



**Positive  
Women's  
Network**

# HIV Trends and Women's Sexual Health

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

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## Headlines

### Women's Health Spectrum

- Contraceptive is Linked to High STD Risk
- Vaccine Could Prevent Most Cervical Cancers
- New HIV Infections Decline: But Rise in Other STIs Cause for Concern

### Prevention Issues and Challenges

- Social Differences in partners and condom use
- Sexually Transmitted Diseases: Use of Vaginal Diaphragm to Prevent STIs Acceptable to Women in Study
- Feminization of AIDS Spurs Need for Microbicide
- Safer Sex Message for Women
- STDs a Concern for Young Women

### Testing, Treatment and Care

- Study Shows Feasibility, Benefits of Rapid AIDS Testing During Labour
- AIDS Drugs May Fight Cervical Cancer
- Depressive Symptoms and AIDS Related Mortality

## Women's Health Spectrum

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*Including women's gynaecological health, epidemiology and trends of HIV infection and other STIs.*

### Contraceptive Is Linked to High STD Risk

A new study found that using the contraceptive Depo Provera appears to triple women's risk of chlamydia and gonorrhoea infection. An estimated 20 million-30 million women use the contraceptive, which is injected into the arm or buttocks every three months. "It's popular among young women particularly," said Christine Mauck of the Contraceptive Research and Development Program in Arlington, Va. Mauck said it is convenient, effective, and "it can't be found by your mother." Mauck was not involved in the research.

The study focused on 819 women ages 15-45 who were just starting birth control prescribed at two Baltimore-area Planned Parenthood clinics. Nearly three-quarters were single. Among respondents, 354 chose the birth-control pill, 114 chose Depo Provera, and 351 picked a non-hormonal contraceptive. Clinic personnel tested the women for chlamydia and gonorrhoea at 3-, 6- and 12-month intervals. By the end of the study, 45 women had contracted chlamydia or gonorrhoea. Women using Depo Provera were about 3.5 times more likely to contract the infections than women using non-hormonal contraceptives. Researchers cannot explain their findings.

The investigators also found that pill users were 50 percent more likely to become infected than women using non-hormonal contraceptives, but there were so few cases that the results could have been due to chance, said lead author Charles Morrison of Family Health International in Research Triangle Park, N.C.

Morrison said one or two more high-quality studies are needed to confirm the present report's findings. The study highlights the need for hormonal contraceptive users to use condoms as well if they are not in mutually monogamous relationships, Morrison said.

Because researchers did not randomly assign women to contraceptive methods, they cannot be absolutely sure whether Depo Provera itself or some characteristic of women who opted for it accounts for the raised infection risk, Mauck said. But the authors said it is unlikely that differences in the women led to their finding.

The study, "Hormonal Contraceptive Use, Cervical Ectopy, and the Acquisition of Cervical Infections," appeared in *Sexually Transmitted Diseases* (2004;31(9):561-567).

CDC HIV/STD/TB Prevention News Update, Thursday, August 26, 2004  
Original Source: USA Today (08.23.04): Rita Rubin

### Vaccine Could Prevent Most Cervical Cancers

A vaccine based on the seven types of human papillomavirus (HPV) most commonly linked to cervical cancer could prevent most cases of the diseases, researchers said. However, no such vaccine exists at present. Dr. Nubia Muñoz, of the International Agency for Research on Cancer-Lyon, and colleagues conducted an analysis of all HPV types in cervical cancer. They drew their data from an international survey and from a multicenter study involving more than 3,600 women with cervical cancer in 25 countries.

About 93 percent of the cervical cancers contained some type of HPV, with percentages varying slightly based on cancer type and geographic locations. At all sites, two types of HPV were most commonly linked to cervical cancer: types 16 and 18. HPV types 16, 18, 45, 31, 33, 52, and 58 accounted for 87 percent of all cervical cancer worldwide, with little regional variation, the researchers reported.

"Generating a vaccine with seven HPV types would be technically feasible," the investigators said. "However, the production cost may be high, and the protection conferred by the less common HPV types may be difficult to demonstrate early."

"Considering that cost might be most limiting to developing countries," the study stated, "a vaccine containing the two (HPV 16 and 18) or three (HPV 16, 18, and 45) most common types, which could be less expensive, might be more realistic," according to Muñoz.

"Vaccinating against HPV 16 and 18 while waiting for vaccines containing more types makes a lot of sense," Muñoz said. "This is much more than the prevention achieved by badly conducted screening programs which are currently implemented in some developing countries."

The study, "Against Which Human Papillomavirus Types Shall We Vaccinate and Screen? The International Perspective," appeared in the *International Journal of Cancer* (2004;111(2):278-285).

Source: CDC HIV/STD/TB Prevention News Update, Friday, August 27, 2004  
Original Source: Reuters Health (08.12.04): Will Boggs, MD

## New HIV Infections Decline: But Rise in Other STIs Cause for Concern

While Alberta recorded a five-year low of 151 new HIV infections for 2003, other sexually transmitted infections have increased, HIV Edmonton Executive Director Sherry McKibben said Friday. It is also too early to suggest HIV infections are slowing, she said, since STIs are "a kind of precursor to HIV figures" in terms of risk, and people with STIs are more vulnerable to HIV.

Edmonton remains the centre of Alberta's HIV epidemic, with 72 new cases in 2003, a decline of 19 cases from 2002. "We keep seeing [infected] people coming through the door," said McKibben. "At the moment, there's a rise in young gay men here who are infected." Because it has more injection drug users, Edmonton tends to have more HIV cases than Calgary, which had 59 new cases last year. IV drug users comprise many of Edmonton's new cases. In recent years, gay men have accounted for only 15 percent of new infections in Alberta, said McKibben.

Since 1985, Alberta has registered 3,900 HIV cases, according to Statistics Canada - less than 10 percent of Canada's total. Drug cocktails have helped delay the progression to AIDS for many HIV patients. Last year, 28 people in the province were diagnosed with AIDS, according to the agency, while 1,160 Albertans have been diagnosed with AIDS since 1979. Females comprise one in five Alberta HIV cases.

CDC HIV/STD/TB Prevention News Update, Monday, August 30, 2004  
Original Source: Edmonton Journal (08.28.04): Susan Ruttan

## Prevention Issues and Challenges

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*Including behavioural and social trends, politics and policy, media representation*

### Social Differences in partners and condom use

Social differences between partners are associated with different condom use behaviours and sexually transmitted infection rates, according to a study published in the latest issue of the Canadian Journal of Human Sexuality. The researchers looked at differences in partner characteristics, such as partner age, education, race or ethnicity, religion, and previous sexual partners, and examined these for correlation with differences in condom use and self-reported STI history. They found that condom use was less likely if the partners were more than two years apart in age, and that this group also reported having had more STIs. The authors recommend that "screening for age differences may provide an effective device for targeting STI prevention efforts."

Source: InfoSexNet E-mail Bulletin (September 2004). You can find past issues of the bulletin archived at <http://www.ppfc.ca/ppfc/infosex.asp?articleid=278>.

Original source: The Canadian Journal of Human Sexuality 12(3-4):129-135)

### Sexually Transmitted Diseases: Use of Vaginal Diaphragm to Prevent STDs Acceptable to Women in Study

Julie E. Maher and colleagues at the Multnomah County Health Department and Oregon Department of Human Services in Portland found that the positive attitude of study participants toward the vaginal diaphragm as a means of preventing STDs has "important implications for the reintroduction of the traditional diaphragm."

"Interest in the diaphragm has been growing," Maher and colleagues wrote, "in part because it is a female-controlled method that might protect against HIV and other [STDs]." The researchers conducted telephone interviews with 215 women ages 19-49 who said they had used a diaphragm in the past three months.

"Most participants had a low risk for HIV and other STDs," the researchers found. "The mean duration of diaphragm use was 8.5 years." "Although only 42% of participants reported consistent use in the past 3 months, most were satisfied with the method (79%) and planned to use it at next vaginal intercourse (85%). Satisfied users had significantly higher diaphragm use self-efficacy and more positive perceptions of the method than those not satisfied," the report stated. Being older and having some college education were significantly associated with consistent diaphragm use. "More than half of women cited dissatisfaction with previous methods (72%) and provider recommendation (61%) as moderately to extremely important in their decision to begin diaphragm use," the investigators found. Almost a third (32%) of participants said they would like to see some alteration made with regard to inserting or removing the diaphragm.

"From an acceptability point of view, the diaphragm appears to be a viable candidate for a female-controlled method for prevention of HIV and other STDs. Our findings have important implications for the reintroduction of the traditional diaphragm and development of new diaphragm-like products," the authors concluded. The report, "Acceptability of the Vaginal Diaphragm Among Current Users," appeared in *Perspectives on Sexual and Reproductive Health* (2004;36(2):64-71).

Source: CDC HIV/STD/TB Prevention News Update, Tuesday, July 06, 2004

Original Source: Women's Health Weekly (06.10.04)

## Feminization of AIDS Spurs Need for Microbicide

As the worldwide AIDS epidemic increasingly affects women, the need for a microbicide – a gel, cream, vaginal ring or foaming tablet that acts like an invisible condom – has never been greater. “There could be a product on the market in five years if the current products in large scale trials work,” Dr. Zeda Rosenberg of the International Partnership for Microbicides (IPM) said today at the 15<sup>th</sup> International AIDS Conference in Bangkok. Otherwise, “it will be seven to nine years.”

AIDS experts say that since no AIDS vaccine will likely reach the market for years, a microbicide could be one of the best ways to curb the global pandemic. Even a partially effective microbicide could prevent 2.5 million AIDS-related deaths over three years, they estimate.

Young poor women and, increasingly, married women whose husbands refuse to wear condoms are most at-risk for HIV worldwide. While condoms are still the most effective means of protection against HIV, a microbicide would allow women to protect themselves even if their partner refuses to use one.

Many microbicides are currently in different stages of clinical trials, said Rosenberg, adding that two have begun efficacy testing and four more are due to follow soon. Over the next three years, some 20,000 women will be involved in the trials. The microbicides would kill HIV in semen, block the attachment of HIV to its target cell, prevent HIV from duplicating if the virus enters the cell, or combine all three steps.

IPM, which receives funding from governments and foundations, has its own microbicides in development and is working with groups that also have promising candidates. Ideally, a microbicide would be cheap and easy to produce, ensuring wide use and availability.

Source: CDC HIV/STD/TB Prevention News Update, Wednesday, July 14, 2004  
Original Source: Reuters (07.14.04): Patricia Reaney

## Safer Sex Message for Women

In July, the Western Australian AIDS Council (WAAC) began a peer-based sexual health education (SHE) pilot program to teach local young women how to negotiate safer sex. The WAAC program was created in response to growing STD and HIV cases - higher than among their male peers - among these women, said Project Officer Catherine Swift.

“We do not know exactly why but we believe it comes down to women not protecting themselves,” she said. The group comprised women attending TAFE (Technical and Further Education) and apprenticeships in the Perth metropolitan area. Many of the women are too young to remember mass AIDS campaigns and might not perceive any personal STD risks. Most of the 40 surveyed women ages 15-25 were concerned about pregnancy but had not thought much about STDs/HIV. Some of the women did not believe HIV was present in Perth.

“It seems that these young women got a basic sex education at school but were not taught communication skills,” said Swift. “We have decided to help develop their ability to negotiate.”

HIV notifications to the Western Australia Health Department rose from a five-year low of 31 in 1999 to 51 in 2003, an increase the department attributed to complacency.

Source: CDC HIV/STD/TB Prevention News Update Wednesday, August 04, 2004  
Original Source: West Australian (07.28.04): Marnie McKimmie

## STDs a Concern for Young Women

Avoiding STDs and unintended pregnancies are major health concerns for women in their 20s and 30s. Health professionals say they are seeing a significant increase in the number of sexual partners young women are reporting over time. "It's the whole 'Sex and the City' thing," said Margaret Polaneczky, an obstetrician-gynaecologist at New York-Presbyterian Hospital in Manhattan. And that puts women at risk for viruses like HPV, herpes and HIV - none of which can be cured, but only treated for their symptoms.

According to CDC, HPV is "likely the most common STD among young, sexually active people" affecting 20 million Americans at any one time; CDC estimates that around 5.5 million acquire an HPV infection each year. Herpes is another concern, affecting about 45 million Americans, CDC reports. And then there is HIV: By 2002 more than 56,000 US women had become HIV-infected through heterosexual sex, according to CDC.

Though condoms reduce the risk of transmitting a sexually acquired infection, they do not eliminate that risk. Condoms may not always be properly used and may tear or leak. Judith Morris de Celis, clinical associate professor of obstetrics and gynaecology at New York University Medical Center in Manhattan, also noted that both HPV and herpes can be transmitted via the scrotum, which is not covered by a condom.

But all doctors interviewed agree that aside from abstaining from sex, condoms remain the best way to reduce STIs. And they say that more women must engage in frank discussion with their partners and their doctors about STD risks. Because condoms are not always effective, Polaneczky said her advice is to "limit your number of partners. Keep it low."

Source: CDC HIV/STD/TB Prevention News Update, Friday, September 10, 2004  
Original Source: Kansas City Star (09.08.04): Ridgely Ochs

## Testing, Treatment and Care

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*Including access, guidelines, rapid testing*

### Study Shows Feasibility, Benefits of Rapid AIDS Testing During Labour

A rapid HIV test can be used for women during childbirth to allow doctors to diagnose and begin HIV treatment, decreasing an infected mother's risk of passing the virus to her infant during labour - when most mother-to-child infections occur. Of 5,744 previously untested pregnant women at 16 US hospitals asked to take the OraQuick rapid HIV finger-prick test, 4,849 women (84 percent) consented. It took an average 66 minutes to get test results and explain them to the patient, plenty of time to begin treatment during labour, said Dr. Mardge Cohen, co-author of the CDC-funded study led by Dr. Marc Bulterys.

Of 34 babies born to HIV-infected women who were tested and treated during labour, three were diagnosed with HIV - about 10 percent, compared to an expected 25 percent without therapy. There is a less than 2 percent risk if the woman receives optimal treatment, said Cohen. Conventional tests showed no HIV infection in four women who tested positive using the rapid test, and their drugs were stopped. No negative rapid tests proved false in confirmatory testing. HIV-exposed infants generally received AZT (zidovudine) syrup every six hours for six weeks; some also received a single nevirapine dose. Infected mothers received AZT and some also received nevirapine.

The results have important implications for the United States - where an estimated 300 HIV-positive babies are born every year despite prenatal HIV testing recommendations - and even more so for the developing world.

"The ability to screen women rapidly for HIV infections and offer antiretroviral therapy has the potential to prevent HIV transmission to hundred of thousands of infants that otherwise might occur," said Drs. Timothy Brewer and S. Jody Heymann in an accompanying editorial. The full editorial "The Long Journey to Health Equity," and study "Rapid HIV-1 Testing During Labour," appear in the Journal of the American Medical Association (2004;292(2):269-271 and 219-223, respectively).

Source: CDC HIV/STD/TB Prevention News Update, Monday, July 12, 2004

Original Source: Associated Press (07.12.04): Lindsey Tanner

### AIDS Drugs May Fight Cervical Cancer, Study Says

Adding to the list of benefits of highly active antiretroviral therapy (HAART) is new research that suggests the drug cocktails may also work to prevent cervical cancer, according to a new report by Linda Ahdieh-Grant, of The Johns Hopkins University, and colleagues. It is unclear whether HAART has a direct effect on precancerous cervical lesions or if it helps the immune system to naturally fight them, the researchers said.

As it destroys the body's immune system, HIV allows for the spread of a range of infections, including increased risk of cervical abnormalities called squamous intraepithelial lesions. Doctors believe these lesions, which can progress to cancer, are caused by the sexually transmitted human papillomavirus (HPV). The lesions typically clear on their own, but they are more likely to progress to cancer in HIV-infected women. The researchers analyzed data from 2,000 women taking part in a HAART study. Prior to starting HAART, the squamous intraepithelial lesions regressed in none; after beginning HAART, the regression rate was 12.5percent.

"These findings underscore the importance of ensuring that women who are immunosuppressed have full access to antiretroviral therapy," wrote Ahdieh-Grant and colleagues. "It should be emphasized, however, that HIV-infected women on HAART must still receive careful gynaecologic follow-up and close routine monitoring," they concluded. The full report, "Highly Active Antiretroviral Therapy and Cervical Squamous Intraepithelial Lesions in Human Immunodeficiency Virus-Positive Women," was published in the *Journal of the National Cancer Institute* (2004;96(14):1070-1076).

Source: CDC HIV/STD/TB Prevention News Update, Wednesday, July 21, 2004  
Original Source: Reuters (07.20.04)

## Depressive Symptoms and AIDS-Related Mortality Among a Multisite Cohort of HIV-Positive Women

The researchers examined associations between depressive symptoms and AIDS-related mortality after controlling for antiretroviral therapy use, clinical indicators, and demographic factors. Between October 1994 and November 1995, 2,059 HIV-seropositive women were enrolled in the Women's Interagency HIV Study at six medical and university consortia sites nation-wide: Brooklyn and Bronx, N.Y.; Chicago, Ill.; Los Angeles and San Francisco, Calif.; and Washington, D.C. For the next 7.5 years, participants completed WIHS study visits at six-month intervals. Specific responses to items in the interview protocol prompted interviewers to offer respondents referrals to medical or psychosocial services such as gynaecologic care or substance abuse treatment.

Of the 2,059 women participating in WIHS, the researchers chose 1,716 HIV-positive women for the study. Two-fifths of participants reported illicit drug use before baseline, and 39 percent reported using drugs during the study. Baseline CD4 counts were below 200 for 25 percent of the women, and 68 percent had viral loads greater than 4,000. Forty-nine percent had used a highly active antiretroviral therapy regimen for one or more years, and 14 percent used a non-HAART combination therapy for one year or more. Five percent reported using monotherapy for one year, and 32 percent reported no antiretroviral therapy or use of such therapy for less than a year.

The investigators used multivariate Cox and logistic regression analyses to estimate the time to AIDS-related death and severity of depressive symptoms. After controlling for all other factors, (clinical, substance use, and socio-demographic), the researchers found that AIDS-related deaths were more likely among women with chronic depressive symptoms, and that such symptoms were more severe among women in the terminal phases of illness. They found use of mental health services to be associated with reduced mortality.

In addition, the authors found that women on HAART for a year or more were 90 percent less likely to experience AIDS-related mortality, and those on a combination ARV therapy for a year or more were 70 percent less likely to die during the study period. The proportion of women reporting recent depressive symptoms was lowest among participants on HAART.

The findings "suggest that antiretroviral therapy alone does not meet best-practice standards of care for this population, and therapy must be augmented by appropriate and sensitive mental health treatment, particularly as HIV disease progresses. Thus, finding ways to reduce depressive symptoms has the potential not only to prolong life but also to enhance its quality among women who have HIV," the authors concluded.

Source: CDC HIV/STD/TB Prevention News Update, Tuesday, September 07, 2004  
Original Source: *American Journal of Public Health* (07.04) Vol. 94; No. 7: P. 1133-1140: Judith A. Cook, PhD et al.