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This Week: New Research on HIV/HAART-Related Complications

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• HIV JOURNALVIEW REVIEWS LATEST ON HIV/HAART-RELATED COMPLICATIONS

In *The Body Pro's latest issue of HIV JournalView*, Margaret Hoffman-Terry, M.D., provides a critical analysis of the following recently published HIV studies on HIV/HAART-related complications:

No Association Found Between ART and Avascular Necrosis

With the "graying" of the HIV population and survival now measured in decades rather than years, metabolic syndromes -- including avascular necrosis and atherosclerosis -- have rapidly moved to the forefront as causes of morbidity and mortality. In the first detailed, albeit limited, analysis of the relationship between specific antiretroviral (ART) therapies and avascular necrosis, data from the long-running Aquitaine Cohort in France found no association between the two. ▶

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Long-Term Tenofovir Use May Be Associated With Mild Nephrotoxicity

HIV healthcare providers should be aware of the possibility of a modest decline over time in renal function in patients treated with tenofovir (Viread) -- especially patients with advanced immunosuppression, diabetes or baseline decreased renal function, according to a study by Joel Gallant and Richard Moore from The Johns Hopkins University School of Medicine. ▶ [Click Here](#)

CNS Symptoms From Efavirenz Not Always Time-Limited

Although efavirenz (Sustiva, Stocrin) has been known to cause neuropsychiatric disturbances, studies to date have focused on the majority of patients for whom these symptoms are self-limited, rather than on the minority for whom they may continue unabated for months to years. A recent cross-sectional comparative study from Bonaventura Clotet's group in Barcelona, Spain, however, has found that over half of the patients taking efavirenz had persistent neuropsychiatric symptoms on long-term therapy (mean of 91.1 weeks on an efavirenz-based regimen). These symptoms were usually mild and clinically tolerable, however; more than half of the patients were employed and able to maintain an active life. ▶ [Click Here](#)

In the World of HCV/HIV Treatment, It's All About Teamwork

The April 15 supplement to *Clinical Infectious Diseases* contains many articles worth reading, but for the provider treating or considering treating hepatitis C (HCV) in patients with HIV, a particularly useful read is Catherine Fleming's article regarding her group's experience in setting up an HCV coinfection treatment clinic

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- **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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for more than 1,000 HIV-infected patients at Boston Medical Center. As outlined in this article, the treatment of HCV in the HIV-infected population is a difficult, although not insurmountable, challenge. ▶ [Click Here](#)

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• OTHER NEWS ON HIV/HAART-RELATED COMPLICATIONS

Double Dose Hepatitis B Vaccine Protects HIV-Infected Adult Patients

Vaccinating HIV-infected patients against hepatitis B (HBV) is recommended, since HIV and HBV share many common risk factors. In this study, conducted by M.O. Fonseca and colleagues at the University Medical School of Sao Paulo, Brazil, and published in *Vaccine*, the investigators compared a standard dose (20 mcg) to a double dose (40 mcg) of recombinant hepatitis B vaccine administered by intramuscular injection at 0, 1 and 6 months in 210 HIV-infected patients.

Significantly higher rates of seroconversion were observed among patients receiving the double dose, versus the standard dose, when CD4+ cell count was 350 (64% vs. 39%) or when HIV viral load was less than 10,000 (58% vs. 37%). ▶

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Rosuvastatin Proves Safe and Effective for Treating PI-Induced Dyslipidemia

In a small pilot study enrolling 16 HIV-infected patients experiencing persistently elevated blood lipids caused by protease inhibitor (PI) therapy, 24 weeks of treatment with rosuvastatin (Crestor) significantly reduced plasma total cholesterol, low-density lipoprotein cholesterol and triglyceride levels. As reported in the July 1 issue of *AIDS*, total cholesterol decreased by a median of 21% and triglycerides by 31% after 24 weeks of rosuvastatin treatment. Moreover, the drug was well tolerated; only 2 patients reported side effects that involved mild and transient gastrointestinal problems. ▶ [Click Here](#)

Dyslipidemia Management: Lipid-Lowering Drugs Trump Switch to NNRTI

Lipid elevations due to protease inhibitor (PI) therapy may be more effectively managed in patients by prescribing lipid-lowering drugs than by switching to nevirapine (Viramune) or efavirenz (Sustiva, Stocrin), according to the results of a randomized study appearing in the July 1 issue of *AIDS*. Fifty percent of 67 patients who remained on their PI-containing regimen and took a lipid-lowering agent for 12 months attained normal triglyceride levels, vs. only 19% of 63 patients who switched over to an NNRTI ($P < .01$); 49% of the group taking a lipid-lowering agent achieved normal cholesterol levels compared with only 17% of the NNRTI group ($P < .01$). Patients were enrolled in the study only if they were unable to control their dyslipidemia despite at least 3 months of diet and exercise. ▶

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Treatment of HCV in HIV/HCV Coinfection

Results from several recent studies indicate that treating hepatitis C virus (HCV) with pegylated interferon and ribavirin is more effective than conventional interferon- α and ribavirin in patients coinfecting with HIV and HCV. However, these studies vary considerably in their design and the populations assessed, prompting many questions regarding how to best translate these data into clinical practice.

Francesca J. Torriani, M.D., with the Division of Infectious Diseases at the University of California-San Diego, delineated and addressed many of these questions in a recent talk before clinicians. ▶ [Click Here](#)



Alice Myerson is an HIV nurse practitioner who works with the Montefiore Hospital Adolescent AIDS program in the Bronx; she balances medical care, counseling and her patients' need for increasing independence. She is also one of 73 winners of a 2005 HIV Leadership Award from TheBody.com!

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• HIV TREATMENT & PATIENT CARE

FDA Approves Tipranavir

The protease inhibitor tipranavir (Aptivus) has become the newest HIV medication -- and the ninth protease inhibitor -- approved in the United States. Based on data from 2 controlled phase 3 studies showing a statistically greater treatment response for patients taking ritonavir (Norvir)-boosted tipranavir versus those in the control group, the U.S. Food and Drug Administration (FDA) granted accelerated approval for tipranavir on June 22, 2005. Tipranavir must be co-administered with 200 mg of ritonavir. It will be part of regimens used for HIV-1-infected adult patients who are either highly treatment-experienced or who have HIV-1 strains resistant to multiple protease inhibitors. ▶ [Click Here](#)

No "Substantial" Gender Difference Found in HIV Treatment Benefit

The beneficial effects of antiretroviral therapy do not differ between the sexes, according to a meta-analysis recently published in *AIDS*. Amsterdam researchers M. Prins and colleagues reviewed the available literature on the potential effects of gender on the course of HIV infection and found "little evidence for sex differences in the rate of disease progression" in the pre-HAART and HAART era. Despite these findings, the authors noted that "as more pharmacological agents are developed, it is especially important that potential sex differences in pharmacodynamics are assessed." ▶ [Click Here](#)

Protests Might Slow Trials Aimed at Testing Tenofovir as HIV Preventive

Protests from AIDS advocates over international trials aimed at determining if tenofovir (Viread) is effective at preventing HIV infection could delay what the U.S. Centers for Disease Control and Prevention says is "one of the most important new prevention approaches being investigated today." At issue is whether researchers should provide lifelong antiretroviral treatment -- not just a referral for care -- to people who become HIV infected while participating in the trials. ▶ [Click Here](#)

Viral Load "Blips" on NNRTI-Based Therapy Not Associated With Treatment Failure

A retrospective analysis of viral loads and CD4+ cell counts measured every 6 months in 43 HIV-infected patients found no association between viral load "blips" occurring during NNRTI-based therapy and virologic failure, as reported in the July 1 issue of *AIDS*. However, the study did find that patients experiencing blips had low levels of ongoing viral replication that hindered CD4+ cell recovery. Blips were defined as a single viral load measurement above 50 copies/mL followed by a return to undetectable levels. Although 8 patients experienced a viral load blip over a median of 18 months, none of the patients exhibited virologic failure. ▶ [Click Here](#)

HIV Treatment Can Restore Interferon Production During Primary HIV Infection

Primary HIV infection dramatically reduces levels of the antiviral factor type I interferon, but interferon levels can be restored by early antiretroviral treatment, according to the results of a small, nonrandomized study published in the July 15 issue of the *Journal of Infectious Diseases*. Twenty-six recently HIV-infected patients exhibited low levels of interferon production when compared with 31 HIV-uninfected control patients (median 180 vs. 800 IU/mL; $P < .001$). Fifteen of the HIV-infected patients who received antiretroviral therapy during early infection showed a significant increase in interferon production over 12 months (median 425 IU/mL;

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 or call (212) 746-7164 for more information.

$P = .02$), whereas 8 patients not receiving treatment showed no significant change in interferon production over the same period. ▶ [Click Here](#)

Capravirine Development Discontinued

Studies of capravirine, an NNRTI that had advanced to phase 2 clinical trials, will be discontinued due to a lack of evidence supporting its efficacy, according to a press release from Pfizer, Inc., which was developing the drug. In the release, Pfizer noted that it would continue to develop maraviroc (UK-427,857), a CCR5 co-receptor antagonist now in late-stage clinical trials. ▶ [Click Here](#)

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• HIV EPIDEMIOLOGY

More Than 1 Million HIV-Infected People Living in United States; Nearly Half of Cases Among African Americans

About 1.1 million people in the United States are HIV infected -- a record high for the country -- and nearly half of those cases are among African Americans, U.S. Centers for Disease Control and Prevention (CDC) officials said at the 2005 National HIV Prevention Conference. The increase reflects the growing number of HIV/AIDS patients who are living longer because of antiretroviral treatment, but it also shows the failure in preventing the spread of the virus, the CDC said. An estimated 25% of HIV-infected individuals are unaware of their status, and data show that men who have sex with men accounted for about 45% of all cases at the end of 2003, according to the CDC. ▶ [Click Here](#)

Black MSM More Than Twice as Likely as Other MSM to Be HIV Infected

African-American men who have sex with men (MSM) are more than twice as likely to be HIV infected as U.S. white and Latino MSM, according to a study published in the June 24 issue of the *Morbidity and Mortality Weekly Report*. One quarter of 1,767 MSM at bars, clubs, organizations and other venues in 5 cities tested positive for HIV, but the percentage differed by racial group: 46% of black MSM tested positive for HIV, compared with 21% of white men and 17% of Latino men. About 48% of all the men who tested positive were unaware of their status. Of this group, 64% were black, 18% were Latino and 11% were white. ▶ [Click Here](#)

HIV-Infected Women in U.S. More Concentrated in South, Among Minorities

The majority of recently reported HIV cases among women occur predominantly in the South and among minorities, U.S. Centers for Disease Control and Prevention (CDC) officials said on June 14 at the 2005 National HIV Prevention Conference. According to data from 32 states that report HIV cases to the CDC, 76% of new HIV cases reported among women between 1999 and 2003 occurred in the South, even though only 29% of U.S. women live in the region. In addition, black women in 2003 were 18 times as likely to have been diagnosed with HIV as white women.

▶ [Click Here](#)

Crystal Meth Use Fuels Rise in HIV Among White MSM; "Down Low" Should Apply to All Races, Studies Say

Almost 1 in 3 men who have sex with men (MSM) and who tested HIV positive in 2004 said they had used crystal methamphetamine (meth) -- nearly triple the rate of meth use among MSM testing positive for HIV in 2001, according to a study presented at the U.S. Centers for Disease Control and Prevention's 2005 National HIV Prevention Conference. On a related front, another CDC study pointed out that

the term "on the down low" -- which typically describes men who have sex with both male and female partners, but who do not mention their male relationships to friends, family or female partners -- should be applied to all races, not just to black men. Researchers surveyed 328 MSM in 12 cities and found that 43% of black men, 26% of Hispanic men and 7% of white men reported being on the down low.

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Research Review: Women and HIV

The increasing global incidence of HIV infection among women has many public health officials concerned. Researcher Judith A. Aberg, M.D., explained some of the latest research on this front in a recent talk to HIV physicians. She covered topics including the epidemiology of HIV/AIDS among women; sex-based differences in HIV transmission, disease progression and response to therapy; and gynecological care for HIV-infected women. ▶ [Click Here](#)

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• HIV PREVENTION

Circumcision May Reduce Female-Male HIV Transmission Risk by 70%, Study Says

Male circumcision can reduce a man's risk of contracting HIV through sexual intercourse with women by about 70%, according to a recent study. More than 3,000 HIV-uninfected, uncircumcised men living in a South African township were recruited by French and South African researchers. The investigators randomly assigned half of the men to be circumcised and the other half to remain uncircumcised. Although the researchers had planned to continue the study for 21 months, the data and safety monitoring board overseeing the research deemed the findings so significant that it stopped the trial 9 months early in order to allow the control group to undergo circumcision. The research will be presented at the 3rd International AIDS Society Conference on HIV Pathogenesis and Treatment later this month. ▶ [Click Here](#)

IAVI, GSK to Collaborate on HIV Vaccine Research

The International AIDS Vaccine Initiative and GlaxoSmithKline (GSK) announced they are collaborating to develop an HIV vaccine using new technology, marking the first such public-private partnership involving a major company. The technology uses a chimpanzee adenovirus that has been rendered noninfectious and modified to carry HIV proteins into cells to trigger an immune response. GSK believes the chimpanzee virus will be a more effective vector than a human virus because people will not be immune to it. The initial aim of the collaboration is to develop a vaccine against HIV variants primarily found in Africa, but the groups hope to make any successful vaccine available worldwide. ▶ [Click Here](#)

Court Order Stops New Jersey Needle Exchange Programs

New Jersey's first needle-exchange programs, set to begin July 1 in Atlantic City and Camden, were halted by an appeals court pending arguments about their legality. The temporary injunction, issued on June 16, stays an executive order issued last October by outgoing Gov. James E. McGreevey that permitted up to 3 cities to establish experimental needle-exchange programs. "It's definitely a setback," said Roseanne Scotti, director of the Drug Policy Alliance of New Jersey. "Now we are in the situation where at least two people a day will get infected from sharing dirty needles." Prior efforts to legalize exchanges in the state have died in the state legislature, where some say the programs condone illegal drug use. ▶

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L.A. County Board of Supervisors Allows Pharmacies to Sell Syringes Without Prescriptions

On June 14, the Los Angeles County Board of Supervisors voted to allow pharmacies to sell up to 10 needles to a customer without a prescription. The policy -- backed by a coalition of pharmacies, health officials and AIDS advocates -- aims to curb the spread of HIV and other blood-borne diseases among injection drug users. Between 120,000 and 190,000 injection drug users currently live in the county, and an estimated 14% of the 49,000 county residents who are living with AIDS or have died of AIDS-related causes were either injection drug users or had sexual contact with such users. ▶ [Click Here](#)

Quick Results Raise Number of People Getting HIV Test

The number of people testing for HIV at AID Atlanta, a large AIDS service organization in Georgia, has more than doubled since AID Atlanta began offering the OraQuick rapid oral HIV test last October. The oral swab test, which was approved in 2004, gives results in 20 minutes, compared to the older HIV blood test method that took up to 2 weeks for results. OraQuick's convenience, portability and low-tech application make it more suitable for testing at health fairs, college campuses and churches, as well as for testing the homeless, according to Raphael Holloway, prevention programs manager at AID Atlanta. ▶ [Click Here](#)

U.S. Health Officials Forced to Choose Between 2 HIV Tests: Rapid or Early

Local public health officials throughout the United States face a quandary over whether to fund and promote rapid HIV antibody testing or HIV-RNA testing. The HIV antibody test involves an oral swab and can provide results within several minutes, but HIV infection may be missed if patients are tested prior to the 3 to 4 weeks it can take for antibodies to be detected. By contrast, the RNA blood test is able to detect the virus within 10 days of transmission but does not provide near-immediate results. Experts say it would be ideal for both types of tests to be used simultaneously, but expenses and logistics make it impractical. ▶ [Click Here](#)

Integrating Rapid HIV Testing Into Private Clinical Practice

Given that 29% of HIV-infected Americans were unaware of their HIV status when diagnosed and that 37% of individuals testing positive for HIV develop AIDS within a year, "the need for improved diagnostic care couldn't be more evident," Kevin Armington, M.D., Clinical Director of HIV Services at Callen-Lorde Community Health Center in New York City, recently told fellow clinicians. To address this need, Armington discussed in detail how to make confidential HIV testing a routine part of medical care by employing new diagnostic technologies, including rapid HIV assays. ▶ [Click Here](#)

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• **HIV/AIDS POLICY & FUNDING IN THE UNITED STATES**

10 State ADAPs Have Waiting Lists; 11 Anticipate New, Additional Access Restrictions

Nineteen state AIDS Drug Assistance Programs (ADAPs) have implemented waiting lists or other cost-containment measures, according to the latest "ADAP Watch" released on June 8 by the National Alliance of State and Territorial AIDS Directors (NASTAD). Ten states currently have waiting lists: Alabama, Alaska, Arkansas, Idaho, Iowa, Kentucky, Montana, Nebraska, North Carolina and West Virginia. Eleven states -- Alabama, Arkansas, Georgia, Louisiana, Minnesota, Missouri, New Hampshire, Oklahoma, South Dakota, Texas and Utah -- have implemented other cost-containment strategies. "Without additional funding, waiting lists will quickly grow and people may be forced off their medication regimens, which could result in harmful viral resistance to the treatments," NASTAD Executive Director Julie Scofield said. ▶ [Click Here](#)

Researchers Request More Funding, Commercial Incentives, Cooperation for HIV Vaccine Development

An HIV vaccine can be developed only with more funding, better commercial incentives and cooperation among scientists, advocates and researchers said on June 23 at a U.S. Senate Committee on Foreign Relations hearing. The U.S. National Institutes of Health provides \$607 million annually for AIDS vaccine research; worldwide, a total of \$700 million is spent on vaccine research and development each year. However, AIDS vaccine research needs \$1.2 billion annually, said Seth Berkley, president and CEO of the International AIDS Vaccine Initiative. Berkley urged the U.S. Congress to pass incentives that would encourage the pharmaceutical industry to become more engaged in the search for a vaccine; such incentives, he said, would "help overcome the substantial scientific and commercial risks [pharmaceutical companies] face." Foreign Relations Committee Chair Richard Lugar has introduced a resolution that would support accelerated research on an AIDS vaccine. ▶ [Click Here](#)

Medicare Prescription Drug Formularies to Cover Nearly All HIV-Related Meds

The U.S. Centers for Medicare & Medicaid Services (CMS) said it is requiring Medicare prescription drug plans to cover "all or substantially all" drugs in 6 categories, including HIV-related medications. Medicare beneficiaries without existing prescription drug coverage will be able to enroll in the program beginning in November, with coverage beginning Jan. 1, 2006. The average beneficiary under the plan will pay an estimated \$35 in monthly premiums, as well as a \$250 annual deductible. Medicare will cover 75% of the next \$2,000 in prescription drug expenses. After that, beneficiaries will pay full drug expenses until their total annual expenditures reach \$5,100, after which time Medicare will cover 95% of the drug costs. ▶ [Click Here](#)

U.S.-Based AIDS Groups Serving Overseas Must Sign Pledge Against Sex Work to Receive Federal Funding

The Bush administration officially notified U.S. organizations providing HIV-related services in other countries that they must sign a pledge opposing commercial sex work and sex trafficking to be considered for federal funding. The policy stems from two 2003 laws that prohibit funds from going to any group or organization that does not have a policy "explicitly opposing prostitution and sex trafficking." The pledge violates the constitutional right to free speech for affected organizations and their employees, according to Ira Lupu, a constitutional law professor at George Washington University. ▶ [Click Here](#)

HIV-Infected Woman Sues Drug Company for Failing to Warn Lab Technician Husband About Risk of Contracting HIV-2

The Maryland Court of Appeals heard arguments in a case in which an HIV-infected Maryland woman sued the pharmaceutical company Pharmacia & Upjohn for not providing sufficient warning to her husband -- a former lab technician at Pharmacia, which is now part of Pfizer, Inc. -- that he might contract a rare strain of HIV during his work. The woman's husband, who handled samples of HIV-1 and the rarer HIV-2, received a false-positive result in 1989 after being tested for HIV-1. The plaintiff's attorney argued that the drug company should have informed the man of the possibility of HIV-2 infection so that he could have made efforts to prevent transmission to his wife. ▶ [Click Here](#)

U.S. Supreme Court Rules Medical Marijuana Users Can Be Federally Prosecuted

The U.S. Supreme Court has ruled that the federal government's ban on marijuana trumps provisions in state laws allowing patients with chronic illnesses to be exempt from federal prosecution when using the drug for medicinal purposes. The court said federal drug agents, prosecutors and judges could arrest, try and punish those who grow or use marijuana for any purposes, but state and local police do not need to assist in the efforts. Because most law enforcement is carried out by state and local officials, state laws allowing marijuana use in certain cases could still carry some significance. Ten states have laws permitting the use of medical marijuana, and 35 states have enacted legislation recognizing marijuana's medicinal value. ▶ [Click Here](#)

NIH Internal Review Says Division of AIDS "A Troubled Organization"; Whistleblower Fishbein Fired

An internal, nonpublic U.S. National Institutes of Health (NIH) report that was written in August 2004, but was only recently unearthed, said that the NIH's Division of AIDS is "a troubled organization" and that its managers "spend incredible amounts of time feuding" and engaging in other behavior detrimental to the U.S. fight against HIV. ▶ [Click Here](#)

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• HIV/AIDS OUTSIDE THE UNITED STATES

Tsunami Compounds Sri Lanka's AIDS Worries, UN Says

Sri Lanka's leaders should "break the silence to encourage people to learn how to protect themselves" from sexually transmitted diseases, including HIV, for which many are at an increased risk in the aftermath of the December tsunami, the UN Development Program (UNDP) reported on June 23. Although Sri Lanka has a low prevalence of HIV, the government's reluctance to publicly discuss AIDS, as well as the country's high incidence of sexually transmitted diseases and infrequent condom use, compound the nation's risk of mounting HIV infections, according to the UNDP's Millennium Development Goals report. Until recently, advertising condoms on television was banned. The report identified at-risk populations to include those traveling abroad for work, women employed in garment factories and military personnel. ▶ [Click Here](#)

HIV Spreading Fastest Among Women; Women Now About Half of All Cases Globally

Women now represent about half of all HIV/AIDS cases worldwide, and the virus is spreading fastest among female populations, especially in developing countries,

according to an article published in the June 10 issue of *Science*. Poverty, gender disparities, domestic violence, lack of education and cultural and sexual norms contribute to women's increased vulnerability to HIV; women also are more biologically vulnerable to HIV infection. "Societal changes will help over the long run, but immediate and faster action requires coordinated efforts to focus on women, develop effective microbicides that women can use themselves and a gender-specific vaccine program that takes into account the different immune responses between women and men," said Thomas Quinn, an author of the article and a professor of medicine at Johns Hopkins School of Medicine. ▶ [Click Here](#)

Experts Discuss "Second Wave" of HIV Epidemic

China, Ethiopia, India, Nigeria and Russia, which account for about 43% of the world's population, are confronting early- to mid-stage HIV epidemics. This is according to public- and private-sector HIV experts who last week attended a conference sponsored by the U.S.-based Center for Strategic and International Studies' Task Force on HIV/AIDS. The experts warn that without wide-scale, sustained prevention efforts, these 5 countries could face severe public health crises. India has the largest HIV-infected population of the 5 countries -- approximately 5.19 million, according to an Indian government report released last month. ▶ [Click Here](#)

HIV Testing Tents Come to South African Townships

A voluntary HIV testing and counseling service called New Start, which operates from blue tents decorated with sunshine posters, began visiting poor areas on the outskirts of Cape Town, Durban and Johannesburg in February. So far, New Start has tested 3,326 people, of whom 21% were HIV infected. "We are trying to appeal to the population which does not go to the health centers because they are not sick, even though they have been at risk and need to know their status," Program Director Miriam Mhavo said. Although men are the targets of the campaign, about 60% of clients testing at the tents in one South African province were women. ▶ [Click Here](#)

Thousands of South African Teachers Need Antiretrovirals, Study Says

An extensive study by the South African Human Sciences Research Council (HSRC) found that some 23,500 teachers, mostly in rural South Africa, urgently need antiretrovirals for HIV. The report put the overall HIV prevalence rate among teachers at 12.7%; teachers ages 25-34 have a 21.4% prevalence rate. The nationwide study, conducted in 2004, found that rural areas are "hotspots" for teachers with HIV, with the eastern KwaZulu-Natal province ranking first at 21.8% prevalence. In 2004, 4,000 South African teachers died from AIDS-related causes, and 80% of them were younger than 45, the study reported. ▶ [Click Here](#)

Underreporting, Ignorance and Stigma Blamed for Japan's Growing HIV Incidence

UNAIDS reports that HIV incidence in Japan grew by 14% from 2003 to 2004, and the country's healthcare industry is reportedly alarmed by what it sees as a "dangerous mixture of chronic underreporting of [HIV] cases, a sexually freewheeling youth culture that's less inclined to use condoms or other protection and the powerful social stigma of a sexually transmitted disease," the Associated Press reports. The Japanese government estimates that 10,070 HIV-infected people live in the country of 127 million, but some experts say the number could be 2 to 4 times that. ▶ [Click Here](#)

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