

## HIV Rates Low in High-Risk Adolescent Group, Study Finds

BY MARY ELLEN SCHNEIDER  
New York Bureau

NEW YORK — HIV infection may not be a significant risk even among adolescent populations with a high prevalence of other sexually transmitted infections, according to a study of adolescents at a juvenile detention center in Houston.

Although chlamydia and gonorrhea were relatively common among this group of incarcerated teens—28% among girls and 9% among boys—the prevalence of HIV was low among those tested, with only two cases among boys and no cases among girls.

Researchers at the University of Texas evaluated 6,805 sexually active boys and 1,425 sexually active girls who were incarcerated at the Harris County Juvenile Detention Center in 2006 and 2007. The mean age of the population was 15 years old (range 13-16 years) and all identified themselves as heterosexual, Dr. William Risser said at a joint conference sponsored by the American Sexually Transmitted Diseases Association and the British Association for Sexual Health and HIV.

All of the detainees received a physical examination and health history, and a first-catch urine screening for chlamydia and gonorrhea. They also received an HIV and rapid plasma reagin (RPR) test for syphilis if they had suspicious symptoms, had not been tested for more than 1 year, had another sexually transmitted infection, had sold sex, or requested testing.

Among the 6,805 boys evaluated, 78% were sex-

ually active in the month before admission to the facility, 69% had used a condom at last intercourse, and 29% reported that they had a new partner in the previous month.

Nearly 8% of the boys tested positive for chlamydia, 0.68% tested positive for gonorrhea, and 1% tested positive for both organisms. Of the 2,524 boys who were tested for HIV, only 2 tested positive (0.08%). Of those who tested positive for HIV, their only admitted risk behavior was heterosexual intercourse, said Dr. Risser, director of the division of adolescent medicine at the university in Houston.

Among the 1,425 girls evaluated in the study, the rates of chlamydia and gonorrhea were higher, but there were no cases of HIV. About 74% reported that they were sexually active in the month before they were admitted to the facility, 49% said they had used a condom at last intercourse, 19% had a new partner in the previous month, and 9% said they had traded sex for drugs or money.

Overall, 17% of the girls tested positive for chlamydia, 5% tested positive for gonorrhea, and 6% were positive for both organisms. Of the 807 who underwent HIV testing, no one tested positive.

One of the factors in the low rates of HIV infection might have been the small amount of high-risk drug use. Other studies on the same population show that almost none used drugs other than marijuana. "I really believe that's true because culturally these kids don't use IV drugs," Dr. Risser said. ■

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## HIV/AIDS Diagnoses On Rise in Most States

BY ELIZABETH MEHCATIE  
Senior Writer

From 2001 through 2006, the number of HIV/AIDS diagnoses among men who have sex with men increased by nearly 9% in 33 states, with particularly high increases among black men and Asian/Pacific Islanders under age 25 years, according to the Centers for Disease Control and Prevention.

The CDC analysis of trends in HIV/AIDS diagnoses among men who have sex with men (MSM) estimated that 214,379 people were diagnosed with HIV/AIDS, of which 46% were among MSM, and 4% were among MSM who also injected illicit drugs. Diagnoses during the same time period dropped in all transmission categories except for MSM (MMWR 2007;57:681-6).

Of the cases diagnosed among MSM, 64% were in men aged 25-44 years. There was a 12% increase in diagnoses among all black MSM. Diagnoses among black MSM aged 13-24 years increased by 93%, a rate that was about twofold greater than the rate of increase among white MSM in the same age group.

Asian/Pacific Islanders aged 13-24 years saw the largest pro-

portionate increase in HIV/AIDS diagnoses.

In that group, HIV/AIDS diagnoses increased by 256% (an estimated annual increase of almost 31%). Among MSM in this younger age group, the annual percentage increases in diagnoses were statistically significant in all racial/ethnic populations, with the exception of American Indian and Alaska Natives.

"These findings underscore the need for continued effective testing and risk reduction interventions for MSM," particularly for those individuals younger than age 25, according to the CDC report.

As an example, the report cites an intervention targeted to young black MSM in North Carolina (one of the 33 states), implemented by the CDC, in collaboration the state health department and local organizations that successfully reduced their high-risk sexual behavior and the number of sex partners with whom they engaged in high-risk sexual behaviors.

Among the limitations of the report, the 33 states are not representative of all HIV-positive people in the United States. However, the racial and ethnic disparities observed are similar to those observed for AIDS cases in all of the states. ■

## World Leaders Endorse HIV/AIDS-TB Screening

BY JONATHAN GARDNER  
London Bureau

At a landmark meeting, international leaders of government, public health and business sectors, UN agencies, and activist groups delineated specific measures that public health authorities should take to reduce tuberculosis deaths among people with HIV/AIDS.

According to a written statement, the HIV/TB Global Leaders' Forum marked the first time such a group has met to tackle the global threat of HIV/AIDS and TB coinfection. The group endorsed steps recommended by the World Health Organization, including screening patients for both infections and treating at-risk HIV/AIDS patients with isoniazid to prevent TB. "A six-month course of TB treatment costs US\$20, and a course of preventive drug therapy costs US\$2," the statement said.

According to the WHO, 250,000 immunocompromised HIV/AIDS patients die from tuberculosis each year, making it the single largest cause of death in that population.

Emerging strains of antibiotic-resistant tuberculosis are increasing the challenge, according to the WHO.

In a report from its April meeting, the WHO delineated its "Three I's" plan, which it had also emphasized in 2004: isoniazid preventive treatment (IPT), intensified case finding (ICF) for active TB, and TB Infection Control (IC).

These "are key public health strategies to decrease the impact of TB on people living with HIV," the organization noted.

"Implementation of the Three I's should be 'owned by' HIV programs and seen as indispensable as patient monitoring or cotrimoxazole prophylaxis," the report said. ■

## Mortality Gap Narrows Between HIV-Infected, General Population

BY MARY ANN MOON  
Contributing Writer

Mortality rates of people infected with HIV now approach those of the general population, at least for the first 5 years of the infection, according to a large multinational study.

The gap in mortality rates between people with HIV infection and the general population has narrowed every year since the introduction of highly active antiretroviral therapy in 1996, study investigators reported.

This represents a 94% reduction in excess mortality in recent years, as compared with the time before HAART was available.

However, there still appears to be an excess in mortality as the duration of HIV infection increases.

To compare mortality rates, the investigators used a large data set comprising 21 separate cohorts of HIV-infected subjects whose dates of seroconversion (development of serum antibodies as a result of infection) had been pinned down relatively precisely. These cohorts included 16,534 subjects who were followed for up to 23 years in 10 European countries, Australia, and Canada.

A total of 2,571 of the subjects had died as of the end of 2006, compared with an estimated 235

deaths that would be expected in a matched cohort from the general population. The excess in mortality was most marked during the pre-HAART time period and declined dramatically from 1996 onward, said the investigators, led by Krishnan Bhaskaran of the Medical Research Council Clinical Trials Unit, London.

By the end of the study period in 2006, "there was no evidence of any excess mortality to 5 years from seroconversion in any age group," Mr. Bhaskaran and his associates said (JAMA 2008;300:51-9).

However, some excess mortality was still evident as the duration of HIV infection lengthened to 10 years or more. "It is likely that, even with current standards of HIV management, some long-term excess mortality would remain because problems of toxicity, resistance, and therapy adherence are likely to increase with time," they noted.

Mortality was four times as high among subjects who acquired HIV through intravenous drug use than among those who acquired it through sexual contact. This likely reflects the fact that intravenous drug users are at higher risk than nonusers for mental health-related illness and coinfections, and often have poorer access to and adherence to treatment, the investigators added. ■