



This Week: New CME/CE Activity on Salvage Therapy and New Antiretrovirals

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## HIV TREATMENT & PATIENT CARE

### Earn Free CME/CE Credit With This Update on Salvage Therapy and New Antiretrovirals for Treatment-Experienced Patients

Options continue to expand for patients who are resistant to most available antiretrovirals. There is a bevy of new drugs flowing through the antiretroviral pipeline, and physicians' ability to individually tailor HAART regimens is improving. This comprehensive report of recent research related to salvage therapy, written by Keith Henry, M.D., provides the latest word on this challenging subject. **Attention U.S. physicians and nurses:** This free CME/CE activity will allow you to earn continuing medical education credit while enhancing your knowledge of evolving antiretroviral therapy strategies in treatment-experienced, HIV-infected patients. ▶ [Click Here](#)

### Human Cells Can "Silence" HIV Genes

Many plants and insects have a secret weapon when it comes to battling viruses: Their immune systems are primed to analyze a virus's genetic materials and then design a counterattack that "silences" key sections of the virus's genetic code. Researchers have now discovered that humans have the same ability, but -- true to its wily reputation -- HIV has figured out a way around it. However, with the blueprints for how HIV prevents itself from being "silenced" in hand, researchers hope they can turn this knowledge into a new type of treatment. ▶ [Click Here](#)

### FDA Advisory Panel "Cautiously" Recommends Tipranavir for Approval

A U.S. Food and Drug Administration (FDA) advisory panel "cautiously" supports the approval of Boehringer Ingelheim's protease inhibitor tipranavir (Aptivus) in combination with ritonavir (Norvir) for use by treatment-experienced, HIV-infected patients. The panel voted 11-3 to back the drug for use in the United States given the "great need" for new treatments for HIV-infected patients who are not responding to other drugs, but the panel also called for more data from long-term studies into tipranavir's effects on the liver and cholesterol levels. The FDA is expected to make a final decision on tipranavir by June 22. ▶ [Click Here](#)

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CME/CE Central!

- **NEW: Update on Salvage Therapy for HIV-Infected Patients**, by Keith Henry, M.D. (Based on research presented at CROI 2005)
- **Strategies for Switching and Simplifying Antiretroviral Treatment in HIV-Infected Patients: Research Update and Case Studies**, by Edwin DeJesus, M.D., and David Wohl, M.D. (Based on research presented at CROI 2005)

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## **GB Virus C Does Not Protect Against HIV Disease Progression, Study Finds**

Coinfection with GB virus C (previously known as hepatitis G), a harmless virus that is closely related to hepatitis C, may not protect against HIV disease progression as was previously hypothesized, according to a study published in March in the *Journal of Infectious Diseases*. A longitudinal study of 326 gay men whose date of HIV seroconversion could be accurately estimated found that loss of GB virus C was associated with faster progression and decreases in CD4+ cell count, leading the authors to suggest that HIV disease progression may be a cause, not a consequence, of the loss of GB virus C. ▶

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## **HIV/HAART-RELATED COMPLICATIONS**

### **Experimental HPV Vaccine More Effective Among Children Ages 10-15**

The experimental human papillomavirus (HPV) vaccine Gardasil produces a higher anti-HPV immune response among boys and girls ages 10 to 15 than among women ages 16 to 23, according to the results of a study presented by Merck & Co., which is developing the vaccine. Of the 4 common types of HPV, adolescents in the study had a 100% antibody rate for 3 types and a 99.9% antibody rate for the fourth. Among young women, the rate was 100% for 3 types and 99.1% for the fourth. Based on these data as well as earlier findings that demonstrate that Gardasil reduced the incidence of HPV-related infections that lead to cervical cancer and genital warts by 90%, Merck plans to ask the U. S. Food and Drug Administration to approve Gardasil later this year, with the goal of getting federal regulators to recommend that all young people take the vaccine. ▶ [Click Here](#)

### **Hepatitis C: Not All Peg-Interferons Are Alike, Study Shows**

Peginterferon alfa-2a (Pegasys) and peginterferon alfa-2b (PEG-Intron) are both long-acting drugs that are used in combination with ribavirin to combat hepatitis C virus (HCV). However, peginterferon alfa-2b may be more effective at treating HCV, especially for obese people. A small, informal study presented at this year's annual Digestive Disease Week meeting in Chicago, Ill., reported that 48% of nonobese HCV patients treated with peginterferon alfa-2b had the virus eliminated from their system versus 28% of those receiving peginterferon alfa-2a. Among obese people, the difference was even more striking: 53% were successfully treated with peginterferon alfa-2b versus 18% with peginterferon alfa-2a. A head-to-head trial of the 2 drugs is currently underway.

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### **Histoplasmosis and HIV Infection**

*Histoplasma capsulatum* causes the most common endemic fungal infection in AIDS patients. This soil-dwelling fungus, also found in bird and bat droppings, typically targets the lungs of persons with severely damaged immune systems, and can cause fever, skin lesions, respiratory distress and other neurologic complications. Although histoplasmosis incidence has decreased since the introduction of antiretroviral therapy, the disease infects between 2% and 5% of HIV-infected individuals in the United States. In this detailed clinical overview,

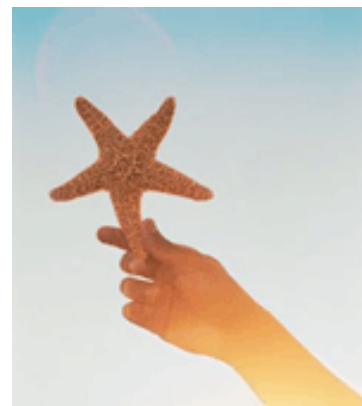


**Chad Zawitz, M.D.**, is an up-and-coming HIV physician who has won a 2005 HIV Leadership Award from TheBody.com! Dr. Zawitz is an attending physician who is changing the lives of HIV-infected detainees at Chicago's Cook County Jail, a crossing point for some of the most disenfranchised people in a city deeply impacted by the HIV epidemic.

Want to meet all 73 winners of TheBody.com's 2005 HIV Leadership Awards? [Click here!](#)

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## **UNUSED MEDICATIONS CAN SAVE AFRICAN LIVES**



Erika M. Young, D.O., and Mitchell Goldman, M.D., explain the common symptoms, diagnostic procedures and treatment strategies for disseminated histoplasmosis. ▶ [Click Here](#)

### **An Almost-Illegal Steroid Supplement Gets a Reprieve**

DHEA, the most abundant steroid in the human body, naturally tapers in concentration over time. Replacement therapy for DHEA can elevate DHEA blood levels to the high end of the normal range, thereby increasing energy levels and improving sleep -- key concerns for many people with HIV- or HAART-related problems such as anemia, fatigue or insomnia. So why did the U.S. government nearly ban DHEA early this year? John James of AIDS Treatment News explains the controversy surrounding this long-used anabolic steroid. ▶ [Click Here](#)

### **Sexual HCV Transmission Among HIV-Uninfected Gay Men Rare**

Based on an 8-month Canadian study of more than 1,000 HIV-uninfected gay men, sexual transmission of hepatitis C virus (HCV) in this population is extremely rare. According to the study, which was recently published in the *American Journal of Public Health*, only 1 case of HCV seroconversion occurred in the cohort; that case involved an individual who reported sharing injection equipment in the previous 6 months. Another 31 men were infected with HCV at baseline, of whom 20 were current injection drug users (IDUs), 8 were former IDUs and 3 had no reported history of injection drug use. The HCV prevalence among the 980 gay men in the study with no reported history of injection drug use was 0.3%. ▶ [Click Here](#)

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## **U.S. HIV EPIDEMIOLOGY**

### **Recreational Use of Erectile Dysfunction Drugs Linked to Risky Behavior**

People recreationally using erectile dysfunction drugs more frequently engage in unprotected sex, putting them at increased risk of contracting HIV and other sexually transmitted diseases (STDs), according to an article published recently in the *American Journal of Medicine*. In a review of 14 studies published from 1999 onwards examining the use sildenafil (Viagra), tadalafil (Cialis) and vardenafil (Levitra) and their correlation with STDs, the prevalence of use ranged from 3% to 32%, with a higher incidence among gay men. In addition, the odds of unprotected anal sex with a partner of unknown or different HIV status were 3.9 times higher among gay men using such drugs. Three studies found the rates of sexually transmitted bacterial infection, early syphilis and HIV infection to be 2, 6 and 2 times higher, respectively, among people using erectile dysfunction drugs versus non-users. ▶ [Click Here](#)

### **New York City Commission Recommends Significant Changes in HIV Testing, Reporting**

To curtail the spread of HIV, the New York City Commission on HIV/AIDS has released a draft report recommending increased condom distribution in such public places as schools and nightclubs, the establishment of needle exchanges, routine HIV testing during all emergency room visits and widespread public awareness campaigns addressing routes of transmission

Do you or your patients have unused medications? The Starfish Project at NewYork-Presbyterian Hospital collects extra antiretrovirals and other HIV-related medications, which it then ships to healthcare providers in Nigeria. All shipping costs are reimbursed. Visit [www.thestarfishproject.org](http://www.thestarfishproject.org) or call (212) 746-7164 for more information.

and prevention. The report also endorses new state rules on gathering HIV/AIDS data, including collecting detailed information about a patient's viral load and signs of drug resistance -- procedures that are now temporarily in effect. Public comment on the draft report is encouraged. ▶ [Click Here](#)

You can also [click here](#) to read the report in its entirety.

Want to comment on the new proposal? The New York City Department of Health and Mental Hygiene is encouraging everyone to give their thoughts on the draft report. You can provide your comments by filling out [this online form](#), e-mailing them to [comments@health.nyc.gov](mailto:comments@health.nyc.gov) or snail-mailing a letter to the HIV/AIDS Commission Report, 125 Worth Street, CN 28, New York, NY 10013. The deadline for comments is June 13.

### **Chlamydia, Gonorrhea Rates Remain High in San Francisco, Particularly Among Youth**

A recent San Francisco Department of Public Health report on sexually transmitted diseases revealed that the incidence of chlamydia and gonorrhea in San Francisco was the highest in the nation during 2004, particularly among young people. Chlamydia, often asymptomatic, climbed to around 3,700 cases, with the highest rates among girls ages 15 to 19. The incidence of chlamydia, gonorrhea and early syphilis has risen among San Francisco residents since 2003 despite education, Internet outreach and medical treatment in jails and specialty clinics. ▶ [Click Here](#)

### **Most HIV-Infected Gay, Bisexual Men in U.S. Believed They Were at Low Risk**

A 6-city U.S. survey of approximately 5,600 gay and bisexual men ages 15 to 29 found that more than 77% of those testing positive for HIV were unaware they were infected. In fact, before testing, a majority of the infected men believed they were at low risk for HIV even though half reported having unprotected sex with another man in the previous 6 months. The fact that so many of the men did not know they had HIV "underscores the urgency" of increasing HIV testing among young men who have sex with men, said lead author Duncan A. MacKellar of the Centers for Disease Control and Prevention. ▶ [Click Here](#)

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## **HIV PREVENTION**

## **Scalpel-Free Surgery Could Reduce Healthcare Workers' Risk of HIV and Hepatitis Exposure**

Nearly 40% of surgeries at the Johns Hopkins Hospital in Baltimore, Md. occur in patients testing positive for a blood-borne pathogen, typically HIV and/or hepatitis C, according to a recent report in the *Annals of Surgery*. Moreover, operations associated with the greatest risk of infection -- lymph-node biopsy, soft-tissue-mass excision and abscess-drainage cases -- are often assigned to the most inexperienced surgeons in training, thereby placing them at greater risk. The hospital promotes the use of new strategies such as sharpless surgery -- high-tech alternatives to needles and knives -- whenever possible and early education for surgery trainees to avoid the accidental transmission of disease to healthcare workers. ▶ [Click Here](#)

## **No Consensus Reached on Trials of Tenofovir as HIV Preventive**

Antiretroviral drug researchers, study sponsors and AIDS advocates failed to completely resolve conflicts during a May 19 meeting in Seattle, Wash., over the conduct of clinical trials testing whether tenofovir (Viread) can prevent HIV infection among people in developing countries. At issue is whether researchers should provide lifelong antiretroviral treatment -- not just a referral for care -- to people who become infected with HIV while participating in the trials. Protests organized by European AIDS organizations demanding such care have led to the cancellation or suspension of some tenofovir studies. Although meeting participants agreed that "mechanisms" to ensure treatment needed to be established, the critical question of who would pay for the treatment remains unanswered. ▶ [Click Here](#)

## **Health Officials Describe Struggles With HIV Prevention in Southern U.S.**

State and local health officials face many difficulties -- high rates of poverty, poor healthcare services, low numbers of people with health insurance and cultural and linguistic barriers -- in fighting high rates of HIV and other sexually transmitted diseases (STDs) in many southern U.S. states, according to participants of the Southern HIV/AIDS Prevention Initiative conference in Atlanta, Ga. The number of AIDS cases rose 27% in 6 Southern states between 2000 and 2002, compared with an 11% increase in Midwestern states during that period. Southeastern states also report the highest rates of chlamydia and gonorrhea in the nation. ▶ [Click Here](#)

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## **U.S. HIV TREATMENT ACCESS**

### **Idaho ADAP: One-Time Federal Grant Almost Exhausted, 49 on Waiting List**

Idaho's AIDS Drug Assistance Program (ADAP) had 49 HIV-infected people on its waiting list at the end of March, and the state's share of a one-time, \$20 million federal initiative used to buy drugs for those patients is expected to run out in September, according to Idaho Department of Health & Welfare STD/AIDS Program Manager Anne Williamson. ▶ [Click Here](#)

### **Kansas City, Mo., to Lose HIV Services Due to Ryan White Funding Cuts**

Federal Ryan White CARE Act funding for services for low-income HIV-infected people living in the metropolitan Kansas City, Mo., region has been reduced by \$454,000 this year. As a result, the area's HIV planning council decided to slash funding for transportation services, treatment-adherence programs, community outreach and payment assistance for utilities or rent. Because CARE Act funding is based on the estimated number of people living with AIDS -- not HIV -- in each metropolitan area, federal monies have failed to keep pace with the 4,000-person increase in the number of HIV-infected people in the region reported for 2003. ▶ [Click Here](#)

### **West Virginia's ADAP Feels Financial Pinch**

Although funding for West Virginia's AIDS Drug Assistance Program (ADAP) has climbed every year since 1998, its budget remains tight. The number of drugs in the state's ADAP formulary grew from 31 in 2003 to 33 in 2004, but that number is lower than for all states except Louisiana. West Virginia currently has 1 patient on its ADAP waiting list, but 41 patients who benefited from a one-time cash infusion last year may find themselves back on the waiting list when that funding runs out. The program's maximum eligibility level for annual income has already been reduced from 300% to 250% of the poverty level to cut the number of qualified patients. ▶ [Click Here](#)

### **Alabama: Emergency Funding Bill Signed; ADAP Coverage for 200 Patients Will Remain**

Alabama Gov. Bob Riley approved a \$1 million emergency appropriation on April 14 for the state's AIDS Drug Assistance Program (ADAP) to prevent the Alabama Department of Public Health from having to drop 200 HIV-infected patients from the program. While relief came to these 200 patients who most recently joined the program, Alabama still has 571 people on its ADAP waiting list, which froze ADAP enrollment in 2004 because of funding constraints. ▶ [Click Here](#)

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## **HIV/AIDS OUTSIDE THE UNITED STATES**

### **Clinton Foundation to Help Train Doctors in India on HIV Treatment; Dramatic Drop in India's HIV Incidence Disputed**

The William J. Clinton Foundation will help India's National AIDS Control Organization (NACO) train 150,000 doctors over the next year to treat HIV-infected patients in the country, former U.S. President Clinton said in New Delhi. The foundation also pledged to help train up to 700,000 Indian doctors over the next few years, as well as increase access to generic antiretroviral drugs. This statement comes 1 day after NACO reported only 28,000 new HIV cases in India in 2004, compared with 520,000 new cases in 2003 -- a drop of nearly 95%. Some AIDS advocates in the country said they are "dismayed" and "perturbed" by these numbers because no nongovernmental organizations that work with HIV-infected people have registered a corresponding drop in new demand for their services. ▶ [Click Here](#)

A statistician who worked on India's surveillance project later admitted that the seemingly massive fall in HIV incidence [stemmed from adjustments in the country's surveillance methodologies](#). In 2003, a change in data collection methods included an increase in sentinel surveillance sites and an expansion of testing from mostly high-risk populations to include low-risk populations, the statistician said. He added that HIV incidence data for 2003 also included many cases that erroneously had not been recorded in previous years.

### **Combination of HIV and Drought Could Kill 7 Million in Southern Africa, UN Says**

The combined menace of drought and HIV in Southern Africa could put up to 7 million people at risk of starvation over the next few months, United Nations (UN) officials say -- a possibility that threatens to undermine recent progress in regional HIV treatment access. Malawi, Zambia, Swaziland, Lesotho, Mozambique, Botswana and Zimbabwe have all experienced severe rain shortages over the past 3 years, and many of these countries also have HIV prevalence rates at or above 25% of the adult population. Peter Piot, the UNAIDS Executive Director, said that efforts to diversify crops and sources of income, as well as provide HIV-infected people with antiretroviral treatment, are going too slowly and are too small in scale. ▶ [Click Here](#)

### **Médecins Sans Frontières Urges WHO to Expedite Generic Drug Prequalification Process**

Médecins Sans Frontières (MSF) urged the World Health Organization (WHO) to expedite its approval of less-expensive generic medications, including those for HIV/AIDS, malaria and tuberculosis, so that developing countries can gain access to those drugs. WHO seeks to ensure that the generic versions of patented medicines meet a minimum quality standard, but MSF said that the delays in approving the drugs are "causing a bottleneck" and making it "impossible" for developing countries and aid agencies to gain access to the medications. ▶ [Click Here](#)

### **Glaser Foundation, Johnson & Johnson to Boost Vertical HIV Prevention Efforts in 7 Countries**

The Elizabeth Glaser Pediatric AIDS Foundation has announced a US\$1.25 million partnership with Johnson & Johnson to initiate and expand programs to prevent mother-to-child HIV transmission in 7 countries: China, the Dominican Republic, India, Malawi, the Republic of Georgia, Russia and Zimbabwe. ▶ [Click Here](#)

### **IAPAC Turns Ten**

The International Association of Physicians in AIDS Care (IAPAC), founded in February 1995, has significantly expanded its programs and geographical reach over the past 10 years to help assist physicians and allied healthcare professionals in their fight against HIV/AIDS. José M. Zuniga, IAPAC President, recaps the strides the organization has made throughout its history and details future plans on the horizon in this article. ▶ [Click Here](#)

### **One Third of All HIV Diagnoses in UK, Ireland Are Late, Study Says**

One third of nearly 1,000 HIV-infected patients in the United Kingdom (UK) and Ireland were diagnosed after their CD4+ cell count was below the recommended threshold for HIV treatment initiation, according to a study in *BMJ*. Black Africans and the elderly were more likely to have late diagnoses, the study found. These findings dovetail with a recent study published in *AIDS*, which found that 1 in 4 English and Welsh men who have sex with men were diagnosed late and that such patients were 10 times more likely to die within a year of their diagnosis than patients who were diagnosed earlier. ▶ [Click Here](#)

### **MSM in Shenzhen, China, Rarely Use Condoms; HIV Rate High Among Male Sex Workers**

Only 20% of men who have sex with men (MSM) in Shenzhen, China, use a condom each time they have sex, according to a survey of 220 MSM conducted by the Shenzhen Disease Prevention and Control Centre. Shenzhen, a town in Southern China, is a popular place for MSM given its proximity to Hong Kong, strong job market and relative tolerance for homosexuality. A separate survey of 116 male commercial sex workers in Shenzhen showed that 5.17% of the respondents were infected with HIV -- a rate nearly 4 times the national HIV prevalence rate among MSM. ▶ [Click Here](#)

### **China, Merck Launch Joint HIV Prevention, Treatment Project**

The Chinese government and U.S.-based pharmaceutical company Merck & Co. launched a joint, 5-year, US\$30 million HIV prevention and treatment project in China. The initiative, slated to begin this fall in Southwestern China, will aim to identify high-risk groups, such as injection drug users and commercial sex workers; promote HIV awareness and education programs; expand condom distribution and needle-exchange programs; offer care and treatment to HIV-infected individuals; train healthcare professionals; and provide social and economic support to HIV-infected patients. ▶ [Click Here](#)

### **Developing Countries Pledge to Protect Women From Disenfranchisement, HIV**

Government ministers and representatives from 84 of the 116 member nations of the Non-Aligned Movement have issued a declaration calling for extensive measures to increase women's participation in government and business and protect them from war, physical and sexual assault and diseases such as HIV/AIDS. The declaration, issued in May 2005 at the Ministerial Meeting on the Advancement of Women, affirms that many women have difficulty accessing healthcare services and that women in resource-poor settings are at increased risk of contracting HIV/AIDS because they use sex as a commodity in exchange for basic necessities. ▶ [Click Here](#)

### **Médecins Sans Frontières Chastises Brazil for Not Breaking Antiretroviral Patents**

Médecins Sans Frontières criticized the Brazilian government for failing to follow through on its threat to break antiretroviral drug patents to produce generic versions of 4 HIV medications: efavirenz (Sustiva, Stocrin), lopinavir, ritonavir (Norvir) and tenofovir (Viread). In March, the government said it would break the patents by April 4 unless the drugs' manufacturers agreed to allow Brazil to produce generic equivalents or buy the drugs at discounted prices. A Ministry of Health spokesperson said that breaking a patent is a "delicate process" and the country does not want the pharmaceutical companies to stop supplying the drugs before Brazil can produce generic equivalents. ▶ [Click Here](#)

### **South African Health Minister Rebuffs WHO "Pressure" to Treat HIV-Infected Individuals**

The South African government will not be "pressured" into meeting the World Health Organization (WHO)'s 3 by 5 Initiative that targets 3 million people for HIV treatment by the end of 2005, South African Health Minister Manto Tshabalala-Msimang said at a recent news conference. While it is estimated that 500,000 HIV-infected South Africans need treatment, Tshabalala-Msimang released figures in early May showing that only about 42,000 people are receiving antiretrovirals through the public health sector. Tshabalala-Msimang further insisted that good nutrition is just as important as antiretrovirals in the treatment of HIV-infected people. ▶ [Click Here](#)

### **South African Firm Reaches Agreement to Produce Generic Tenofovir, Tenofovir/Emtricitabine**

South Africa-based drug maker Aspen Pharmacare announced that it has entered into a nonexclusive agreement with Gilead Sciences, Inc., to produce the antiretrovirals tenofovir (Viread) and tenofovir/emtricitabine (Truvada), which will be sold in 95 developing countries at a cost of about 80 U.S. cents per patient per day -- the same price charged by Gilead's own global treatment access program. Only about 7% to 8% of HIV-infected patients in Africa currently have access to antiretroviral medications. The Aspen-Gilead deal is expected to be finalized in September. ▶ [Click Here](#)

### **HIV Infections Sharply Up Among Swazi Young Adults**

An astonishing 56% of Swaziland's adults between the ages of 25 and 29 are infected with HIV, according to an annual survey conducted by the Swaziland National AIDS Task Force. The HIV infection rate among Swazis between the ages of 19 and 49 rose to 42.6% from the 38.6% recorded last year. Activists say that a reluctance to test for HIV and a cultural taboo against admitting illness are driving the epidemic. ▶ [Click Here](#)

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