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**March 2007:**

**Journal Articles  
CAS No. 47**

R/N 6194 - 6214



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## ACSA Information Services Current Awareness Service

### GUIDE TO USE

**This list contains references to articles held in journals in the ACSA Library. You can request copies of these by following the instructions below.**

1. Articles are listed under subject headings to make them easy to find. Please refer to contents page for the subjects included in this issue.
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## March 2007 HIV/AIDS Journal Articles Index

### CONDOMS

6195

#### "A group-based intervention to increase condom use among HIV serodiscordant couples in India, Thailand, and Uganda"

**Location:**

**AA VERTICAL FILE - CONDOMS - CON 26**

Publication Type:

JOURNAL ARTICLE

by Mcgrath, J. W. et al

AIDS CARE

Volume: 19 Issue: 3 Day: Month: March Year: 2007 Page numbers: pp 418-424

**Subjects:**

1. CONDOMS 2. SAFER SEX 3. HIV POSITIVE PEOPLE-RISK BEHAVIOUR 4. HIV POSITIVE PEOPLE-RELATIONSHIPS

**Abstract:**

*This study assessed the feasibility of a group-based couples intervention to increase condom use in HIV serodiscordant couples in three countries (India, Thailand and Uganda). The intervention focused on communication, problem solving, and negotiation skills. Forty-three couples enrolled in the intervention (15 in India, 14 in Thailand, and 14 in Uganda) and 40 couples completed all study activities. Participants were interviewed at baseline and at one and three months post- intervention. The intervention consisted of two same sex sessions and two couples sessions with 'homework' to practice skills between sessions. The same intervention modules were used at each site, tailored for local appropriateness. Participants at each site were enthusiastic about the intervention, citing information about HIV serodiscordancy and the opportunity to meet couples 'like us' as important features. Participants reported increased comfort discussing sex and condoms with their partner, although some participants remain concerned about situations when condoms might not be used (e.g. when drunk). At three-month follow up 90% of the participants reported having been able to use the skills from the intervention with their partner. Our results highlight the feasibility of this couples group-based intervention and the need for ongoing support for discordant couples.*

### COMMUNITY DEVELOPMENT

6201

#### "Expanding community through ARV provision in Thailand"

**Location:**

**AA VERTICAL FILE - COMMUNITY DEVELOPMENT - CD 15**

Publication Type:

JOURNAL ARTICLE

by Lyttleton, C., Beesey, A., & Sitthikriengkrai, M.

AIDS CARE

Volume: 19 Issue: Supplement 1 Day: Month: Year: 2007 Page numbers: pp S43-S53

**Subjects:**

1. COMMUNITY DEVELOPMENT 2. ACTIVISM 3. ANTIRETROVIRAL TREATMENTS 4. HIV POSITIVE PEOPLE 5. THAILAND

**Abstract:**

*Anti-retrovirals (ARVs) have altered the complexion of HIV/AIDS management in Thailand. In 2005, ARVs were included within a subsidised health scheme making provision widespread. Increased access has been brought about through the legal and political advocacy of the Thai Network for People Living with HIV/AIDS (TNP+) who now play a central role in expanded ARV provision. HIV-infected volunteers help the state deliver comprehensive services and assist with follow-up and adherence programs. Alongside improvements in drug provision, a focus on pharmaceutical treatment has left other issues, such as community support of orphans and the social responses to living with HIV, less central within community responses. As they take on new responsibilities, people living with HIV/AIDS (PLHA) groups move from activities focused on reversing local stigma to constitute a new social movement that is increasingly prominent in Thai civil society. Networks of PLHA confront new social and political challenges as they also seek to broaden access to marginalised groups who remain excluded from these services. Many ethnic minority groups without full Thai citizenship have been denied access to subsidised health services including ARVs. As part of a broadening advocacy profile, the PLHA movement is now engaging in a politics of difference defined not simply by presence or absence of HIV but also by wider issues of national identity and belonging.*

**HEPATITIS**

6208

**"CROI: Sexual transmission of HCV not limited to HIV-positive gay men"****Location:****AA VERTICAL FILE - HEPATITIS - HEP 16**

Publication Type:

JOURNAL ARTICLE (ONLINE)

by Bernard, J., &amp; Highleyman, L.

AIDSMAP

Volume: Issue: Day: Month: March Year: 2007 Page numbers:[www.aidsmap.com/en/news/](http://www.aidsmap.com/en/news/)**Subjects:**

1. HEPATITIS C 2. TRANSMISSION

**Abstract:**

*Sexual transmission of hepatitis C virus (HCV) is taking place in HIV-negative as well as HIV-positive gay men, according to data from Brighton – the United Kingdom's city of highest HIV prevalence – presented on Wednesday to the Fourteenth Conference on Retroviruses and Opportunistic Infections in Los Angeles.*

*In recent years there have been a number of studies reporting sexual transmission of HCV, primarily in HIV-positive gay men in western Europe. First observed in 2002 in the UK, similar outbreaks have also been reported in the Netherlands, Switzerland and France.*

**HIV RELATED CONDITIONS**

6206

**"CROI: Lower CD4 count on HIV treatment predicts higher risk of cancers, liver, kidney, cardiovascular disease"****Location:**

## **AA VERTICAL FILE - HIV RELATED CONDITIONS - HRC 41**

Publication Type:  
JOURNAL ARTICLE (ONLINE)  
by Alcorn, K.  
AIDSMAP

Volume: Issue: Day: Month: February Year: 2007 Page numbers:  
www.aidsmap.com/en/news/

### **Subjects:**

1. HIV-RELATED CONDITIONS 2. CD4 COUNT 3. AIDS 4. ANTIRETROVIRAL TREATMENTS

### **Abstract:**

*People with lower CD4 cell counts on antiretroviral treatment have a higher risk of developing non-AIDS defining liver, kidney and cardiovascular disorders, as well as a higher risk of developing 32 non-AIDS defining cancers, Jason Baker of the University of Minnesota reported on Monday at the Fourteenth Conference on Retroviruses and Opportunistic Infections in Los Angeles. He was presenting an analysis of data from the FIRST study, a US comparison of three different approaches to antiretroviral therapy that followed patients for five years.*

*Although it is well established that people who have low CD4 cell counts while taking antiretroviral therapy remain at risk of AIDS-defining opportunistic infections, the risk of non-AIDS defining illnesses in such people has been unclear.*

*This analysis of the FIRST study, which randomised 1,397 antiretroviral-naïve patients to either a PI-based, NNRTI-based or triple-class regimen, set out to answer the question.*

## **INJECTING DRUG USERS**

**6197**

### **"Self reported risk behaviour among injecting drug users: Self versus assisted questionnaire completion"**

#### **Location:**

## **AA VERTICAL FILE - INJECTING DRUG USERS - IDU 50**

Publication Type:  
JOURNAL ARTICLE  
by White, B., Day, C., & Maher, L.  
AIDS CARE

Volume: 19 Issue: 3 Day: Month: March Year: 2007 Page numbers: pp 441-447

### **Subjects:**

1. INJECTING DRUG USE 2. DRUG USERS-RISK BEHAVIOUR 3. RESEARCH METHODOLOGY

### **Abstract:**

*The current study aimed to compare self-reported injecting and sexual risk behaviour among Needle and Syringe Program (NSP) attendees who self-completed a questionnaire to that of those who received assistance in completing the questionnaire. Information on demographic, injecting and sexual risk behaviour was collected via a self-completed questionnaire for an annual cross-sectional survey of injecting drug users (IDUs) recruited from sentinel NSPs around Australia. Assistance was provided when necessary and recorded. Of 2,035 participants, 1,452 (71%) reported completing the questionnaire without assistance. Being male and nominating a language other than English spoken at home was independently associated with receiving assistance with questionnaire completion. Participants who reported heroin as the drug last injected were also*

more likely to receive assistance. Multivariate analyses revealed those who received assistance with questionnaire completion were less likely to report re-using a syringe after someone else and less likely to report sex work in the past month. The current findings suggest self-completion of risk behaviour questionnaires should be considered as an alternative to interviewer administered questionnaires to maximise accuracy of self-reports.

## INTERNET

6204

### "Opportunities for Providing Web-Based Interventions to Prevent Sexually Transmitted Infections in Peru"

**Location:**

**AA VERTICAL FILE - INTERNET - IT 23**

Publication Type:

JOURNAL ARTICLE (ONLINE)

by Curioso, W. H. et al

PLOS MEDICINE

Volume: 4 Issue: 2 Day: Month: February Year: 2007 Page numbers: pp 0248-0251 [www.plosmedicine.org](http://www.plosmedicine.org)

**Subjects:**

1. INTERNET 2. PUBLIC EDUCATION 3. SEXUALLY TRANSMITTED INFECTIONS

**Abstract:**

*HIV is one of the biggest infectious killers worldwide, causing 8,000 deaths a day in 2005 [1]. In Latin America, an estimated 1.8 million people are living with HIV [1], and in 2005, about 66,000 people died of AIDS and 200,000 were newly infected with HIV [1].*

*In Peru, the HIV/AIDS epidemic has largely been concentrated among men who have sex with men (MSM) and female sex workers [2,3]. The seroprevalence rate for MSM is 10%–22% [3–5], compared to 0.1%–0.4% for the general population [6]. The prevalence of other sexually transmitted infections (STIs) among the MSM population is also high: 13.4% for syphilis and 46.3% for herpes simplex virus type 2 [3].*

*Even though the HIV/AIDS epidemic is confined to high-risk groups, there is significant risk for a wider HIV spread. A 2005 study in young males from socioeconomically disadvantaged populations showed that at least 14.2% of them had a male sexual partner in the last six months, and 86.3% of those who had a male sexual partner also had female partners in the same period [7]. Most of these young men's sexual encounters with male partners (56.9%) and female partners (84.2%) were unprotected [7].*

## MEDICAL MARIJUANA

6211

### "Medical Cannabis - Risk or Remedy?"

**Location:**

**AA VERTICAL FILE - MEDICAL MARIJUANA - MM 17**

Publication Type:

JOURNAL ARTICLE

by Banks, C.

COLLECTIVE THINKING

Volume: Issue: 66 Day: Month: March Year: 2007 Page numbers: pp 8-11

**Subjects:**

1. CANNABIS
2. ALTERNATIVE THERAPIES
3. HIV POSITIVE PEOPLE-SELF CARE
4. TREATMENTS-SIDE EFFECTS

**Abstract:**

*Discusses the medicinal use of marijuana by HIV positive people as well as campaigns in New Zealand and the United States to make marijuana legally available for medical purposes.*

**MULTICULTURAL GROUPS****6199****"Negotiating cultures: Disclosure of HIV-positive status among people from minority ethnic communities in Sydney."****Location:****AA VERTICAL FILE - MULTICULTURAL GROUPS - MG 26**

Publication Type:

by Korner, H.

CULTURE, HEALTH &amp; SEXUALITY

Volume: 9 Issue: 2 Day: Month: March-April Year: 2007 Page numbers: pp 137-152**Subjects:**

1. ETHNIC GROUPS(AUST)
2. DISCLOSURE OF HIV POSITIVE STATUS
3. HIV POSITIVE PEOPLE-STIGMATIZATION
4. CULTURAL ASPECTS

**Abstract:**

*Because of the multiple stigma attached to HIV/AIDS, disclosure of HIV-positive serostatus is a considerable social risk for those who disclose. While HIV/AIDS-related stigma affects all HIV-positive people, for people from minority cultures additional cultural factors may play a significant role in self-disclosure. This paper draws on data from semi-structured, in-depth interviews with HIV-positive people from minority cultures in Sydney. Disclosure decisions were influenced by gender, sexual orientation, as well as cultural background. Gay men drew on both collectivist and individualist notions of interdependence and self-reliance in different socio-cultural contexts. This enabled them to accommodate the imperative to maintain harmony with the family and meet their individual needs for support. Heterosexual men who had disclosed voluntarily or involuntarily experienced discrimination and avoidance, and interdependence with family and ethnic community was disrupted. Heterosexual women disclosed to no one outside the health care system and were anxious to avoid any disclosure in the future. For all participants, voluntary and involuntary disclosure caused potential and actual disruption of relationships with their families and ethnic communities. The paper concludes by arguing for an ecological perspective of health in which decisions are not located in rational decision making alone but in the broader context of family and community.*

**PREVENTION****6205****"CROI: Microbicide failure poses more questions than answers"****Location:****AA VERTICAL FILE - PREVENTION - PV 34**

Publication Type:

JOURNAL ARTICLE (ONLINE)

by Cairns, G.  
AIDSMAP

Volume: Issue: Day: Month: February Year: 2007 Page numbers:  
www.aidsmap.com/en/news/

**Subjects:**

1. MICROBICIDES 2. PREVENTION AND CONTROL 3. HIV TRANSMISSION  
4. VAGINA

**Abstract:**

*The recent trial of the candidate microbicide cellulose sulphate (Ushercell) was closed because of 35 seroconversions amongst trial subjects, all of which happened at the three African sites of the trial.*

*The trial, run by CONRAD, a joint initiative of Eastern Virginia Medical School and the US Agency for International Development (USAID), was stopped on 27th January this year when the trial's Independent Data Monitoring Committee noticed a higher rate of HIV infections in the women using the microbicide than in those using the placebo.*

*At the same time another trial using cellulose sulphate run by Family Health International in Nigeria was also stopped as a precaution, though FHI had not seen the same rate of seroconversions.*

**SAFER SEX & RISK BEHAVIOUR**

6200

**"An interventionist's guide to AIDS behavioral theories"**

**Location:**

**AA VERTICAL FILE - SAFER SEX & RISK BEHAVIOUR - SS 44**

Publication Type:

by Noar, S. M.  
AIDS CARE

Volume: 19 Issue: 3 Day: Month: March Year: 2007 Page numbers: pp 392-402

**Subjects:**

1. RISK BEHAVIOUR

**Abstract:**

*Although numerous individual-level AIDS behavioral theories (ABTs) exist in the literature, there is currently no consensus as to which theory is most precise in explaining or predicting HIV risk behavior. In the absence of empirical evidence favoring one ABT over another, how should an interventionist go about choosing a theory for one's particular prevention efforts? The current article provides an overview of and conceptually compares 13 ABTs in an attempt to provide guidance regarding this critical decision. A variety of criteria upon which one might judge ABTs are proposed and discussed, including empirical support for variables that make up the theory, whether or not theories are belief-based, AIDS-specific, message-based, intervention-based and behavior or behavioral-change focused. While all of the theories have strengths and weaknesses, the task for an interventionist is to choose the theory of best fit for one's particular prevention efforts. The suggestions provided in the current article may help with such a choice.*

6194

**"Responsibility as a dimension of HIV prevention normative beliefs: measurement in three drug-using samples"**

**Location:**

**AA VERTICAL FILE - SAFER SEX & RISK BEHAVIOUR - SS 45**

Publication Type:

JOURNAL ARTICLE

by Ross, M. W et al

AIDS CARE

Volume: 19 Issue: 3 Day: Month: March Year: 2007 Page numbers: pp 403-409

**Subjects:**

1. DRUG USERS-RISK BEHAVIOUR 2. CONDOMS 3. SAFER SEX

**Abstract:**

*The concept of responsibility was derived originally from principles of morality, as part of a network of rights, duties and obligations. HIV risk-related studies have suggested that a sense of responsibility for condom use to protect a partner is a potentially important predictor of condom use in drug-using populations. We created a four-item scale measuring Self responsibility to use condoms and Partner's responsibility to use condoms. Data were collected from three drug-using samples: crack smokers, HIV seropositive crack smokers in an intervention study in Houston, Texas, and Tanzanian heroin users in Dar es Salaam. Data indicated that the four responsibility items had high alpha coefficients in each sample, and that there were moderate to high intercorrelations between equivalent self and partner responsibility items. There were significant differences in scale scores between the crack smokers and the HIV positive crack smokers and the Tanzanian samples, but no significant differences between the HIV positive and Tanzanian samples. Comparing within the first crack-smoker sample those who were HIV positive and negative showed significant differences in the direction of higher beliefs in responsibility to use condoms in the HIV positive group. These data suggest that responsibility is measurable, holds similar psychometric properties across three samples differing in culture and HIV serostatus, and that condom use responsibility is conceptualized as a measure of general responsibility rather than as a reciprocal self/partner responsibility.*

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6196

**"Social-cognitive determinants of HIV risk-taking intentions among men who date men through the Internet"**

**Location:**

**AA VERTICAL FILE - SAFER SEX & RISK BEHAVIOUR - SS 46**

Publication Type:

JOURNAL ARTICLE

by Kok, G et al

AIDS CARE

Volume: 19 Issue: 3 Day: Month: March Year: 2007 Page numbers: pp 410-417

**Subjects:**

1. MEN WHO HAVE SEX WITH MEN 2. INTERNET 3. CONDOMS 4. RISK BEHAVIOUR

**Abstract:**

*The present study was set up to investigate social-cognitive determinants of HIV-risk precautionary intentions among men who have sex with men (MSM), who meet sex partners on the Internet. Participants were enrolled through the major gay chat room in The Netherlands, www.chatboy.nl, and were asked to complete*

*an online questionnaire. Theory of Planned Behaviour variables attitude, subjective norm, and perceived control explained 55% of the variance in intention to use condoms for anal sex with future e-dates. Adding descriptive norm, personal norm and anticipated regret explained 70%. Sexual fantasies and HIV-status had unique effects on intentions. Differences between high and lower intenders are presented. Limitations of the study are discussed and objectives for an intervention to promote condom use are given*

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**6198**

**"Social organization of sexual-economic networks and the persistence of HIV in a rural area in the USA."**

**Location:**

**AA VERTICAL FILE - SAFER SEX & RISK BEHAVIOUR - SS 47**

Publication Type:

JOURNAL ARTICLE

by Stratford, D., Ellerbrock, T. V., & Chamblee, S.

CULTURE, HEALTH & SEXUALITY

Volume: 9 Issue: 2 Day: Month: March-April Year: 2007 Page numbers: pp 121-135

**Subjects:**

1. RISK BEHAVIOUR 2. SEXUAL BEHAVIOUR 3. HIV TRANSMISSION 4. SOCIAL ASPECTS(USA) 5. CULTURAL ASPECTS 6. ECONOMIC ISSUES

**Abstract:**

*In order to determine why high rates of HIV transmission have persisted in a rural area despite community-wide HIV prevention since the mid-1980s, qualitative information was collected about the contexts and social organization of risk behaviour for HIV transmission from residents of a southern Florida community with high HIV prevalence. Original data were collected during 1995-1997 using individual interviews, observations, focus groups, and print media. The research findings were recently reviewed by community members, and the relevance of the data in the present day context was confirmed. We identified risk behaviours including multiple sex partners within heterosexual networks that cross socioeconomic strata and include adults and young people, sex workers, men who have sex with men, prison inmates, truckers, and migrant workers. Crack cocaine was an important feature of some networks. Financial support from multiple male or female sex partners was often part of a personal economic strategy and overlaid traditional social support networks. This type of relationship appears to be historically integrated into the economic fabric of the community and is not likely to receive social censure. Sexual reciprocity may explain, in part, why HIV transmission is rising among women in rural southern communities that have depressed economies.*

**SEX WORKERS**

**6212**

**"Licensing of sex work in Australia and New Zealand"**

**Location:**

**AA VERTICAL FILE - SEX WORKERS - SW 27**

Publication Type:

ARTICLE (ONLINE)

by Crofts, Thomas ; Summerfield, TRacey

AUSTRALIAN POLICY ONLINE

Volume: Issue: Day: Month: Year: Page numbers: Available online at  
[https://elaw.murdoch.edu.au/issues/2006/2/elaw\\_licensingprostitution19-10-06.pdf](https://elaw.murdoch.edu.au/issues/2006/2/elaw_licensingprostitution19-10-06.pdf)

**Subjects:**

1. SEX WORK
2. SEX WORK(AUST)
3. SEX WORKERS
4. LEGAL ASPECTS
5. WORKPLACE ISSUES
6. WORKPLACE ISSUES-LEGAL ASPECTS

**Abstract:**

*Discusses the current regulation of the sex industry in Australia and New Zealand. In particular, examines the merits of a licensing approach both for effective regulation of the industry and the health and safety of sex workers.*

**TRANSMISSION**

**6202**

**"Infection with Trichomonas vaginalis increases the risk of HIV-1 acquisition."**

**Location:**

**AA VERTICAL FILE - TRANSMISSION - TRM 34**

Publication Type:

JOURNAL ARTICLE

by McClelland, R. S. et al

THE JOURNAL OF INFECTIOUS DISEASES Infectious Diseases Society of America

Volume: 195 Issue: Day: Month: March Year: 2007 Page numbers: pp 698-702

**Subjects:**

1. HIV TRANSMISSION
2. SEXUALLY TRANSMITTED INFECTIONS
3. WOMEN
4. AFRICA

**Abstract:**

*We conducted a prospective study among women in Mombasa, Kenya, to determine whether Trichomonas vaginalis infection was associated with an increased risk of human immunodeficiency virus type 1 (HIV-1) infection. At monthly follow-up visits, laboratory screening for HIV-1 and genital tract infections was conducted. Among 1335 HIV-1-seronegative women monitored for a median of 566 days, there were 806 incident T. vaginalis infections (23.6/100 person-years), and 265 women seroconverted to HIV-1 (7.7/100 person-years). Trichomoniasis was associated with a 1.52-fold (95% confidence interval, 1.04-2.24-fold) increased risk of HIV-1 acquisition after adjustment for potential confounding factors. Treatment and prevention of T. vaginalis infection could reduce HIV-1 risk in women.*

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**6207**

**"CROI: Sexually transmitted infections significantly increase risk of drug-resistant HIV transmission"**

**Location:**

**AA VERTICAL FILE - TRANSMISSION - TRM 35**

Publication Type:

JOURNAL ARTICLE (ONLINE)

by Thaczuk, D.

AIDSMAP

Volume: Issue: Day: Month: March Year: 2007 Page numbers:

www.aidsmap.com/en/news

**Subjects:**

1. HIV TRANSMISSION 2. DRUG RESISTANCE 3. SEXUALLY TRANSMITTED INFECTIONS

**Abstract:**

*A study of people newly diagnosed with HIV in the United Kingdom has found that sexually transmitted infections (STIs) are strongly associated with the transmission of antiretroviral-resistant HIV.*

*Researchers from two UK hospitals and the Health Protection Agency (HPA) have investigated the connection between two phenomena: sexually transmitted infections (STIs) as a factor in HIV transmission, and the transmission of drug-resistant HIV. STIs in either or both sexual partners make HIV transmission more likely – probably due to a combination of factors, including increased HIV shedding and greater susceptibility of sexual mucous membranes.*

*The transmission of antiretroviral drug-resistant HIV is also well documented: studies have shown that it occurs frequently in the UK (prevalence was at its highest – 16% – in 2002, and remains at 9% as of 2004).*

**TREATMENTS**

**6213**

**"Is it safe to interrupt your treatment?"**

**Location:**

**AA VERTICAL FILE - TREATMENTS - TR 101**

Publication Type:

NEWSLETTER

COLLECTIVE THINKING

Volume: Issue: 66 Day: Month: March Year: 2007 Page numbers: pp 20-21

**Subjects:**

1. TREATMENTS 2. COMPLIANCE 3. CLINICAL TRIALS 4. HIV RESEARCH

**Abstract:**

*Discusses the results of recent HIV treatment interruption trials (SMART, Staccato, BASTA, ACTG 5102, HIV-NAT 001.4) and the poor outcomes from the discontinued SMART trial in particular. The role of initial CD4 counts in determining adverse outcomes is also considered.*

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**6203**

**"Emergence of Drug Resistance Is Associated with an Increased Risk of Death among Patients First Starting HAART"**

**Location:**

**AA VERTICAL FILE - TREATMENTS - TRE 100**

Publication Type:

JOURNAL ARTICLE (ONLINE)

by Hogg, S. et al

PLOS MEDICINE

Volume: 3 Issue: 9 Day: Month: September Year: 2006 Page numbers: pp 1570-1578 [www.plosmedicine.org](http://www.plosmedicine.org)

**Subjects:**

1. TREATMENTS 2. HAART 3. DRUG RESISTANCE

**Abstract:***Background*

*The impact of the emergence of drug-resistance mutations on mortality is not well characterized in antiretroviral-naïve patients first starting highly active antiretroviral therapy (HAART). Patients may be able to sustain immunologic function with resistant virus, and there is limited evidence that reduced sensitivity to antiretrovirals leads to rapid disease progression or death. We undertook the present analysis to characterize the determinants of mortality in a prospective cohort study with a median of nearly 5 y of follow-up. The objective of this study was to determine the impact of the emergence of drug-resistance mutations on survival among persons initiating HAART.*

*Methods and Findings*

*Participants were antiretroviral therapy naïve at entry and initiated triple combination antiretroviral therapy between August 1, 1996, and September 30, 1999. Marginal structural modeling was used to address potential confounding between time-dependent variables in the Cox proportional hazard regression models. In this analysis resistance to any class of drug was considered as a binary time-dependent exposure to the risk of death, controlling for the effect of other time-dependent confounders. We also considered each separate class of mutation as a binary time-dependent exposure, while controlling for the presence/absence of other mutations. A total of 207 deaths were identified among 1,138 participants over the follow-up period, with an all cause mortality rate of 18.2%. Among the 679 patients with HIV-drug-resistance genotyping done before initiating HAART, HIV-drug resistance to any class was observed in 53 (7.8%) of the patients. During follow-up, HIV-drug resistance to any class was observed in 302 (26.5%) participants. Emergence of any resistance was associated with mortality (hazard ratio: 1.75 [95% confidence interval: 1.27, 2.43]). When we considered each class of resistance separately, persons who exhibited resistance to non-nucleoside reverse transcriptase inhibitors had the highest risk: mortality rates were 3.02 times higher (95% confidence interval: 1.99, 4.57) for these patients than for those who did not exhibit this type of resistance.*

*Conclusions*

*We demonstrated that emergence of resistance to non-nucleoside reverse transcriptase inhibitors was associated with a greater risk of subsequent death than was emergence of protease inhibitor resistance. Future research is needed to identify the particular subpopulations of men and women at greatest risk and to elucidate the impact of resistance over a longer follow-up period*

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**6210****"An HIV Treatment Primer"****Location:****AA VERTICAL FILE - TREATMENTS - TRE 99**

Publication Type:

JOURNAL ARTICLE (ONLINE)

by Milano,M

ACRIA UPDATE Aids Community Research Initiative of America

Volume: 16 Issue: 1 Day: Month: Winter Year: 2006/07 Page numbers: pp 1-6

[www.acria.org](http://www.acria.org)

**Subjects:**

1. TREATMENTS
2. HAART
3. TREATMENTS-SIDE EFFECTS
4. DRUG RESISTANCE
5. HIV POSITIVE PEOPLE-SELF CARE

**Abstract:**

*This article is an update from the Aids Community Research Initiative of America (ACRIA) featuring an overview of HIV treatment. A brief treatment history covers AZT Monotherapy & Highly Active Anti-Retroviral Therapy (HAART). The relevance of CD4 count in regards to starting treatment is explained with guidelines provided for achieving reliable lab results. Available drugs are outlined from four basic categories; nucleoside reverse transcriptase inhibitors (NRTI's), non-nucleoside reverse transcriptase inhibitors (NNRTI's), Protease inhibitors & Fusion inhibitors. Guidelines for taking drugs, potential side effects and the possibility of resistance is also discussed.*

**VACCINES****6209****"HIV surface protein's weak point detected; new lead for antibody-based vaccine?"****Location:****AA VERTICAL FILE - VACCINES - VAC 17**

Publication Type:

JOURNAL ARTICLE (ONLINE)

by Alcorn, K.

AIDSMAP

Volume: Issue: Day: Month: February Year: 2007 Page numbers:[www.aidsmap.com/en/news/](http://www.aidsmap.com/en/news/)**Subjects:**

1. VACCINES
2. HIV TRANSMISSION
3. HIV RESEARCH

**Abstract:**

*US scientists say they may have found the site on HIV's outer coating that would be most vulnerable to antibodies that could neutralise the virus and prevent it from infecting human cells. Their work, using crystallisation and atomic-level photography, is published this week in the journal Nature.*

*Previous efforts to develop vaccines that could stimulate the production of antibodies capable of binding to the proteins on HIV's envelope – thus preventing HIV from engaging with its target cells in the human body – have all foundered because the HIV envelope proteins vary too much from one virus to another.*

