

Ignorance Helps Spread Type-2 Genital Herpes

BY TIMOTHY F. KIRN
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NAPLES, FLA. — Patients with genital herpes often believe they can't transmit the infection while they are asymptomatic, and the majority of transmissions probably stem from this ignorance, Stephen K. Tyring, M.D., said at the annual meeting of the Florida Society of Dermatology and Dermatologic Surgery.

Many patients may be incredulous when you tell them this, because they have been told they must have a lesion or symptoms to transmit the virus. With such patients, you can point out that 80% of the population is herpes simplex virus type-1 seropositive, but almost nobody ever kisses someone when they have a fever blister on their mouth, said Dr. Tyring, a dermatologist and infectious disease specialist who is medical director of the Center for Clinical Studies at the University of Texas Health Sciences Center, Houston.

The prevalence of herpes simplex type-2 (HSV-2) increased by 30% during the last 2 decades, he noted. It is now estimated



that 45 million people in the United States, or 15% of the population, are seropositive for HSV-2. An estimated 80% of transmissions occur when the carrier is asymptomatic, Dr. Tyring said.

Women are at greater risk of acquiring the virus, he said. The overall rate of transmission from an infected partner to an uninfected partner is about 10% per year. But the annual rate rises if the infected partner is the male; the female partner has a 20% chance of becoming infected,

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DR. TYRING

and a 30% chance if she is seronegative for HSV-1. If the female is the infected partner, the male has a less than 10% chance of infection. Condoms protect against transmission but are not foolproof, and they probably benefit women more than men. When men develop herpes lesions or have viral shedding, they tend to do so on the distal genitalia, which the condom covers. Women, however, shed virus into secretions that can get on the base of the penis or even the scrotum.

In a seminal study published last year, in which almost 1,500 infected individuals

with seronegative partners were randomly assigned to 500 mg of valacyclovir or placebo once daily, Dr. Tyring and colleagues reported that the rate of transmission was reduced by 50% over an 8-month period (N. Engl. J. Med. 2004;350:11-20).

"The study used valacyclovir, but you can substitute famciclovir or acyclovir and probably get the same result," Dr. Tyring said.

"The bad news is, we don't have a cure," he added. "This is just one more tool in the armamentarium."

The new genital herpes vaccine has been shown to be highly effective, but, unexpectedly, only in women. A major new trial is underway to better understand why this might be and, specifically, the mucosal immunity women appear to develop.

Genital herpes increases the risk of HIV transmission two- to fivefold, Dr. Tyring said. This increased risk occurs because there is a reduced epithelial barrier in a



Genital areas that are not completely covered by a condom remain susceptible to herpes simplex type-2 infection.

person with herpes, but also because the individual with herpes has infiltrates of CD-4-positive cells where the lesions occur. Studies have shown that one can use acyclovir, valacyclovir, or famciclovir to keep herpes in check in the HIV-infected individual—which not only addresses the herpes but sometimes improves the response to HIV therapy as well, Dr. Tyring said.

For HIV patients with resistant herpes, the Centers for Disease Control and Prevention recommends using a topical formulation of cidofovir. ■

Many Ob.Gyns. Use HPV Test For Nonrecommended Purposes

BY SHARON WORCESTER
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CHARLESTON, S.C. — Most ob.gyns. are ordering human papillomavirus testing for borderline Pap test results as recommended, but a substantial number are using the HPV test for nonrecommended purposes, or are ignoring other recommendations for the testing, a Centers for Disease Control and Prevention survey shows.

Current recommendations of several U.S. organizations, including the CDC, the American College of Obstetricians and Gynecologists, and the American Cancer Society, support HPV testing to help guide management in patients with Pap test results showing atypical squamous cells of undetermined significance (ASCUS). Both ACOG and the ACS also endorse HPV testing in those over 29 years old to identify infected women who might benefit from frequent follow-up Pap testing, Zsakeba Henderson, M.D., of the CDC, Atlanta, said at the annual meeting of the Infectious Diseases Society for Obstetrics and Gynecology. These uses for the HPV test, which tests for oncogenic HPV types, have been approved by the Food and Drug Administration, she noted.

To determine the effects of the HPV testing guidelines on clinical practice, the CDC surveyed 3,339 physicians and midlevel clinicians who provide cervical cancer screening. Respondents included 464 ob.gyns., of whom 93% reported ever using the HPV test. Of those, nearly all (99.6%) said they used it for AS-

CUS Pap test results as recommended. However, many were also using HPV testing for patients with Pap test results showing higher-grade lesions; 84% said they used it for atypical squamous cells results (cannot exclude high-grade squamous intraepithelial lesions); 61% said they used it for low-grade squamous intraepithelial lesions results; and 46% said they used it for high-grade squamous intraepithelial lesions results, Dr. Henderson noted.

Additionally, many of the ob.gyn. respondents used the test for nonrecommended purposes, including in patients with anogenital warts (26%), as a primary screen for HPV infection (28%), and to test for HPV in patients with other STDs (32%). Only 37% reported ordering HPV testing as an adjunct to Pap testing in women older than 29 years as recommended; as many who were using it for this purpose in the over-29 population were using it for screening in those aged 29 and younger, Dr. Henderson said. But ob.gyns. in the survey are doing better as a group, compared with other respondents, at following the recommendations, she noted.

Overall, only 59% of the 3,339 survey respondents had used the HPV test (compared with 93% of ob.gyns.), about half of those used it for guiding management of ASCUS Pap test results (compared with nearly all of the ob.gyns. using the HPV test), and only 21% used it as an adjunct to Pap testing in women over 29, compared with 37% of ob.gyns.

Nonrecommended uses in the overall survey population included testing of sexual partners of women with an STD. ■

UN Report Urges Global Attention To Combat HIV/AIDS Epidemic

BY SHARON WORCESTER
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The HIV/AIDS epidemic can be controlled but only with intensified global attention in the form of funding and leadership, United Nations officials and AIDS experts said in response to a status report by U.N. Secretary-General Kofi Annan.

The threat of HIV/AIDS requires the kind of attention being paid to other major concerns such as global security, Peter Piot, M.D., executive director of the Joint United Nations Programme on HIV/AIDS, said at a press briefing on the new report, which was prepared for a high-level U.N. ministerial gathering to assess progress on meeting goals set out in a Declaration of Commitment on HIV/AIDS. The declaration was adopted in 2001 by the U.N. General Assembly special session on HIV/AIDS.

The report states that "despite encouraging signs that the epidemic is beginning to be contained in a small but growing number of countries, the overall epidemic continues to expand, with much of the world at risk of falling short of the targets set forth in the declaration."

In 2004 there were more new infections (4.9 million) and more AIDS deaths (3.1 million) than in previous years, and as of December, an estimated 39.4 million people were living

with HIV, Secretary-General Annan wrote. Furthermore, the toll of HIV/AIDS on women and girls has intensified, and many of the countries most affected are falling short of the 2005 target of reducing the level of infection in young people.

The expansion of the epidemic is outpacing the global response. About \$6 billion were available in 2004 to implement comprehensive programs in 135 low- and middle-income countries, up 23% from 2003. But by 2007, if current trends in spending continue, funding will be insufficient to finance a response that is "comprehensive in both scope and coverage," according to the report.

Achieving the targets specified in the declaration, including rapid expansion of HIV prevention, care, treatment, and impact alleviation programs, will require immediate government action and substantial increases in funding.

"We are seeing real signs of progress in tackling AIDS at the community level, but it is still not enough," Secretary-General Annan said at the press briefing. "It is time for governments to translate commitment into concrete action."

Dr. Piot agreed, adding that access to prevention and treatment must be expanded. As of December, only 12% of those requiring antiretroviral therapy were receiving it. ■