

HIV/AIDS Incidence Falls in Blacks, IV Drug Users

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The annual incidence of HIV/AIDS among African Americans dropped significantly between 2001 and 2004, the Centers for Disease Control and Prevention reported.

As a result of advances in treatment with highly active antiretroviral therapy, individuals with HIV infection are living longer than before, and progression to AIDS has declined sharply. AIDS surveillance no longer provides an accurate estimate of HIV infection rates, so the CDC now recommends that all states and territories adopt confidential name-based surveillance systems to report HIV infection.

Data from 33 state and local health departments with name-based reporting indicate that the incidence of HIV infection among blacks declined about 5% per year, from 88.7/100,000 in 2001 to 76.3/100,000 in 2004. Nonetheless, the HIV/AIDS rate among blacks in 2004 was still 8.4 times higher than that of whites, the CDC said

(MMWR 2005;54:1149-53). An estimated 157,252 individuals were diagnosed with HIV/AIDS in the 33 states during 2001-2004, of whom 71% were male. Blacks accounted for 51% of those diagnosed with HIV/AIDS, whites 29%, Hispanics 18%, and Asian/Pacific Islanders 1%.

Among males, the route of HIV infection was male-to-male contact for 61%, high-risk heterosexual contact in 17%, and injection drug use in 16%. For females, on the other hand, the majority (76%) were exposed

through high-risk heterosexual contact and 21% through injection drug use. Among black males, approximately one-fourth of HIV transmission occurred via high-risk heterosexual contact, the CDC noted.

In addition to the statistically significant decline among blacks, there was a significant 9.1% annual drop among injection drug users. Overall, the average annual rate of HIV/AIDS diagnoses dropped insignificantly, from 22.8/100,000 in 2001 to 20.7/100,000 in 2004.

A significant 9% annual increase in HIV/AIDS diagnosis rates occurred among Asian/Pacific Islanders, from 5.6/100,000 in 2001 to 7.2/100,000 in 2004, although this group continues to have the lowest rates of all U.S. racial/ethnic populations.

The 33 states analyzed in the report represent about 63% of all U.S. AIDS cases during 2001-2004. But California is not included, so the estimates may underrepresent the number of cases in the West, according to the CDC. ■

FDA Proposes Changes to Condom Labels

New guidance from the Food and Drug Administration proposes that latex condom labels inform users that condoms greatly reduce, but do not eliminate, the risk of pregnancy and the risk of contracting or spreading HIV or other sexually transmitted diseases.

The draft guidance from FDA, which is nonbinding, also recommends that the package insert for latex condoms say that condoms cannot protect against STDs such as human papilloma virus (HPV) and genital herpes when they are spread through contact with infected skin outside the area covered by the condom.

The draft guidance also includes statements that nonoxynol-9 could irritate the vagina and rectum and therefore may increase the risk of acquiring HIV/AIDS from an infected partner.

The proposed guidance is the result of a 5-year-old law that directs the FDA to ensure that condom labels are medically accurate, specifically with regard to their overall effectiveness in preventing STDs.

But the original congressional supporters of the provision—Sen. Tom Coburn (R-Okla.) and Rep. Mark Souder (R-Ind.)—are not completely satisfied with FDA's conclusions. "This is a step in the right direction," Rep. Souder said in a statement. "Inasmuch as the new label recommendations finally acknowledge that condoms will not protect against some STDs."

But he added that he is discouraged that FDA says that condom use may lower the risk of developing HPV-related diseases, such as genital warts and cancer.

The draft is available at www.fda.gov/cdrh/comp/guidance/1548.html.

—Mary Ellen Schneider

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