, 9/24).

Bloomberg continues: "In another finding, the vaccine failed to reduce the amount of virus in the blood of subjects who became infected. Researchers had hoped that if the vaccine didn't prevent infections, it would at least cut the virus to levels so low it couldn't be transmitted. ... The researchers don't understand exactly how the vaccine prevented infections or why it didn't reduce viral load (9/24).

"The study results, representing a significant scientific advance, are the first demonstration that a vaccine can prevent HIV infection in a general adult population and are of great importance,' the Geneva-based World Health Organisation and the Joint United Nations Programme on HIV/AIDS (UNAIDS) said" in a statement, Reuters writes. "It remains to be seen if the two specific vaccine components in this particular regime would be applicable to other parts of the world with diverse host genetic backgrounds and different HIV subtypes driving different regional sub-epidemics,"

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Vaccine News (continued)

according to the WHO and UNAIDS, Reuters reports (Nebehay, 9/24).

The Telegraph writes, "The researchers have been careful to say the vaccine combination appears to have an effect on the HIV strain circulating in Thailand and it may not work on other strains elsewhere in the world" (Smith/Jamieson, 9/24).

The Washington Post includes comments by Anthony Fauci, director of NIAID, who said, "Conceptually, we now know a vaccine is possible. Whether the vaccine is going to look anything like this one I don't know. But at least we know it can be done" (9/24). The New York Times reports, "Fauci said that scientists would seldom consider licensing a vaccine less than 70 or 80 percent effective, but he added, 'If you have a product that's even a little bit protective, you want to look at the blood samples and figure out what particular response was effective and direct research from there'" (9/24).

"Mass-producing the vaccine, plus how to proceed with future studies, will be discussed among the governments, study sponsors and companies involved in the trial, Kim said. Scientists want to know how long protection will last, whether booster shots will be needed, and whether the vaccine helps prevent infection in gay men and injection drug users, since it was tested mostly in heterosexuals in the Thai trial," the AP reports (9/24).

BBC reports, "This result is tantalisingly encouraging. The numbers are small and the difference may

have been due to chance, but this finding is the first positive news in the AIDS vaccine field for a decade,' said Dr. Richard Horton, editor of the Lancet medical journal. 'We should be cautious, but hopeful. The discovery needs urgent replication and investigation'" (9/24). BERMANA.com reports that the study "will form an important foundation for further HIV vaccine development in Thailand in the future," Pajit Warachit, deputy health permanent secretary in Thailand, said (9/24).

The Washington Post adds: "Many details of the trial were not released [on September 23] in briefings to reporters," leading some to some skepticism among health experts. "More information will be presented at an AIDS vaccine meeting in Paris later this fall" (9/24).

Science's blog, "Science Insider," also reports on some researchers' skepticism over the results of the clinical trial (Cohen, 9/24).

Source: Kaiser Daily Global Health Policy Report, September 24 2009.



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Safer Sex After 50:

Over-50 Snowbirds Warned of HIV While Vacationing in Florida

Canadians vacationing in South Florida, also known as "snowbirds," are arriving in a community that has the United States' highest rates of HIV/AIDS among those older than 50. Canadian health officials, therefore, are trying to raise awareness of HIV among this population. Older adults, including those dating again after divorce or death of a spouse, may not necessarily consider HIV a concern. "HIV and sexually transmitted infections are an issue that seniors, particularly once they're out there and meeting new people again, need to be aware of and consider," said Sandra Bullock, a professor of gerontology at the University of Waterloo. Reporting on the results of a small-scale study, Bullock and graduate student Katie Mairs said HIV testing among Canadian snowbirds is "relatively low." Testing, usually prompted by insurance requirements, was reported by only one respondent in five. Mairs presented the findings in Toronto recently at a meeting on HIV research.

The researchers say HIV is, in fact, a risk for those who came of age in the 1960s and 1970s. Canadians over 50 had the highest increase in HIV prevalence from the mid-1980s to 2002, says a 2004 study by the Public Health Agency of Canada. Still, Bullock is worried that those over 50 and on vacation could be susceptible to a carefree "what-happens-in-Vegas stays-in-Vegas" sort of mentality. "We need to get a dialogue going where people are comfortable speaking about sex and sexual risk issues so that we don't see a growing risk of HIV infection here as they have already seen in the Southern states," she said.

Source: CDC National Prevention Information Network, November 19 2009.

Preventing AIDS Among Boomers Requires a Little Re-Education

New HIV/AIDS cases among people age 50 and older are increasing in New Mexico, according to state Department of Health data. Among 165 new cases in New Mexico in 2007, 21 percent were in people ages 50-plus, the only group besides those ages 20-29 to have an increase in diagnoses since 2005.

"The numbers certainly suggest a substantial proportion of cases in the baby boomer age group," said Dr. Steve Jenison, medical director of the department's Infectious Diseases Bureau.

Effective treatments have lowered the profile of HIV/AIDS for many older residents, said Dr. Elaine Thomas, professor of infectious diseases at the University of New Mexico. "HIV is not really on the radar for a lot of people over age 50. People just aren't as knowledgeable about AIDS as they should be," said Thomas, who also directs the New Mexico AIDS Education and Training Center.

"People in their 50s and 60s who are dating for the first time in 20 years don't necessarily have the language to talk about safe sex," said Andrew Gans, the state health department's HIV/AIDS prevention program manager. "People are wondering, 'In my 50s, are condoms relevant?' And the answer is, 'Yes, they are.'"

Despite the uptick in diagnoses, many practitioners are still reluctant to suggest an HIV test for 50-plus patients, said Thomas. "A lot of providers aren't comfortable asking someone who looks like their mother to take an AIDS test," she said. But providers can cite CDC recommendations for routinely testing all patients ages 13-64, she added.

Source: CDC HIV/Hepatitis/STD/TB Prevention News Update, October 13 2009. Original Source: Albuquerque Journal, September 27 2009: Richard S. Dargan.



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Human Rights:

Obama Lifts Ban on US Entry for Those with HIV

The order to repeal the ban against HIV-positive people traveling and immigrating to the United States will be finalized on [November 2nd], President Barack Obama has announced [on October 30]. The new rule lifting the restriction will be effective early next year, he said at the White House [...].

"If we want to be the global leader in combating HIV/AIDS, we need to act like it," Obama said before signing a bill that reauthorizes the federal Ryan White HIV/AIDS program, which provides care, treatment, and support services for about half-a-million low-income HIV/AIDS patients in the United States.

The Department of Health and Human Services in 1987 added HIV to a list of communicable diseases that disqualified infected travelers from entering the United States on visas or seeking a green card. In 1991, HHS tried to repeal the decision, but the move was opposed by Congress. Two years later, Congress made HIV infection grounds for inadmissibility to the United States, the only medical condition so designated.

Since 1993, no major international AIDS conference has been held in the United States because HIV-positive advocates and researchers cannot enter the country.

Reversing the travel ban will help end stigma against people with HIV/AIDS, which makes some avoid testing for the virus and fuels its spread, said Obama.

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The 22-year-old restriction also separated families without having a clear public health benefit, said Rachel B. Tiven, executive director of Immigration Equality, an LGBT/HIV+ advocacy group. "Now, those families can be reunited, and the United States can put its mouth where its money is: ending the stigma that perpetuates HIV transmission, supporting science and welcoming those who seek to build a life in this country," she said.

Source: CDC HIV/Hepatitis/STD/TB Prevention News Update, November 2 2009. Original Source: Associated Press, October 31 2009:: Darlene Superville.



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Prevention News:

The Battle in Uganda over Female Condoms

In July, Uganda's government announced it would begin a female condom program to prevent HIV, distributing 100,000 units in two regions using money from the UN Population Fund. The government said it would extend the pilot program after a year if it found donor support. Civil society groups lauded the initiative for protecting women; however, few major donors have joined to support it.

"The number-one issue for women is to be able to negotiate," said Serra Sippel, president of the Center for Health and Gender Equity in Washington. "The main issue was the desire for women to be able to say, 'OK, you're not going to use yours, then let's use mine.'"

"You can't just put 100,000 condoms out in district warehouses and expect something to happen," said Mike Strong, Uganda's coordinator for the US President's Emergency Plan for AIDS Relief. "Since we try to be an evidence-based operation, we're waiting to see any evidence that this is a cost-effective method of protecting women against unwanted pregnancy and HIV transmission." Citing lessons learned from a failed female condom initiative 10 years ago, Ugandan officials say they will put more effort into distributing the products and teaching people how to use them.

Skeptics can point to a recent government analysis showing 65 percent of new HIV infections occur among married people who have concurrent long-term partnerships. "The problem is the same as with male condoms," said Helen Epstein, author of

"The Invisible Cure: Why We Are Losing the Fight Against AIDS in Africa." "They signify mistrust, they are awkward to use, and they inhibit conception, which many couples want."

"We haven't done a very good job on promoting existing family planning products," said Strong. "Why should we divert attention from pills, IUDs, and male condoms to what's really a niche market?"

Source: CDC HIV/Hepatitis/STD/TB Prevention News Update September 4 2009. Original Source: Time Magazine August 30 2009.: Nick Wadhams.



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Sex Education: Findings Inconclusive on Teaching Abstinence

Comprehensive risk-reduction programs to prevent or reduce pregnancy, HIV, and other STDs have sufficient evidence of their efficacy, and such sex education programs can benefit public health, a non-federal panel of health experts concluded in a new report. However, a similar review for abstinence education interventions found insufficient evidence of their effectiveness, and their public health benefits or harms were difficult to ascertain, the 15-member Task Force on Community Preventive Services said.

The Task Force based its conclusions on systematic analyses conducted by a 19-member team of scientists assembled by CDC. The Task Force examined 83 study arms involving comprehensive risk-reduction programs and 23 study arms involving abstinence-only programs. Comprehensive programs typically teach abstinence as the "preferred" strategy but also identify a hierarchy of recommended behaviors to prevent or reduce pregnancy and HIV/STDs, including condom and contraceptive use, the report said. Abstinence-only programs promote abstinence and "mention condoms or other birth control methods only to highlight their failure rates if at all," the report said. All the programs were geared to people ages 10-19.

"At long last, evidence and common sense have returned to public health policy," said James Wag-

oner of Advocates for Youth. "The Task Force endorses the comprehensive approach to prevention that includes condoms and birth control. We should be spending taxpayer dollars only on evidence-based programs."

Two Task Force members, including Danielle Ruedt of the Georgia Governor's Office of Children and Families, issued a dissent to the findings, arguing that comprehensive school-based programs do not significantly increase teen condom use, pregnancy or STDs.

"The Task Force endorses the comprehensive approach to prevention that includes condoms and birth control. We should be spending taxpayer dollars only on evidence-based programs."

***~James Wagoner,
Advocates for Youth***

The dissenting members' point is flawed, said CDC's Randy Elder, who worked with the Task Force. "They reflect a fundamental misunderstanding of the systematic review process," Elder said.

To access the Task Force findings and rationales, visit <http://www.thecommunityguide.org/hiv/index.html>.

Source: CDC HIV/Hepatitis/STD/TB Prevention News Update, November 10 2009. Original Source: Washington Post, November 7, 2009:: Rob Stein.



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Safer Sex & Youth:

Canadian Young, Single Adults Less Likely than Teens to Use Condoms

Single young Canadians tend to use condoms less and less as they grow older, putting them at increased risk of STDs, according to a new study. The Statistics Canada study utilized data from the Canadian Community Health Surveys, and it focused on young adults who were neither married nor in common-law partnerships.

Researchers found that condom use was 85 percent for males ages 15-17 and 75 percent for females the same age. Condom use declined among Canadians ages 20-34 to 59.9 percent for men and 49.9 percent for women.

"With this age group, as individuals become involved in more monogamous, longer-term relationships, then perhaps individuals are feeling their risk of contracting [an STD] is less," said lead author Michelle Rotermann. "Hopefully, this paper will remind individuals this isn't the case."

Condom use declined with age across the board, with the lowest rates reported in Quebec and among women in rural areas. For single Canadians ages 20-24, condom use during the last sexual encounter was 64 percent among men and 54 percent for women. That dropped to 56 percent and 47 percent, respectively, among men and women ages 25-29, and then to 54 percent and 42 percent, respectively, among men and women ages 30-34.

A woman relying on monogamy alone for protection could risk her reproductive health, said

Rotermann and study co-author Alexander McKay. Cases of gonorrhoea, syphilis and chlamydia have grown significantly since 1998, and these can be asymptomatic, McKay stressed. The researchers said their findings suggest that sex education campaigns should continue to target young adults after they graduate high school.

The full report, "Condom Use at Last Sexual Intercourse Among Unmarried, Not Living Common-Law 20- to 34-Year-Old Canadian Young Adults," was published in the Canadian Journal of Human Sexuality (2009;18(3):75-87).

Source: CDC HIV/Hepatitis/STD/TB Prevention News Update, September 21 2009. Original Source: Ottawa Citizen, September 10 2009:: Mike Barber.



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**Safer Sex & Youth:
Study Links Girls' Body Size to Sexual Behavior**

Sexually active high school girls who were either overweight or who believed they were, as well as girls who were underweight, tended to use condoms less than girls of normal weight in a new study. Race and ethnicity played a role in the relationships between body and sexual behavior, though how exactly is not clear, according to lead author Dr. Aletha Akers of the University of Pittsburgh School of Medicine and colleagues.

Among 7,193 high school girls who completed the 2005 Youth Risk Behavior Surveillance survey, half reported having had sex. Caucasian girls who believed they were underweight, accurately or not, were more likely to be sexually experienced and to have had four or more sex partners. Overweight Caucasian girls were less likely to use condoms. Among African-American girls, those who were underweight were less likely to use condoms, while overweight girls were likelier to report four or more sex partners.

Regardless of weight or perception, Latina high school students were more likely to report sexual risks, including pre-teen sex and four or more sex partners. However, the sample size was small and the girls came from diverse nations and cultures, so researchers cautioned against drawing any broad conclusions.

Thin African-American girls and overweight Caucasian girls may feel less desirable in terms of cultural norms of attractiveness, and thus might be less willing to use condoms or capable of negotiating their use, Akers hypothesized.

"The goal is to point out that race is an important context of how girls think about their body

image, and those variations influence how they negotiate sexual behavior," Akers said. She said she will ask for National Institutes of Health funding for a follow-up study.

The full report, "Exploring the Relationship Among Weight, Race and Sexual Behaviors Among Girls," was published in *Pediatrics* (2009:124(5):e913-e920).

Source: CDC HIV/Hepatitis/STD/TB Prevention News Update, November 3, 2009. Original Source: Pittsburgh Post-Gazette, October 31, 2009: David Templeton.

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