



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

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

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PREVENTION ISSUES AND CHALLENGES

Questions Remain About Circumcision's Ability to Protect Female Partners

In previous issues of [Global Campaign for Microbicides] News, we've reported on recent research suggesting that routine male circumcision could significantly reduce a man's risk of acquiring HIV infection. Three randomized controlled clinical trials undertaken in Kenya, Uganda and South Africa demonstrated that circumcision reduced a man's risk of infection through heterosexual sex by about 60 percent. The World Health Organization (WHO) is now officially promoting male circumcision as part of a comprehensive HIV prevention package, and the US President's Emergency Plan for AIDS Relief (PEPFAR) recently announced plans to provide money for circumcision programs as part of its effort to reduce the spread of HIV in some African countries.

One of the biggest unanswered questions, however, is whether male circumcision will also help protect the female sexual partners of circumcised, HIV-positive men. A prospective study of serodiscordant couples in Uganda suggested otherwise, but that trial was stopped early and the data available were limited. An epidemiological survey of almost 5,000 sexually-active women in Uganda and Zimbabwe, published in the August 20th edition of AIDS, found that male circumcision had little influence on the female partner's risk of acquiring HIV.

Four thousand, four hundred and seventeen sexually-active, low risk, HIV-negative women were enrolled at trial sites in Uganda and Zimbabwe. An additional 393 Ugandan women considered at high risk of infection—sex workers and patients from sexually transmitted infection clinics—were also enrolled, for a total of 4,810 study participants. At enrollment, women were

asked the circumcision status of their current partners, as well as detailed questions about their reproductive, contraceptive and sexual behaviours. The women were then followed for an average of two years, with frequent clinic visits to test for HIV and other sexually transmitted infections; treat any active STIs; and collect additional information about sexual behaviour, including the circumcision status of any new partners.

A total of 210 women became infected during follow-up. No protective effect from circumcision was seen for women considered at low risk of HIV infection when these data were analyzed — after taking into account a woman's age, age at sexual debut, contraceptive use, husband's employment status, level of education, and number of sexual partners in the previous three months. Low-risk Ugandan and Zimbabwean women had a similar risk of infection, regardless of their partner's circumcision status. High-risk Ugandan women appeared to derive a small protective effect from having a circumcised partner, but this result was based on an analysis of relatively few HIV infections (19 infections total, with only two among women with circumcised partners) and did not achieve statistical significance.

For more information about male circumcision as an HIV prevention option, visit <http://www.global-campaign.org/malecircumcision.htm>.
Source: Global Campaign News - Issue #86, 13 September 2007



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PREVENTION ISSUES AND CHALLENGES

Pregnancy for HIV-Positive Women Safer in Early Stages of Virus, Study Says

HIV-positive women who want to become pregnant should be informed that pregnancy is safer during the early clinical stages of the virus, when CD4+ T cell counts are higher, according to a study published recently in *Tropical Medicine & International Health*, Uganda's Monitor reports.

Lieve Van der Paal of Uganda's Medical Research Council and colleagues from the Uganda Virus Research Institute examined the medical records of 139 HIV-positive women of reproductive age residing in southwestern Uganda who were in a clinical group established in 1990. The researchers examined the effect of pregnancy on HIV progression and survival among HIV-positive women before the introduction of antiretroviral drugs.

The study found that women who became pregnant had higher CD4 counts when they enrolled in the study and that they had a slower decline of CD4 cells than those who did not become pregnant. The study also found that CD4 counts declined faster after pregnancy. The researchers concluded that the "initial comparative immunological advantage possessed by fertile women before they become pregnant is subsequently lost as a result of their pregnancy." The researchers suggested that women taking antiretrovirals who have low CD4 counts wait until their CD4 counts have increased before becoming pregnant.

According to the study, HIV-positive women who want to become pregnant should be warned about the potential negative effect a pregnancy could have on their immune system's ability to fight HIV and should be offered contraception. Pregnant women living with HIV who are eligible for antiretroviral therapy "should be offered such treatment as a priority group since they are at high risk for fast progression" of HIV and because the antiretrovirals will help prevent mother-to-child HIV transmission, the study said. The study also found that since the introduction of a program aimed at preventing mother-to-child transmission, less than 5% of HIV-positive mothers in southwest Uganda do not breast-feed (Kirunda, Monitor, 9/17).

Source: Kaiser Daily HIV/AIDS Report - Wednesday, September 19, 2007



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PREVENTION ISSUES AND CHALLENGES

HIV-Positive Women Who Become Pregnant Less Likely To Develop AIDS, Die of AIDS-Related Causes, Study Says

HIV-positive women who become pregnant are less likely to develop AIDS or die of AIDS-related causes than HIV-positive women who do not become pregnant, according to a study published in the Oct. 1 issue of the *Journal of Infectious Diseases*, VOA News reports (De Capua, VOA News, 9/19).

For the study, Timothy Sterling of Vanderbilt University and colleagues examined 759 HIV-positive women from 1997 to 2004 to determine how pregnancy affects HIV progression. Of the 759 women, 540 received highly active antiretroviral therapy, and 139 had at least one pregnancy during the study. The researchers found that the women who became pregnant had a lower risk of HIV progression both before and after pregnancy (ANI/Newindpress.com, 9/20).

Sterling said it is unclear why the women who became pregnant were less likely to progress to AIDS but added that they overall were healthier than the women who did not become pregnant. Women who became pregnant had lower HIV viral loads, were younger and were more likely to receive treatment than those who did not become pregnant, Sterling said. The researchers adjusted for such factors and found that "women who became pregnant were still less likely to progress to AIDS or death," he said. Previous studies found either a slight increased risk or no risk of HIV progression among HIV-positive women who became pregnant, VOA News reports.

Sterling said more research is necessary to determine why women who become pregnant are less likely to develop AIDS. He added that pregnant women might be "highly motivated" to receive

treatment to prevent mother-to-child HIV transmission. "Perhaps that additional motivation facilitated them in doing better," Sterling said, adding that the pregnant women in the study received more intensive care, visited the clinic more frequently and were more likely to receive dietary supplements.

Related Editorial

Kathryn Anastos of Montefiore Medical Center at the Albert Einstein College of Medicine in an accompanying *JID* editorial writes that the study's findings are "extremely important" for HIV-positive women in "higher-resource settings and perhaps for women in lower-resource settings." She adds, "Women can now have greater confidence that, in addition to protecting their children from mother-to-child transmission with antiretroviral drugs, their own health will not be compromised by pregnancy" (VOA News, 9/19).

Source: Kaiser Daily HIV/AIDS Report - Monday, September 24, 2007

continued



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PREVENTION ISSUES AND CHALLENGES

Young People in Northern British Columbia Encountering Barriers in Protecting Their Sexual Health

At a recent session on youth sexual health services in Prince George, researchers invited eight young people from rural and northern regions of the province to discuss how access to these services can be improved. In addition to Dr. Jean Shoveller, a University of British Columbia professor of health care and epidemiology, the conference included researchers from University of Northern British Columbia and Queens University.

The barriers that youth encounter may partly explain the area's high rates of STDs and teenage pregnancy, said Shoveller. Chlamydia is on the rise, and early-age pregnancy is twice or more the provincial average.

The teens said most local clinics are open only during school hours. "Young people were telling us to focus on youth-friendly services tailored to and culturally acceptable for where they live," said Shoveller.

Teens should feel comfortable accessing sexual health services, said Shoveller, giving the example of a young woman being able to see a female doctor. "In small towns, young people may access services from a lady who may also live next door," she said, emphasizing that a non-judgmental atmosphere is key.

Jeff Lynch, 25, was invited to attend the session after answering a sexual health survey in December. Lynch, a teacher, said teens have expressed dissatisfaction about sex education, which is often taught by teachers who are uncomfortable or are untrained to provide such information. Sex education needs to be improved upon, he said, and should be provided by trained professionals other than teachers. A similar conference is being planned for next year.

Source: CDC HIV/Hepatitis/STD/TB Prevention News Update 07/17/2007
Original Source: Daily Herald-Tribune (Grande Prairie) (07.11.07):
Canadian Press



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PREVENTION ISSUES AND CHALLENGES

Former Surgeon General Carmona Says Bush Administration Blocked Him From Speaking About Certain Issues

Former Surgeon General Richard Carmona on Tuesday in a hearing with the House Committee on Oversight and Government Reform said the Bush administration routinely blocked him from speaking about or issuing reports on certain issues -- including human embryonic stem cell research, abstinence-only sex education, emergency contraception and other sensitive public health topics -- while he was serving in the position, the Washington Post reports. Carmona, a former professor of surgery and public health at the University of Arizona, was nominated by President Bush to serve as surgeon general from 2002 to 2006.

"Anything that doesn't fit into the political appointees' ideological, theological or political agenda is often ignored, marginalized or simply buried," Carmona said, adding, "The problem with this approach is that in public health, as in a democracy, there is nothing worse than ignoring science or marginalizing the voice of science for reasons driven by changing political winds" (Lee, Washington Post, 7/11).

During his testimony, Carmona said that he initially had little idea how inappropriate the administration's actions were. He said that he consulted six previous surgeons general and they all agreed he experienced more political interference than they had, according to the New York Times (Harris, New York Times, 7/11).

Former Surgeons General David Satcher -- who served under former Presidents Clinton and George H.W. Bush from 1998 to 2002 -- and C. Everett Koop -- who served under former President Reagan -- also testified at the hearing and spoke about HIV/AIDS issues (Washington Post, 7/11).

Satcher during the hearing said the Clinton administration would not support federal funding for needle-exchange programs even though federal studies have shown they are effective at reducing the spread of HIV. Satcher added that he traveled nationwide to speak in support of the programs. Koop during the hearing said he and then HHS Secretary Otis Bowen did not speak about their work on an HIV/AIDS report until it was released to the media. "If we had followed protocol and had every word scrutinized by the secretary's secretariat, these reports, because of their nature and plain speaking, would not have seen the light of day," Koop said. Carmona said that he was told not to discuss alternatives to the administration's focus on abstinence-only sex education (Carey, CQ HealthBeat, 7/10). He added that he was prevented from discussing research on the efficacy of teaching about condom use as well as abstinence. "There was already a policy in place that did not want to hear the science but wanted to just preach abstinence, which I felt was scientifically inaccurate," Carmona said.

Additional Comments

White House spokesperson Tony Fratto said that the administration did not interfere with Carmona's work. "As surgeon general, Dr. Carmona was given the authority and had the obligation to be the leading voice for the health of all Americans," Fratto said, adding, "It's disappointing to us if he failed to use his position to the fullest extent in advocating for policies he thought were in the best interests of the nation." Committee Chair Henry

continued



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PREVENTION ISSUES AND CHALLENGES

British Columbia STD Cases Double in a Decade

According to the British Columbia Center for Disease Control, the province saw some 9,100 new cases of chlamydia last year, compared to 4,100 reported cases in 1997. Reported gonorrhea cases rose to more than 1,000 last year, compared to 455 cases ten years ago. Officials say the number of British Columbia residents testing positive for STDs has more than doubled in the past decade. Health officials warn of a "hidden epidemic" because people do not talk about STDs and may not show symptoms. Dr. Mark Gilbert of the disease control center said the numbers could partly be attributed to increased testing, advances in testing, and increasing efforts to notify partners. Patricia Mirwaldt of University of British Columbia Student Health Services said unprotected sex is a likely factor in the sharp increase in rates. UBC has handed out 25,000 condoms and 10,000 educational brochures to help combat the trend. The two main STDs at UBC are chlamydia and

human papillomavirus. Although chlamydia cases are up, Gilbert said there has been a decrease in the health problems it causes if left untreated. In the late 1990s, according to Mirwaldt, fear of HIV/AIDS led to condom use. As new therapies were introduced, people became less fearful and less willing to use condoms. Overall in British Columbia, the number of people testing positive for HIV has decreased. There were 363 new HIV cases in 2006, down from 521 in 1997. However, specific population groups such as First Nations communities are seeing an increase. Gilbert noted that a McCreary Center Society's 2003 survey of high school students found that many youths, especially girls, are waiting longer to have sex, and more sexually active youths are using condoms.

Source: CDC HIV/Hepatitis/STD/TB Prevention News Update 09/24/2007
Original Source: Edmonton Journal(09.22.07): Doug Ward; Glenn Bohn

Former Surgeon General Blocked From Speaking ... continued

Waxman (D-Calif.) called on Congress to take measures to protect the surgeon general from political influence. "We shouldn't allow the surgeon general to be politicized," he said, adding, "It is the doctor to the nation. That person needs to have credibility, independence and to speak about science" (Washington Post, 7/11). Carmona's

testimony comes two days before the Senate is scheduled to hold hearings to confirm the newly appointed surgeon general, James Holsinger (New York Times, 7/11).

Source: Kaiser Daily HIV/AIDS Report - Wednesday, July 11, 2007



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PREVENTION ISSUES AND CHALLENGES

Redesigning a Condom So Women Will Use It

Public health experts once held high hopes that the female condom would give women worldwide the ability to protect themselves from STDs. But due to a range of problems - the device was perceived as awkward, unsightly, and noisy - it made little headway with females other than sex workers. Six billion male condoms are delivered annually to developing countries, compared to only 12 million female condoms.

Now a second-generation version has been developed by the Seattle-based nonprofit PATH. It reportedly offers several advantages: It is inserted using a tampon-like bunched end, instead of a stiff rubber ring. A softer, thinner polyurethane was used to better transmit warmth and provide a more natural feel. Adhesive dots on the outside cling to the vaginal walls, expanding with them during arousal. In testing among couples in Seattle, Thailand, Mexico, and South Africa, more than 90 percent liked the new device's comfort and ease of use, and 98 percent rated its feel during sex as "OK to very satisfactory," PATH said.

But PATH has encountered a major roadblock to bringing the new female condom to market. While the Food and Drug Administration designates male condoms as Class 2 medical devices, so that they must only pass tests for leakage and bursting, female condoms are designated Class 3. This puts them in the same category as pacemakers and heart valves, meaning that any new design

must clear clinical trials at a cost of \$3 million to \$6 million. "That's close to a 100 percent block, because no one's willing to put up that sort of money," said Dr. Michael J. Free, PATH's head of technology.

The original product was never able to fulfill scientists' goal of being a form of protection a woman could use without her male partner's knowledge. This was the female condom's biggest failure, and one the redesign process could not correct.

Source: CDC HIV/Hepatitis/STD/TB Prevention News Update 11/20/2007
Original Source: New York Times (11.13.07):: Donald G. McNeil Jr.



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WOMEN'S HEALTH SPECTRUM

Violence Against Women Fueling Spread of HIV Worldwide, Undermining Prevention Efforts, Advocates Say

Violence against women worldwide is fueling the spread of HIV in the population, and unwillingness among some governments to acknowledge the issue will continue to undermine prevention and education efforts, advocates said at the World Social Forum in Nairobi, Kenya, Inter Press Service reports. "Violence is largely a cause of HIV infection among many women; violence in the homes and in the streets, violence everywhere," Ludfine Anyango, the national HIV/AIDS coordinator at Action Kenya-International, said. Anyango also discussed women's inability to negotiate condom use with their partners, which puts them at an increased risk of HIV transmission.

"Many cannot ask their husbands to use a condom because, in addition to being thought as unfaithful, they fear being beaten," Anyango said, adding, "The woman then has no choice but to continue having unprotected sex with her spouse."

Violence against commercial sex workers also is an issue, according to Ros Sokunthy of the Cambodia-based Womyn's Agenda for Change, which promotes the rights of women and female sex workers. "A sex worker negotiates with one man," Sokunthy said, adding, "When she gets to the venue she finds more than one man, and they all want to have sex

with her. When she refuses, she is beaten or raped." In addition, WSF participants discussed how some husbands beat their wives if they discover that they visited HIV/AIDS voluntary testing and counseling centers.

"This fear discourages many women from knowing their HIV status and thus continue having unprotected sex with their spouses," Mary Watiti - a counselor at a testing clinic in Kibera, Kenya - said. According to Inter Press Service, these issues have renewed calls for laws to address all forms of violence against women, as well as implementation of laws in countries where such legislation exists. Male involvement in the fight against HIV/AIDS also is important, advocates said. According to experts, men seem to fear HIV/AIDS stigma more than women do and, as a result, avoid HIV testing clinics.

"As long as our men are not part of the war, then we should forget about ending HIV/AIDS infection and the violence that comes with it," Lilian Musang'u, a WSF participant from Malawi, said (Mulama, Inter Press Service, 1/24).

Source: Kaiser Daily HIV/AIDS Report - Friday, January 26, 2007



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WOMEN'S HEALTH SPECTRUM

Married Thais Account for 40 Percent of New HIV Infections: Survey

More than 40 percent of the 17,000 new HIV/AIDS cases in Thailand last year were among married couples, the health ministry's disease control department reported Thursday.

Of the 7,000 married people who were diagnosed with HIV in 2006, 40 percent were wives who reported they were infected through their husbands, while 10 percent of the cases were husbands who said they became infected by their wives, according to the ministry's latest survey. Extra-marital affairs and men having sex with prostitutes accounted for the rest of the infections.

Overall, new infections in Thailand decreased from 18,000 in 2005. "Despite the decrease of overall new infections, there are some signs that the

AIDS problem in Thailand might get worse again," said Thawat Suntrajarn, Director-General of the Disease Control Department. The spike in infections among married couples is "worrisome," he added.

The ministry had hoped the new figures would show a more considerable drop to 14,000, said Thawat. The survey also found a very low level of condom use among couples in 2005, at 44-52 percent.

Source: CDC HIV/Hepatitis/STD/TB Prevention News Update 10/16/2007
Original Source: Agence France Presse (10.11.07)

HIV Infections Up Sharply Among Women in China

China's male-female HIV infection ratio has narrowed from 5:1 in the 1990s to 2:1, Xinhua News Agency reported Monday, quoting Vice Minister of Health Wang Longde. Females represented 27.8 percent of HIV/AIDS reports in 2006, up from 19.4 percent in 2000. Reported HIV/AIDS cases increased from 183,733 at the end of October 2006 to 203,527 at the end of

April, Wang said, and the latter number includes 52,480 cases that had progressed to AIDS. Beijing and UN officials estimate a more accurate number of infections could be about 650,000, with the disease moving more quickly and into the general population.

Source: CDC HIV/Hepatitis/STD/TB Prevention News Update 06/06/2007
Original Source: Reuters (06.04.07)



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TESTING, TREATMENT AND CARE

HIV-Positive Pregnant Women Who Receive Tenofovir, Emtricitabine During Childbirth Have Decreased Risk of Developing Drug Resistance, Study Says

HIV-positive women who are pregnant and receive the antiretrovirals tenofovir and emtricitabine during childbirth could reduce the risk of developing resistance to antiretroviral drugs, according to a study published Wednesday in the *Lancet*, AFP/Yahoo! News reports (AFP/Yahoo! News, 11/7).

For the study, Benjamin Chi of the University of Alabama-Birmingham and the Centre for Infectious Disease Research in Zambia randomly assigned 400 HIV-positive pregnant women who sought care at two clinics in Lusaka, Zambia, to take either a single dose each of tenofovir and emtricitabine or neither drug. The women all were offered nevirapine and short-course treatment with zidovudine, according to the study (Chi et al., *Lancet*, 11/7).

The standard treatment to prevent mother-to-child transmission is to provide a single dose of nevirapine during childbirth, which reduces the risk of HIV transmission by 40%. However, the drug increases infants' risk of contracting a drug-resistant strain of HIV if the virus is transmitted during birth. In addition, nevirapine increases the woman's risk of developing a drug-resistant strain of HIV (AFP/Yahoo! News, 11/7).

Women assigned to take tenofovir and emtricitabine during childbirth were 53% less likely than women in the control group to have developed drug resistance six weeks after delivery, the study found. Women in the tenofovir-emtricitabine group had a 12% chance of developing drug resist-

ance, compared with a 25% risk for the control group.

Four women in each group experienced postpartum anemia, and 10% of infants in the tenofovir-emtricitabine group and 12% in the control group had adverse side effects, including septicemia and pneumonia, according to the study (*Lancet*, 11/7). The researchers said the side effects likely were not the result of the new drug combination.

Related Commentary

Shahin Lockman and James McIntyre of the Harvard School of Public Health in a commentary accompanying the study said the findings "provide strong evidence that adding single-dose tenofovir-emtricitabine" to the standard method of preventing mother-to-child HIV transmission is a "new, effective and feasible approach to reducing maternal nevirapine resistance" (AFP/Yahoo! News, 11/7).

Source: Kaiser Daily HIV/AIDS Report - Thursday, November 8, 2007



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Testing, Treatment and Care

Acute HIV infection found frequently in pregnant women; enhanced testing recommended

The United States should adopt an enhanced HIV testing policy for pregnant women that can identify women with acute HIV infection and/or those who acquire HIV in the second or third trimester, according to the authors of a study published in the November edition of the journal, AIDS.

The study, undertaken in North Carolina, found that HIV antibody testing alone had only a 96.6% sensitivity for HIV infection and that five pregnant women were identified with acute HIV infection during the study period, all of whom delivered uninfected infants.

HIV antibody testing in prenatal care

HIV antibody tests are recommended to all pregnant women early in prenatal care in order to identify chronically infected women, and to protect both the woman's health and that of their unborn child. However, prenatal HIV antibody testing undertaken in the first trimester may miss women who have recently been infected, or who become infected with HIV during the second or third trimester of pregnancy.

In fact, a 2005 study found that pregnancy doubles the risk of becoming infected with HIV, even after controlling for frequency of sexual activity and number of partners. Furthermore, recent, (also known as primary or acute), HIV infection is associated with the highest rate of sexual transmission due to high levels of HIV in the genital tract. It is biologically plausible that acquiring HIV while pregnant may, therefore, increase the risk of mother to child transmission.

Enhanced HIV testing for pregnant women in North Carolina

Kristine Patterson and colleagues from the School of Medicine, University of North Carolina at Chapel Hill, report on an enhanced HIV testing strategy in North Carolina for the detection of acute HIV infection in pregnancy and the outcome of those pregnancies.

In 2002, the North Carolina Department of Health and Human Services (NCDHHS) began implementing the Screening and Tracing Active Transmission (STAT) programme, which identified individuals who were HIV antibody negative but had detectable RNA (utilising pooled nucleic acid amplification testing)

Out of a total of 187,135 women tested for HIV at 171 sites funded by the NCDHHS between November 2002 and April 2005, 443 (0.2%) women tested positive: 428 were HIV antibody positive and 15 (3.4% of all positive women) were found to be HIV antibody negative but HIV RNA positive (i.e. had acute HIV infection).

Although black women represented only 42% of the entire testing population, they made up a much higher proportion of the HIV-positive women (73%). Heterosexual transmission was reported as the likely route of infection for 83%.

Five - or one third - of the 15 women with acute HIV infection were pregnant at the time of testing. The median length of pregnancy at HIV diagnosis was 15 weeks (range, 12-16 weeks). All of

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Testing, Treatment and Care

Acute HIV infection in pregnant women... continued

these women considered heterosexual transmission to be their primary risk factor for HIV infection.

All five pregnant women initiated antiretroviral therapy (ART) within 14 days of a confirmatory diagnosis. In addition, all of the women received intravenous AZT at the time of delivery. All five delivered healthy babies and the infants received AZT for six weeks. None of the infants was found to be HIV DNA positive at 0-2 days, 4-6 weeks, or 4-6 months.

Acute infection missed, HIV transmission occurred

During the study period, six infants were reported HIV-infected in North Carolina. The investigators reviewed the mothers' HIV testing records and found that three of these infants were born to women who tested HIV antibody negative between weeks 12 and 18 of their pregnancy. Each had tested at private sites that were not part of North Carolina's STAT programme, and so it was likely that their acute HIV infection was missed.

The investigators note that "none of the mothers could recall symptoms suggestive of acute retroviral syndrome during or after pregnancy, and none of these infants was breastfed. None of these women could recall being tested for HIV during or immediately following delivery."

They also found that "none of the three infants born to mothers 'missed' by routine nonpublic testing was diagnosed in a timely fashion. Two of the mother-infant pairs were identified only when the mothers underwent repeat antibody testing as a component of routine prenatal testing for a second pregnancy and were found to be HIV antibody positive. Their first

infants were subsequently tested and found to be HIV DNA positive. The third mother-infant pair was identified when the infant presented at three months of age with *Pneumocystis jiroveci* pneumonia."

Recommendations and conclusions

"Our data suggest that enhanced HIV testing and universal antibody rescreening in the third trimester may be needed to reduce MTCT of HIV to the lowest levels possible," the investigators write. They also recommend that, "infants born to mothers who did not undergo repeat testing during pregnancy should be tested for HIV."

The investigators note that the additional cost of RNA testing "resulted in an additional cost of US\$3.63 per specimen, a cost that included equipment, kits, labour, and administration."

They believe that "the use of enhanced testing specifically in antenatal HIV testing sites contributed significantly to the overall cost-effectiveness of the program, with testing in antenatal sites alone resulting in a lifetime cost savings of \$11,298 per year. These cost savings were attributable to the enormous cost of lifetime ART and the impact of undiagnosed infant HIV infection on discounted, quality-adjusted survival."

They conclude by noting, "in this study, 3.4% of all newly HIV-positive women had [acute HIV infection] at the time of testing, compared with the 0.5% of HIV-infected individuals who are estimated to be in this window period at any one time in the US population."

continued



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

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Testing, Treatment and Care

Acute HIV infection in pregnant women... continued

“Looked at another way,” they write, “antibody testing alone had only 96.6% sensitivity for HIV infection in this group.”

They believe that North Carolina’s enhanced HIV strategy “had an impact on the residual transmission of MTCT in our state.” They suggest that mother-to-child transmission of HIV in the United States could “finally be eliminated by incorporating HIV into standard prenatal screening, instituting a repeat testing strategy, and utilizing reflex HIV RNA testing.”

They also believe that “developing countries may also benefit from an enhanced and repeat testing programme” as HIV antibody and RNA testing becomes more readily available and accepted, although, they conclude, “additional research will be needed to demonstrate the usefulness of the approach in resource-poor settings.”

Reference

Patterson KB et al. Frequent detection of acute HIV infection in pregnant women. AIDS 21(17): 2303-2308, 2007.

Source: What's New at The Body, November 14, 2007

Original Source: AIDS Map News, Thursday, November 08, 2007: Edwin J. Bernard

New Drug Approved in Canada to Treat HIV, First in 10 Years

On Monday, Pfizer Canada Inc. announced that its CCR5 co-receptor antagonist, Celsentri (maraviroc), was approved by Health Canada for use in treatment-experienced patients with HIV resistant to existing therapies. It is not licensed for use as a first-line therapy. "It is definitely an advance for people who have used up all of their current options," said Dr. Philip Berger, an HIV/AIDS specialist at St. Michael's Hospital in Toronto. It is the first new class of HIV drug approved for use in Canada in a decade. Other new classes are also being developed, said Berger. "For those that began on AZT monotherapy, for example, 20 years ago or were on dual therapy, which turned out to be ineffective, for that group these new classes of drugs are critical."

Source: CDC HIV/Hepatitis/STD/TB Prevention News Update 10/16/2007

Original Source: Canadian Press (10.15.07)

Positive Women's Network gratefully acknowledges the contributions of our supporters.



Abbott Virology™ Exclusive pharmaceutical sponsor of SpringBoard, our annual conference and of our Women's Health Forum held last month.



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