Many Gay Men Falsely Believe HAART Protects Against Transmission of HIV

BY FRAN LOWRY
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TORONTO — Men who have sex with men are engaging in unsafe sex under the false belief that highly active antiretroviral therapy will protect them from transmitting or getting infected with HIV, according to a poster presented at the 16th International AIDS Conference.

Men who were positive for HIV and who were taking highly active antiretroviral therapy admitted in a questionnaire that they believed that their HIV medications made it much harder to transmit the virus and were more likely to have unprotected sex with men who were not HIV positive, said Trevor A. Hart, Ph.D., of the department of psychology at York University, Toronto.

Similarly, men who were negative for HIV were much more likely to have unprotected sex with HIV-positive partners who were taking HAART because of their optimistic beliefs about the therapy.

In addition to the belief that HIV is harder to transmit sexually because of HAART, the men were more likely to believe that HIV is a less-serious disease because of HAART, Dr. Hart said.

He and his colleagues examined the relation between HAART beliefs and risky sexual behaviors among 554 men who have sex with men who were recruited for the study from the 2005 Toronto Gay Pride Festival.

It is true that HIV medications reduce viral load and improve individuals' health, but if people are having more unprotected sex as a result, their risk of transmitting or getting the infection still is increased, Dr. Hart said in an interview.

In a survey, men who have sex with men said they believed HIV was a less serious disease because of HAART.

DR. HART

"We need to pass on the message that, even though the medications are quite useful, they don't make HIV into a pleasant disease to have, and they do not ensure that you can't ever get HIV. True, there is some reduction of risk, but if you then go and compensate by having risky sex, that really won't be helpful." Getting this message across is important for protecting gay and bisexual patients, he said.

Similar concerns about the dangers of HIV transmission and reinfection also were voiced by Julie Overbaugh, Ph.D., of the human biology division at the Fred Hutchinson Cancer Research Center, Seattle.

Speaking about "serosorting"—a practice in which HIV-positive individuals seek out sexual partners with the same HIV status—Dr. Overbaugh said evidence is emerging about the danger of reinfection from this practice.

"In the case of patients who continue to engage in a lot of high-risk behavior with other HIV partners, there should be a little caution that they may be getting reinfected. At this point, there are very little data, but [the patients] should be told that their chance of getting reinfected is there, and that it could have clinical consequences," she said.

Although HAART may be somewhat protective against being reinfected, there is still a danger, she added. ■

HIV Patients Face Increased Risk of STDs

BY HEIDI SPLETE
Senior Writer

WASHINGTON — Clinicians should be proactive in checking their HIV patients for herpes and syphilis because of the risk of coinfection, Dr. Connie Celum said at the Ryan White CARE Act meeting on HIV treatment.

"If you don't look for STDs in HIV patients, you won't find them," said Dr. Celum of the University of Washington, Seattle.

Individuals with STDs are two to five times more likely than those without STDs to become infected with HIV if they are exposed through sexual contact, according to data from the Centers for Disease Control and Prevention.

Comorbid STDs often go undetected in HIV patients, but an HIV-infected person who is coinfected with an STD is more likely to transmit HIV than an HIV-infected person without a comorbid STD.

Genital herpes is the most common sexually-transmitted infection among HIV-positive persons, Dr. Celum said. Previous studies have shown that the herpes virus (HSV-2) increases one's risk of acquiring HIV and increases HIV RNA levels in plasma and in the genital tract; the presence of herpes also makes a person more likely to transmit HIV.

Conversely, the presence of HIV can reactivate herpes that has been dormant. HIV also increases the frequency of HSV-2 shedding in persons with herpes and increases the risk of acquiring and transmitting the herpes virus. A recent study by Dr. Celum and her colleagues at the University of Washington found that 50 HIV-positive men with herpes were 2.7 times more likely to shed the herpes virus orally, compared with 59 HIV-negative men with herpes (J. Infect. Dis. 2006;194:420-7).

A key question is, if you suppress herpes, can you reduce the likelihood of HIV infection? Suppression of herpes may be a strategy that buys more time for researchers who continue to work on other HIV treatments and interventions, Dr. Celum said.

Data from a proof-of-concept study including 140 women coinfected with HIV and herpes showed that treating herpes with valacyclovir significantly reduced HIV levels in plasma and the genital tract. The results were presented at the Conference on Retroviruses and Opportunistic Infections earlier this year, but useful clinical data are still 1-2 years away, she said.

Most herpes patients shed the virus in the genital tract. Although highly active antiretroviral treatment (HAART) may reduce symptoms of herpes, it does not reduce subclinical herpes shedding. Even if suppressing herpes infections with HAART can suppress the viral load in HIV patients, it remains to be seen whether treating herpes also reduces the likelihood of HIV infection.

Clinicians should also be vigilant in evaluating their HIV patients for syphilis because the annual incidence of syphilis is rising, especially among men who have sex with men, Dr. Celum explained.

The reasons for the resurgence of syphilis remain unclear, but some epidemiologic data suggest that improved therapy for HIV and improved survival and well-being among HIV patients may be driving the increase in cases, particularly among men who have sex with men. Most clinicians have limited experience in diagnosing syphilis, and they may not know it when they see it. Syphilis is a great imitator; the appearance of rashes and other signs of secondary syphilis vary from person to person.

Syphilis rashes may be widespread or subtle. The rashes are not usually itchy or vesicular, but they may include papules, macules, pustules, or ring- or lens-shaped lesions. A syphilis rash appears on the palms and soles in 60% of cases, not 100% of cases, so look elsewhere on the body for signs of infection after checking the palms and soles, Dr. Celum said. These symptoms usually appear after the chancres of primary syphilis have resolved.

Syphilis manifestations are especially easy to miss in HIV-positive patients on HAART because these patients often develop rashes that resemble syphilis as a side effect of the medication.

Consequently, Dr. Celum recommends maintaining a high level of suspicion for syphilis in HIV-positive patients because of the increased risk of HIV transmission. She suggests treating for syphilis in possible as well as definite cases, and re-examining the patients clinically and serologically every 6 months. ■

The most current treatment guidelines for syphilis and other STDs are available on the Centers for Disease Control and Prevention Web site at www.cdc.gov/std.

Social Fear May Lead Students to Skip HIV Test

BY FRAN LOWRY
Orlando Bureau

TORONTO — College students are reluctant to get tested for HIV because they fear being judged by others, according to a poster presented at the 16th International AIDS Conference.

In a survey of 491 students at York University, Toronto, 49 (10%) reported having been tested for HIV.

Two-thirds of the students reported having had unprotected sex in the previous 6 months, even though many were ignorant of their HIV status, said Trevor A. Hart, Ph.D., of the department of psychology at the university.

"In a country such as Canada, where access to medical care and HIV testing are readily available and cost nothing, these results are quite troubling," Dr. Hart said in an interview.

The number of new HIV infections in Canada is high, about 2,500 new cases a year. But in a 2003 survey of Canadians over age 15, only 27% reported ever having been tested for HIV (excluding testing for the purposes of insurance, blood donation, and participation in research), according to a 2005 report by Public Health Agency Canada.

Dr. Hart and his colleagues decided to see if they could find out why their population of students was not being tested.

The students filled out a questionnaire in which they were asked about their sexual activities in the previous 6 months; their HIV testing histories and willingness to get tested; their concerns about being judged for getting an HIV test; and social anxiety.

Most of the students (80%) were female, and the mean age was 18 years, with a range of 17-24 years.

The results of the survey revealed that social anxiety and fear of being judged prevented the young adults from getting tested for HIV and learning what their HIV status was.

Surprisingly, students who were more socially anxious were more likely to be concerned about being judged about HIV testing by their siblings. They were also inhibited by friends, their physician, grandparents, coworkers, and God, Dr. Hart reported.

He added that primary care doctors have an important role to play in helping make sure that more youngsters know their HIV status.

To encourage HIV testing, physicians should ask patients if they are sexually active, and if so, ask if they know their HIV status. Physicians can explain that it's common for people to get tested for HIV and that being tested doesn't mean that the person did anything wrong. "It's like knowing your blood type, or when you got your last tetanus shot," Dr. Hart said.

Doctors might also consider putting up posters or having pamphlets about HIV in their waiting rooms to normalize and destigmatize HIV testing, he added. ■