





BY ROBERT S. JANSSEN, M.D.

## GUEST EDITORIAL

# The Ongoing Challenge of HIV

Thanks to the advent of effective antiretroviral treatments, patients living with the human immunodeficiency virus in the United States can now expect to live nearly 2 decades from the day of becoming infected, and perhaps even to have a normal lifespan.

But there's some bad news about AIDS in America: The downward trend in the rate of new HIV infections leveled off several years ago at about 40,000 per year. Perhaps most alarming, of the 850,000-950,000 Americans living with HIV today—the largest number since the epidemic began more than 20 years ago—one-fourth do not know they are infected.

Recognizing the urgent need to ensure that infected individuals know their serostatus and are linked to care and prevention services, the Centers for Disease Control and Prevention launched the Advancing HIV Prevention initiative in 2003. A major component of this effort is to make HIV antibody testing a routine part of patient care.

Our work is cut out for us. CDC estimates show that fewer than half of all U.S. adults between the ages of 18 and 64 years have ever been tested for HIV, and only 28% have been tested within the past 12 months. Of the individuals who do get tested, too many do not keep the appointment to learn their result. As a result, many people with HIV go undiagnosed, untreated, and unconnected to prevention services.

In one CDC study, about 40% of AIDS patients developed the disease within 1 year of being diagnosed with HIV. The average time between infection and the appearance of symptoms (without treatment) is 10 years, so these individuals will start treatment late in the course of disease, when antiretroviral options are fewer and potentially less effective.

How can we ensure that a greater number of at-risk individuals are tested, get their results, and act upon them quickly? One way is to take time to talk regularly

with patients about HIV testing and possible risk factors—something we are not doing frequently enough. Research published in 2002 showed that 41% of people who get tested do so because of illness. Only 10% of men and 17% of women get tested because the test is offered or recommended by a health care provider.

Health care providers should offer the test to all patients in high-HIV-prevalence

areas, as well as to patients in low-HIV-prevalence settings who have risk factors. In order to lower the barrier to testing imposed by physicians' time constraints, providers can use streamlined pretest counseling to help them perform more HIV tests. Patients should be provided information about HIV disease and give consent to be tested, but they can be referred for risk-reduction counseling.

We've learned a lot about AIDS over the

past 2 decades, but the development of a cure or a vaccine remains a hope for the future. And even though HIV infection is preventable, we are still falling far short when it comes to stopping transmission from one person to another. ■

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"As they say in the garment trade," he concluded with a flourish, "you gotta know your customers."

"Gadzooks, Holmes!" I expostulated. "This barbarous colloquialism has gone too far!"

Alas, too late. I gaped as Holmes exchanged his deerstalker for a Red Sox World Series cap, which he pulled on backwards.

"Chill, Rocky," said Holmes, with a thin smile. Turning to leave, he flipped me a small phial. "Have some of this chamomile. Calm you right down." ■

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