

# Expert Warns of Ominous Signs in AIDS Fight

*'The need for treatment is critical, but ... we are not going to be able to treat our way out of this epidemic.'*

BY BETSY BATES  
Los Angeles Bureau

LOS ANGELES — The number of Americans diagnosed with AIDS is now approaching the 1 million mark, with more than a half-million deaths since the epidemic began and 17,000 more people dying of the disease each year, Dr. Harold Jaffe said during a plenary session at the 14th Conference on Retroviruses and Opportunistic Infections.

That mortality—58 per million—is “twice as high as any country in the European Union and 10 times as high as in the United Kingdom,” said Dr. Jaffe, former director of HIV prevention for the Centers for Disease Control and Prevention and currently head of the department of public health at Oxford University, England.

A troubling jump in incidence in 2005, the latest year for which data are available, compounded by signs of risky behavioral trends in gay men, points to the critical need for community leadership, personal responsibility, and support of preventive efforts proven to work, he said.

“The need for treatment is critical, but I agree with my colleague Dr. Kevin de Kock [WHO director of HIV/AIDS] that we are not going to be able to treat our way out of this epidemic.

“I guess it seems obvious that we should be implementing what works, evaluating what might work, and stop trying to do what doesn't work,” added Dr. Jaffe, who singled out federal funding for abstinence-only education as an example of a strategy based on beliefs rather than science.

A “very comprehensive” study in press

in the Cochrane Review, for example, reviewed eight published randomized controlled trials of abstinence-only programs, compared with standard sex education or safe-sex programs, involving 13,191 American youths.

With a median follow-up of 12 months, none of the abstinence-only programs demonstrated a significant decline in self-reported sexual activity or any biological outcome such as pregnancy or diagnosis with a sexually transmitted disease (STD), compared with the other approaches, said Dr. Jaffe at the conference, sponsored by the Foundation for Retrovirology and Human Health.

A recent University of Pennsylvania study of 662 African American children (median age, 12 years) did show significantly less sexual activity among those receiving abstinence-only education, compared with those exposed to other interventions; even so, nearly a third of the virgins in the abstinence-only group became sexually active over the course of the 2-year study.

Dr. Jaffe said it cannot be entirely ruled out that abstinence-only education could benefit “very specific groups,” but the preponderance of evidence suggests it is not efficacious.

By contrast, he pointed to condom promotion, shown to be “highly efficacious” in preventing HIV transmission, and needle- and syringe-exchange programs, which demonstrate at least modest evidence of reducing intermediate-level activities with the capacity to spread HIV, as more effective approaches.

Condom distribution campaigns are currently being opposed by individuals



Needle- and syringe-exchange programs demonstrate at least modest evidence of reducing activities that can spread HIV among intravenous drug users.

who believe availability will undermine abstinence-only programs.

President Bush's proposed 2007 budget includes \$204 million in support of abstinence-only education, while “no administration, Democrat or Republican, has ever put any [federal] money whatsoever into needle-exchange programs in this country, in contrast to many other countries, including the U.K.,” Dr. Jaffe said.

Purely behavioral interventions, primarily skill-building sessions aimed at reducing risky activities among high-risk individuals, are highly significantly efficacious in reducing unprotected sex and acquiring STDs, he said.

Finally, HIV testing by itself is a profound risk-reducing strategy, because individuals who learn they have been exposed to the virus sharply reduce behaviors that could lead to transmission to others, he noted.

Public health prevention strategies can go only so far in curbing the epidemic, emphasized Dr. Jaffe, particularly when it comes to sexual behavior change.

However, some indicators suggest that resources must be quickly marshaled to stem a rising tide of cases, especially among men who have sex with men and among African Americans and other ethnic minorities.

“We are seeing behavior trends in gay men in the United States and Western Europe that are similar to trends in the late '70s, years just before tens of thousands of young men were about to lose their lives,” he said.

He urged activists and community leaders to “step forward” and policy makers “to use science rather than moral judgment, religious beliefs, or wishful thinking to guide our strategies.” ■

## Herpes Treatment May Help Prevent HIV Transmission

BY TIMOTHY F. KIRN  
Sacramento Bureau

LOS ANGELES — Treating genital herpes simplex virus with acyclovir diminishes vaginal HIV shedding and plasma HIV levels in women coinfecting with HSV and HIV, which suggests that treating herpes could have a role in reducing HIV transmission, according to two studies presented at the 14th Conference on Retroviruses and Opportunistic Infections.

A study conducted in Thailand by the U.S. Centers for Disease Control and Prevention found that 55% of treated women had a significant reduction in vaginal viral shedding during their treatment, said Dr. Eileen Dunne, of the CDC's Division of Sexually Transmitted Diseases Prevention.

In a study from South Africa, treated women had a reduction in herpes simplex virus type 2; 63% less vaginal shedding, compared with placebo-control women; and a 43% reduction in plasma HIV levels, said Dr. Sinead Delany-Moretlwe, director of research for the reproductive health and HIV research unit at the Uni-

versity of the Witwatersrand, Johannesburg, South Africa.

Neither study was without some equivocal results that tempered the investigators' overall assessment of the findings, but both investigators nevertheless concluded that their trial showed benefit.

Both also noted that although their studies were short, they were optimistic that longer trials, currently underway, of HSV suppressive therapy and actual HIV transmission would find that such therapy reduced transmission.

Each trial lasted only 3 months.

The Thailand study analyzed data from 67 women coinfecting with HSV and HIV. The women were assigned into one of two groups. One group was treated for 1 month with acyclovir 800 mg twice daily, and the other served as a control. After a 1-month washout with no drugs, the groups were switched.

**In one study, 55% of the subjects had a significant reduction in HIV shedding and 2.8-fold drop in HIV load in vaginal lavage samples while on acyclovir.**

Overall, 34% of the women had no vaginal HIV shedding at baseline and so had no change through the trial. However, 55% of the subjects did have a significant reduction in HIV shedding while on acyclovir. And there was a 2.8-fold drop in HIV load in vaginal lavage samples, which

was statistically significant, though the mean 0.4-log drop in viral load is not far above the 0.3 sensitivity limit of HIV viral load testing.

Dr. Dunne noted, however, that most of the women had never had herpes symptoms, and their HIV was in such an early stage that it was not being treated. And, she said, the treatment might have a more profound effect on people with more advanced disease.

“You might expect the impact would be greater in a group with immunosuppression or a group with symptomatic herpes,” she said.

“We are hopeful that this study fore-shadows positive results from the ongoing trials that are evaluating the effect of suppressive therapy [of HSV] on transmission of HIV,” she added.

The South African study had 169 women treated with acyclovir (400 mg twice daily) or placebo for 3 months. Like the patients in the other study, they were HIV positive and not on antiretroviral therapy.

The study found no statistically significant drop in the vaginal HIV viral load. But it did find a 2.4-fold decline in mean plasma viral load relative to placebo, and a larger percentage of the treated patients were found not to be shedding HIV at all visits. Of the treated women, 23% were found to be shedding at fewer than half of their weekly visits, versus 17% of the placebo-control women.

By the third month, HSV shedding had been reduced by 63% in the treated patients, compared with the placebo group.

“We believe this warrants further investigation over a longer follow-up,” Dr. Delany-Moretlwe said. ■