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May 2007 HIV/AIDS Journal Articles

AFRICA

6261

"Hunger, waiting time and transport costs: Time to confront challenges to ART adherence in Africa"

Location:

AA VERTICAL FILE - AFRICA - AF 40

Publication Type:

JOURNAL ARTICLE

by Hardon, A P et al

AIDS CARE

Volume: 19 Issue: 5 Day: Month: May Year: 2007 Page numbers: pp 658-665

Subjects:

1. AFRICA 2. ANTIRETROVIRAL TREATMENTS 3. COMPLIANCE

Abstract:

Adherence levels in Africa have been found to be better than those in the US. However around one out of four ART users fail to achieve optimal adherence, risking drug resistance and negative treatment outcomes. A high demand for 2nd line treatments (currently ten times more expensive than 1st line ART) undermines the sustainability of African ART programs. There is an urgent need to identify context-specific constraints to adherence and implement interventions to address them. We used rapid appraisals (involving mainly qualitative methods) to find out why and when people do not adhere to ART in Uganda, Tanzania and Botswana. Multidisciplinary teams of researchers and local health professionals conducted the studies, involving a total of 54 semi-structured interviews with health workers, 73 semi-structured interviews with ART users and other key informants, 34 focus group discussions, and 218 exit interviews with ART users. All the facilities studied in Botswana, Tanzania and Uganda provide ARVs free of charge, but ART users report other related costs (e.g. transport expenditures, registration and user fees at the private health facilities, and lost wages due to long waiting times) as main obstacles to optimal adherence. Side effects and hunger in the initial treatment phase are an added concern. We further found that ART users find it hard to take their drugs when they are among people to whom they have not disclosed their HIV status, such as co-workers and friends. The research teams recommend that (i) health care workers inform patients better about adverse effects; (ii) ART programmes provide transport and food support to patients who are too poor to pay; (iii) recurrent costs to users be reduced by providing three-months, rather than the one-month refills once optimal adherence levels have been achieved; and (iv) pharmacists play an important role in this follow-up care.

ALTERNATIVE MEDICINES/THERAPIES

6268

"Complementary and alternative medicine use decreases adherence to HAART in HIV-positive women"

Location:

AA VERTICAL FILE - ALTERNATIVE MEDICINES/THERAPIES - ALT 14

Publication Type:

JOURNAL ARTICLE

by Ownen-Smith, A et al
AIDS CARE

Volume: 19 Issue: 5 Day: Month: May Year: 2007 Page numbers: pp 589-593

Subjects:

1. COMPLEMENTARY THERAPIES 2. ALTERNATIVE MEDICINES 3. ALTERNATIVE THERAPIES 4. HIV POSITIVE PEOPLE 5. WOMEN WITH HIV 6. HAART
7. COMPLIANCE

Abstract:

The use of complementary and alternative medicine (CAM) to treat chronic illnesses, especially HIV, is becoming increasingly widespread. Given this popularity, it is critical to understand how HIV-positive individuals use CAM and, more specifically, whether CAM use impacts their adherence to prescribed antiretroviral regimens (HAART). The present study examined the relationship between CAM use and HAART adherence among HIV+ women. Data were analysed from 366 HIV-positive, mostly African-American women, aged 18-50 years in Alabama and Georgia who were enrolled in an intervention to reduce high-risk sexual behaviour. At enrolment data were collected describing use of CAM and HAART use. Women were classified as CAM users if they reported taking herbal/natural immunity boosters (Chinese herbs, mushrooms, garlic, ginseng or algae) or multivitamins, or reported using religious/psychic health or bodywork to treat HIV. Women were classified as non-adherent if they reported missing any doses of their HAART medication in the 30 days preceding baseline assessment. Logistic regressions models, adjusted for potential confounders, were used to investigate the relationship between CAM use and HAART adherence. Women using CAM (immunity boosters or vitamins), relative to non-CAM users, were 1.69 times more likely to report missing HAART doses in the last 30 days (CI: 1.02-2.80; P=.041) even after adjusting for age, education, race, religion and income. The findings provide preliminary evidence that patients using CAM may be doing so as an alternative to traditional medicine as opposed to complementing prescribed HAART treatment regimens. The inconsistent use of HAART is problematic given its association with drug resistance. Therefore, health care providers and patients should have explicit dialogues about how to effectively integrate CAM practices into traditional treatment regimens so that the safety and health of HIV-positive patients is not compromised.

DEVELOPING COUNTRIES

6260

"Adherence to HAART : Africans take medicines more faithfully than North Americans"

Location:

AA VERTICAL FILE - DEVELOPING COUNTRIES - DC

Publication Type:

JOURNAL ARTICLE

by Attaran, Amir

PLOS MEDICINE

Volume: 4 Issue: 2 Day: Month: February Year: 2007 Page numbers: pp 0390-0397

Subjects:

1. DEVELOPING COUNTRIES 2. TREATMENTS 3. COMPLIANCE 4. POLITICAL ASPECTS 5. ECONOMIC ISSUES

Abstract:

Opinion piece in which the author is highly critical of agencies which have responsibility for development funds and their baseless arguments that providing ART in resource poor settings was untenable because poor people would be

unable to adhere to treatment regimes. These arguments delayed provision of ART in developing countries. Presents evidence that shows that people in developing countries have a higher rate of treatment compliance than patients in North America.

GAY MEN

6267

"Differences between HIV-positive gay men who 'frequently', 'sometimes' or 'never' engage in unprotected anal intercourse with seroconcordant casual partners: positive Health cohort, Australia"

Location:

AA VERTICAL FILE - GAY MEN - GM 34

Publication Type:

JOURNAL ARTICLE

by Rawstone, P et al

AIDS CARE

Volume: 19 Issue: 4 Day: Month: April Year: 2007 Page numbers: pp 514-522

Subjects:

1. GAY MEN WITH HIV 2. GAY MEN WITH HIV-RISK BEHAVIOUR(AUST)

Abstract:

By measuring the actual number of risk acts engaged in by HIV-positive men participating in the Positive Health (PH) cohort study, this paper sets out to document the distribution of risk acts, to report on the proportion of acts of unprotected anal intercourse with casual (UAIC) partners that occurred between HIV-positive men (i.e. seroconcordant positive) and to examine the factors that differentiated men who 'frequently' compared with 'sometimes' or 'never' engaged in unsafe UAIC (i.e. UAIC with seroconcordant partners: partners who have not tested positive for HIV). The findings show that 42.6% of all UAIC acts occurred between seroconcordant HIV-positive partners, posing no risk of HIV infection to an HIV-negative person. A minority of participants (10%) accounted for the majority (70.7%) of the unsafe acts of UAIC. The HIV-positive men who 'sometimes' engaged in unsafe UAIC had higher treatment optimism scores and were more likely to use Viagra in comparison with those who did not engage in such risk. Those who reported 'frequent' engagement in unsafe UAIC were more likely to engage in a range of esoteric sexual practices, be slightly less well educated and be taking antiretroviral therapy compared with HIV-positive men who 'sometimes' engaged in unsafe UAIC. As such, taking ART but not viral load, predicted frequent unsafe UAIC. When considered alongside earlier studies, these results suggest that HIV-negative men who engage in esoteric sexual practices may be at increased risk of HIV transmission, not necessarily because they engage in esoteric sex practices but because of the sub-cultural milieu in which esoteric sex is occurring. The findings from this study also endorse the measurement of UAIC acts as a useful gauge of risk.

GLOBAL EPIDEMIC

6245

"Medicines without Doctors: Why the Global Fund Must Fund Salaries of Health Workers to Expand AIDS Treatment"

Location:

AA VERTICAL FILE - GLOBAL EPIDEMIC - GE 25

Publication Type:

JOURNAL ARTICLE (ONLINE)

by Ooms, G et al
PLOS MEDICINE

Volume: 4 Issue: 4 Day: Month: April Year: 2007 Page numbers: pp e128
Available online at <http://medicine.plosjournals.org/perlserv/?request=get-document&doi=10.1371/journal.pmed.0040128>

Subjects:

1. GLOBAL EPIDEMIC 2. ECONOMIC ISSUES 3. HEALTH CARE WORKERS

Abstract:

The Global Fund to Fight AIDS, Tuberculosis and Malaria ("the Global Fund") was created to fight three of the world's most devastating diseases. Since its creation in 2002, it has struggled with the difficult task of focusing on three diseases, and at the same time supporting the fragile public health systems that are supposed to implement this fight on the ground.

Recent internal comments from the Global Fund suggest an intention to focus more on the three diseases, and to leave the strengthening of health systems and support for the health workforce to others. This could create a "Medicines without Doctors" situation in which the medicines to fight AIDS, tuberculosis, and malaria are available, but not the doctors or the nurses to prescribe those medicines adequately.

We believe that this would be a strategic mistake, as the Global Fund has an advantage that makes it a key actor in the field of supporting health workforces. Most other donors are forced to aim for sustainability in the conventional sense (implying that beneficiary countries should gradually replace international funding with domestic resources); the Global Fund has been promised sustained funding by the international community, allowing it to make sustained commitments to beneficiary countries. This is what some of the countries most affected by AIDS, tuberculosis, and malaria need to increase their health workforce. Their health workforce challenges are too big to consider a gradual replacement of international funding with domestic resources.

We also believe that the debate about this intention should be public, and we hope to launch the public debate with this article.

We use the examples of two countries—Mozambique and Malawi—trying to fight against a full-blown AIDS epidemic with a fragile health system, to underline the crucial role of Global Fund support to the health workforce.

6257

"The politics of national HIV/AIDS responses: a preliminary literature review"

Location:

AA VERTICAL FILE - GLOBAL EPIDEMIC - GE 26

Publication Type:

JOURNAL ARTICLE

by Dickinson, Claire

DIVERSITY NEWS Multicultural HIV/AIDS and Hepatitis C Service, NSW

Volume: Issue: 7 Day: Month: Year: 2007 Page numbers: pp 8-9

Subjects:

1. GLOBAL EPIDEMIC 2. POLITICAL ASPECTS

Abstract:

Until recently, most analysis of HIV/AIDS has focussed on its spread and prevention, or on sociological issues such as its impact on families and communities. There has been relatively less analysis of power relations, inequalities between socio-economic groups, issues relating to sexuality and cultural change or other systemic factors. However, where this kind of analysis

has been used to look at the response to HIV/AIDS within a country, or between seemingly similar countries, it has shown that the political context - local, national and international - plays a fundamental role in explaining and shaping the responses. This is a preliminary review of current literature taking political science as the primary framework for explaining why countries - their states and societies - have been successful or failed to respond to the epidemic. The review does not cover the considerable literature examining neoliberalism and HIV/AIDS, the role of civil society and the state, and the influence of international politics on HIV/AIDS.

HEPATITIS

6258

"Developing culturally appropriate Hepatitis C resources - National Hepatitis C project for people from CALD backgrounds"

Location:

AA VERTICAL FILE - HEPATITIS - HEP 17

Publication Type:

JOURNAL ARTICLE

by Martin, Lyn ; Palijor, Sonam

AUSTRALIAN HEPATITIS CHRONICLE

Volume: Issue: 16 Day: Month: October Year: 2006 Page numbers: pp 12-15

Subjects:

1. HEPATITIS C 2. ETHNIC GROUPS(AUST)

Abstract:

Reports on a project of the NSW Multicultural HIV/AIDS and Hepatitis C Service to develop Hepatitis C resources for people from CALD backgrounds. Argues for the importance of cultural competence in the development of effective resources.

HIV RELATED CONDITIONS

6237

"HIV infection doubles risk of heart attack in US patients; risk trebled in women"

Location:

AA VERTICAL FILE - HIV RELATED CONDITIONS - HRC 42

Publication Type:

ARTICLE (ONLINE)

by Alcorn, Keith

AIDSMAP

Volume: Issue: Day: Month: April Year: 2007 Page numbers: Available online at <http://www.aidsmap.com/en/news/83C85F5D-B50D-4EDE-A3D3-B0CB39669F07.asp?type=preview>

Subjects:

1. HIV-RELATED CONDITIONS 2. CARDIOVASCULAR DISORDERS
3. ANTIRETROVIRAL TREATMENTS 4. TREATMENTS-SIDE EFFECTS

Abstract:

HIV infection doubled the risk of a heart attack for patients receiving care at Boston's two largest hospitals between 1996 and 2004, even after controlling for all the accepted risk factors for heart disease, researchers from Massachusetts General Hospital report in an article released early online by the Journal of Clinical Endocrinology and Metabolism.

The effect of HIV on heart attack rates was especially pronounced in women, who

made up nearly one-third of the HIV-positive study cohort. Overall, HIV-positive people had a 50% increased risk of heart attack when compared to HIV-negative people, but HIV-positive women had a 300% increased risk of heart attack when compared with HIV-negative people even after taking into account age, race, high blood pressure (hypertension), diabetes and elevated lipid levels.

6238

"Pattern of HIV-related central nervous system disorders varies by region, evolving alongside access to antiretroviral therapy"

Location:

AA VERTICAL FILE - HIV RELATED CONDITIONS - HRC 43

Publication Type:

ARTICLE (ONLINE)

by Smart, Theo

AIDSMAP

Volume: Issue: Day: Month: April Year: 2007 Page numbers: Available online at <http://www.aidsmap.com/en/news/E15D3AFF-1C6C-4909-A06E-004FB1785D21.asp?type=preview>

Subjects:

1. HIV-RELATED CONDITIONS 2. NEUROLOGICAL ASPECTS 3. ANTIRETROVIRAL TREATMENTS 4. DEVELOPING COUNTRIES

Abstract:

The reported frequency of the various central nervous system (CNS) complications associated with HIV infection differs from region to region, and according to some of the world's leading experts who gathered recently in Venice to discuss HIV-related brain disorders, the patterns also appear to be evolving — in sometimes unexpected ways — with increasing access to antiretroviral therapy (ART) and care.

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| INJECTING DRUG USERS |
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6263

"Residual injection risk behavior, HIV infection, and the evaluation of syringe exchange programs"

Location:

AA VERTICAL FILE - INJECTING DRUG USERS - IDU 51

Publication Type:

JOURNAL ARTICLE

by Des Jarlais, Don C etal

AIDS EDUCATION AND PREVENTION

Volume: 19 Issue: 2 Day: Month: April Year: 2007 Page numbers: pp 111-123

Subjects:

1. INJECTING DRUG USE 2. RISK BEHAVIOUR 3. NEEDLE EXCHANGE 4. EVALUATION

Abstract:

This study assessed relationships between residual risk behavior (risk behavior among persons participating in effective HIV prevention programs) and HIV infection. Structured interviews and HIV tests were obtained from participants in six large U.S. syringe exchange programs. Program characteristics were obtained through interviews with the directors. Findings indicated that injection risk

behaviors varied significantly across the six programs--from 10% to 27% of the participants at each program reported receptive sharing of needles and syringes in the 30 days prior to the interview. HIV prevalence ranged from 2.5% to 22.2% across the six programs. HIV prevalence among new injectors was strongly related to HIV prevalence among long-term injectors across the programs ($r = .869$). There was a consistent pattern of negative relationships between injection risk behaviors and HIV infection across the six programs (higher rates of risk behavior at a program associated with lower HIV infection). As a result, appropriate evaluation of HIV prevention programs may require not only information on continuing risk behavior and HIV infection among program participants but also historical information on the epidemiology of HIV in the local community.

6264

"Reduction in injection-related HIV risk after 6 months in a low-threshold methadone treatment program"

Location:

AA VERTICAL FILE - INJECTING DRUG USERS - IDU 52

Publication Type:

JOURNAL ARTICLE

by Millson, Peggy etal

AIDS EDUCATION AND PREVENTION

Volume: 19 Issue: 2 Day: Month: April Year: 2007 Page numbers: pp 124-136

Subjects:

1. INJECTING DRUG USE
2. INTRAVENOUS DRUG USERS
3. RISK BEHAVIOUR
4. METHADONE TREATMENTS

Abstract:

This study assessed injection-related HIV risk behavioral changes among opioid users 6 months after enrollment in low-threshold (harm reduction based) methadone maintenance treatment (MMT) programs within needle exchange services in Kingston and Toronto, Ontario, Canada. Changes were assessed for all participants (whole cohort), participants who continued to use illicit drugs by any route (drug-using subcohort); and those who continued to inject drugs (injecting subcohort). In this prospective observational cohort study, an interviewer-administered questionnaire examining injection-related HIV risk behaviors was administered to 183 study participants at entry to treatment and 6 months later. Changes in risk behaviors were analyzed using conditional logistic regression which took into account the paired nature of the data. We found that the proportion of participants injecting drugs, sharing needles, sharing drug equipment, indirectly sharing and using shooting galleries declined with follow-up for the whole cohort. Within the drug-using subcohort, there was a decrease in the proportion of individuals who injected drugs, while within the injecting subcohort the sharing of injection equipment and the use of shooting galleries declined. Our findings suggest that low-threshold MMT programs can reduce the risk of HIV without the enforcement of abstinence-based policies.

MENTAL HEALTH

6252

"Conquering anxiety"

Location:

AA VERTICAL FILE - MENTAL HEALTH - MH 27

Publication Type:

JOURNAL ARTICLE

by Lavick, Joni ; Vaccaro, Gaetano

BETA

Volume: Winter Issue: Day: Month: Year: 2007 Page numbers: pp 20-28

Subjects:

1. MENTAL HEALTH 2. HIV POSITIVE PEOPLE 3. HIV POSITIVE PEOPLE-SELF CARE 4. HIV POSITIVE PEOPLE-PSYCHOLOGICAL ASPECTS

Abstract:

Anxiety is a common response to extreme stressors, but it can also be a symptom of a more significant underlying anxiety disorder. Anecdotal reports from mental health providers indicate that HIV positive people are more prone to anxiety symptoms due to the stress of managing a chronic illness. Up to 70% of people with HIV report persistent anxiety symptoms and up to 40% meet the criteria for an anxiety disorder. This article describes anxiety and anxiety disorders and how people living with HIV can conquer them.

NEEDLE EXCHANGES

6251

"Hospital-versus community-based syringe exchange - a randomized control trial"

Location:

AA VERTICAL FILE - NEEDLE EXCHANGES - NE 12

Publication Type:

JOURNAL ARTICLE

by Masson, Carmen L et al

AIDS EDUCATION AND PREVENTION

Volume: 19 Issue: 2 Day: Month: April Year: 2007 Page numbers: pp 97-110

Subjects:

1. NEEDLE EXCHANGE 2. INTRAVENOUS DRUG USERS 3. HEALTH CARE

Abstract:

This study examined the effect of syringe exchange program setting on the injection practices, health status, and health service utilization patterns of injection drug users (IDUs) recruited from a public urban hospital. One hundred sixty-six participants were randomized to either community- or hospital-based syringe exchange services. Poisson regression models were used to compare service utilization between groups. In both conditions, risky drug use practices decreased, and physical health functioning improved over time. Hospital-based syringe exchange program (SEP) attendees had 83% more inpatient admissions ($p < .0001$) and 22% more ambulatory care visits ($p < .0001$) than those assigned to the community-based SEP condition. Syringe exchange services that are integrated into public hospital settings may serve as a valuable strategy to engage hard to reach IDU populations in behavioral interventions designed to reduce HIV risk

transmission behaviors and increase access to, or engagement in, the use of secondary and tertiary preventive medical care.

PREVENTION

6250

"Responsibility for HIV Prevention: Patterns of Attribution Among HIV–Seropositive Gay and Bisexual Men"

Location:

AA VERTICAL FILE - PREVENTION - PV 35

Publication Type:

JOURNAL ARTICLE

by Offer, Claudine et al

AIDS EDUCATION AND PREVENTION

Volume: 19 Issue: 1 Day: Month: February Year: 2007 Page numbers: pp 24-35

Subjects:

1. PREVENTION AND CONTROL 2. TRANSMISSION 3. RISK BEHAVIOUR 4. MEN WHO HAVE SEX WITH MEN 5. GAY MEN 6. BISEXUAL MEN 7. HIV POSITIVE PEOPLE

Abstract:

The Seroconversion Narratives for AIDS Prevention (SNAP) study elicited narratives from recently infected seropositive gay and bisexual men that described the circumstances of their own seroconversion. This analysis of the narratives explored participants' attributions of responsibility for HIV prevention before and after they became infected. Before becoming infected with HIV, responsibility for prevention was often attributed to HIV–negative individuals themselves. These retrospective attributions revealed themes that included feelings of negligence, a sense of consequences, followed by regret. After seroconversion, responsibility for HIV prevention was primarily attributed to HIV–positive individuals themselves. Themes within these attributions included pledges to avoid HIV transmission, a strong sense of burden related to the possibility of infecting someone, and risk reduction strategies that they implemented in an attempt to avoid HIV transmission. Greater understanding of ideas related to responsibility has the potential to increase the effectiveness of HIV prevention interventions.

6256

"New approaches to HIV prevention"

Location:

AA VERTICAL FILE - PREVENTION - PV 36

Publication Type:

JOURNAL ARTICLE

by Highleyman, Liz

BETA

Volume: Issue: Winter Day: Month: Year: 2007 Page numbers: pp 29-37

Subjects:

1. PREVENTION AND CONTROL 2. VACCINES 3. MICROBICIDES 4. CIRCUMCISION 5. SEXUALLY TRANSMITTED INFECTIONS 6. PRE-EXPOSURE

PROPHYLAXIS

Abstract:

Article discusses developments in HIV prevention technologies, covering vaccines, microbicides, male circumcision, pre-exposure prophylaxis, the role of sexually transmitted infections, clinical trials and access to treatment.

SAFER SEX & RISK BEHAVIOUR

6241

"Single session of cognitive therapy can lead to sustained fall in risky sex in MSM"

Location:

AA VERTICAL FILE - SAFER SEX & RISK BEHAVIOUR - SS 48

Publication Type:

ARTICLE (ONLINE)

by Carter, Michael

AIDSMAP

Volume: Issue: Day: Month: April Year: 2007 Page numbers: Available online at <http://www.aidsmap.com/en/news/51F7E5EB-9183-44C6-BC22-AD90827F2E50.asp>

Subjects:

1. MEN WHO HAVE SEX WITH MEN
2. RISK BEHAVIOUR
3. SAFER SEX
4. COUNSELLING

Abstract:

A single session of cognitive counselling can achieve a swift and sustained decrease in HIV risk behaviour amongst gay men who present for multiple HIV tests, according to a study conducted in San Francisco and published in the April 15th edition of the Journal of Acquired Immune Deficiency Syndromes.

The study involved 305 gay men who were recruited from publicly funded HIV testing sites across San Francisco between 2002 and 2004. All the men received standard pre-test HIV counselling and were provided with their HIV test result. However, half of the men were randomised to receive personalised cognitive counselling from a certified HIV counsellor where they had the opportunity to examine their decision making processes during recent sexual encounters when they had unprotected anal sex. Six and twelve months after the counselling intervention, the men were asked to provide details of their sexual activity, and the investigators calculated if the enhanced, personalised cognitive counselling was associated with a reduction in HIV risk behaviour.

A 60% reduction in the instance of risky sex was seen after six months amongst the men who received the cognitive counselling (mean 1.9, $p < 0.001$ versus baseline). Furthermore, the men in the cognitive counselling arm reported significantly less risky sex than men who only received standard pre-test counselling ($p = 0.029$).

The reduction in risk taking was sustained until month twelve, when, once again men who received personalised cognitive counselling reported a mean of 1.9 risky sexual encounters.

6242

"Brief intervention on HIV and alcohol risk encourages safer sex"

Location:

AA VERTICAL FILE - SAFER SEX & RISK BEHAVIOUR - SS 49

Publication Type:
ARTICLE (ONLINE)
by Morris, Kelly
AIDSMAP

Volume: Issue: Day: Month: April Year: 2007 Page numbers: Available online at
<http://www.aidsmap.com/en/news/52FC6D91-DF90-46B0-B694-E5833DBB6685.asp>

Subjects:

1. RISK BEHAVIOUR 2. COUNSELLING 3. SAFER SEX

Abstract:

Researchers have found that a single counselling intervention that includes an exploration of the risk of alcohol use in sexual contexts may have an impact on HIV prevention by reducing sexual risk behaviours. The study is published in the April 15th edition of the Journal of Acquired Immune Deficiency Syndromes. Considerable evidence exists that alcohol use contributes to the spread of sexually transmitted infections (STIs) including HIV. In order to focus on the link between alcohol, STIs, and HIV, the US and South African team of researchers sought to study the impact on sexual risk behaviours and alcohol use of a single brief counselling intervention surrounding HIV and alcohol. In a randomised, controlled trial, 143 attendees at an STI clinic in Cape Town who used alcohol were given a 60-minute experimental counselling session that focused on HIV and alcohol risk, or a 20-minute educational control intervention, consisting of HIV information alone. Overall, the experimental counselling session was associated with more than a 25% increase in condom use and a 65% reduction in unprotected sex over the 6-month follow-up period, with risk reduction significantly greater for the experimental condition than for the control condition at both follow-ups. Condom use at last intercourse exceeded 95% at each follow-up for the experimental condition.

The authors note that it isn't really possible to generalise these findings to other settings, particularly because of the number of people who refused to participate and the number lost to follow-up, although retention within the trial was 73% at six months. Other limitations of the study included the small proportion of female participants, the lack of blinding to the intervention, and the use of self-report indicators alone as outcome measures.

Moreover, the team questions whether the differences could be due solely to the increased amount of counselling time given to the intervention-group participants. Finally, they note "the lack of sustainability of the alcohol outcomes suggests that the sexual risk reduction behaviour changes may also deteriorate over time and indicates the need for more intensive alcohol risk reduction intervention components and maintenance intervention strategies".

6246

"Poly-drug use common amongst gay men in UK"

Location:

AA VERTICAL FILE - SAFER SEX & RISK BEHAVIOUR - SS 50

Publication Type:
ARTICLE (ONLINE)
by Carter, Michael
AIDSMAP

Volume: Issue: Day: Month: April Year: 2007 Page numbers: Available online at
<http://www.aidsmap.com/en/news/EC8FCDB6-E70A-47CF-B25C-0C216E365DC2.asp>

Subjects:

1. MEN WHO HAVE SEX WITH MEN 2. GAY MEN 3. RISK BEHAVIOUR 4. DRUG USE

Abstract:

Although there has been concern, bordering on hysteria, about the use of crystal methamphetamine by gay men in the United Kingdom, the 2005 Gay Men's Sex Survey, Consuming Passions has found that only 3% of gay men had taken the drug in the last year and that only 0.3% (49 men) took the drug on a weekly basis. Furthermore, the study found that users of methamphetamine, in common with gay men who used other recreational drugs, were users of several recreational drugs, or poly-drug users.

Men with the greatest numbers of sexual partners, according to the study, were the group most likely to express concern about their recreational drug use, with men who use ketamine, GHB, methamphetamine, or crystal, and crack cocaine the most likely to express concern.

The 2005 UK Gay Men's Sex Survey, the ninth such analysis of gay men's HIV risk behaviours, was completed by 16,500 gay men. It found that over 50% of gay men who had had anal sex in the previous year had not used condoms all the time, and that significant numbers of men had had unprotected anal sex that involved a risk of HIV.

6254

"Serosorting"

Location:

AA VERTICAL FILE - SAFER SEX & RISK BEHAVIOUR - SS 51

Publication Type:

JOURNAL ARTICLE

by Siconolfi, Daniel ; Moeller, Robert W

BETA

Volume: Winter Issue: Day: Month: Year: 2007 Page numbers: pp 45-49

Subjects:

1. SEROSORTING 2. RISK BEHAVIOUR 3. SAFER SEX 4. HIV POSITIVE PEOPLE

Abstract:

Serosorting guides partner selection and may also inform choices about condom use. As public health and media attention increasingly focus on serosorting as a form of risk reduction for both HIV positive and HIV negative individuals, it has become increasingly important to understand this phenomenon. While some endorse the strategi as a safer way to have sex without condoms, the impact of serosorting on the lives and health of HIV positive individuals has yet to be fully explored.

SCIENCE & RESEARCH

6266

"Key components of a theory-guided HIV prevention outreach model: pre-outreach preparation, community assessment, and a network of key informants"

Location:

AA VERTICAL FILE - SCIENCE & RESEARCH - SR 38

Publication Type:

JOURNAL ARTICLE

by Ford, Chandra L et al

AIDS EDUCATION AND PREVENTION

Volume: 19 Issue: 2 Day: Month: April Year: 2007 Page numbers: pp 173-186

Subjects:

1. SOCIAL RESEARCH 2. OUTREACH WORKERS

Abstract:

Although outreach frequently is used to provide community-based HIV prevention services to members of underserved populations, researchers may not be familiar with the specific components of and factors influencing outreach and how systematic community outreach methods can be used to recruit participants for research purposes. This article describes key components of a theory and PRECEDE-based outreach model developed and used as part of a broader study examining the feasibility of enhancing access to STD clinical services for sexually transmitted diseases in order to reduce HIV incidence. We present a three-part outreach model and describe lessons learned from implementing it. Factors that improved access to key informants who could facilitate participant recruitment during the outreach process included sustained project visibility in the community, outreach worker affiliation with trusted community-based organizations, and development of a reliable network of key informants. This model enabled a systematic approach to reaching community members and documenting the steps taken to do so.

SEX WORKERS

6262

"Demographic, migration status, and work-related changes in Asian female sex workers surveyed in Sydney, 1993 and 2003"

Location:

AA VERTICAL FILE - SEX WORKERS - SW 28

Publication Type:

JOURNAL ARTICLE

by Pell, C et al

AUSTRALIAN AND NEW ZEALAND JOURNAL OF PUBLIC HEALTH

Volume: 30 Issue: 2 Day: Month: April Year: 2006 Page numbers: pp 157-162

Subjects:

1. SEX WORK(AUST) 2. SEX WORKERS 3. ETHNIC GROUPS(AUST)

Abstract:

OBJECTIVE: To compare demography, sexual health awareness, migration and workplace conditions of Asian female sex workers in Sydney in 1993 and 2003. METHOD: A Chinese interpreter and a Thai-speaking health education officer (HEO) were used to administer a questionnaire survey to Thai- and Chinese-speaking sex workers attending sexual health clinics in 1993. A follow-up survey, which included some women contacted at work as well as clinic attenders, was administered by Thai- and Chinese-speaking HEOs in 2003. RESULTS: Ninety-one female sex workers were surveyed in 1993 and 165 in 2003. Median age increased (26 years vs. 33 years, $p=0.000$), as did numbers of Chinese- versus Thai-speakers (1993, 25.3% Chinese vs. 2003, 58.2% Chinese, $p=0.000$). In 2003, the women reported more years of schooling and better English skills. Fewer reported previous sex work (48.4% vs. 17.6%, $p=0.000$). Numbers currently or ever on a contract decreased sharply (27.5% vs. 9.1%, $p=0.000$) and the majority were apparently working legally. Condom use at work for vaginal (51.6% vs. 84.8%) and oral sex (39.6% vs. 66.1%) increased significantly ($p=0.001$). Chinese-speaking sex workers were less informed about HIV transmission and safer sex practices than were Thai sex workers. Drug and alcohol use was low. CONCLUSIONS AND IMPLICATIONS: Positive changes have occurred in the conditions of Asian female sex workers surveyed over 10 years in

Sydney. Maintaining current levels of health service delivery will ensure continued improvements in health and workplace conditions and address inequalities between language groups.

SEXUALLY TRANSMITTED INFECTIONS

6239

"Majority of US syphilis cases are now in gay men"

Location:

AA VERTICAL FILE - SEXUALLY TRANSMITTED INFECTIONS - STD 26

Publication Type:

ARTICLE (ONLINE)

by Carter, Michael

AIDSMAP

Volume: Issue: Day: Month: April Year: 2007 Page numbers: Available online at <http://www.aidsmap.com/en/news/95C835EF-365C-4B87-9B85-5A955FB36D8A.asp?type=preview>

Subjects:

1. SEXUALLY TRANSMITTED INFECTIONS 2. SYPHILIS 3. MEN WHO HAVE SEX WITH MEN 4. GAY MEN 5. RISK BEHAVIOUR

Abstract:

Almost two-thirds of syphilis cases in the United States in 2003 were in gay men and other men who have sex with men, according to a study published in the June edition of the American Journal of Public Health. A fall in the incidence of syphilis of over 50% amongst heterosexual men and women between 2000 and 2003 was more than offset by a significant increase in the incidence of the infection amongst men who have sex with men.

Syphilis causes genital ulcers and can facilitate the transmission and acquisition of HIV infection. It can also act as a marker for risky sexual activity, although the infection can be readily transmitted during sexual activities, such as oral sex, which do not involve a significant risk of HIV transmission.

During the 1980s, there was a 54% increase in the incidence of primary and secondary syphilis in the United States, with African-Americans disproportionately affected by the disease. It is thought that the increase in syphilis during the 1980s was tied to the increasing use of crack cocaine and prostitution by some users to fund their habit. By the mid-1990s, however, the incidence of syphilis in the US had fallen sharply, and in 1999 a national syphilis elimination plan was published.

This trend has since reversed, with an increase in every year since 2001 in the incidence of primary and secondary syphilis. The US is not alone in experiencing a re-emergence of the infection, with outbreaks of syphilis reported across the UK and Europe, often focused on gay men, since the late 1990s.

SUPERINFECTION

6249

"New light on the "New York patient": `super-bug` fears were exaggerated by media"

Location:

AA VERTICAL FILE - SUPERINFECTION - SUP 6

Publication Type:

ARTICLE (ONLINE)

by Thaczuk, Derek

AIDSMAP

Volume: Issue: Day: Month: April Year: 2007 Page numbers: Available online at <http://www.aidsmap.com/en/news/B18E8D31-A0DD-4EFD-8B06-01881D84AAC4.asp>

Subjects:

1. SUPERINFECTION 2. DRUG RESISTANCE

Abstract:

early 2005, a gay New York City man was reported to have been infected with an extremely virulent, multi-drug-class-resistant (MDR) strain of HIV, causing very rapid progression to extremely low CD4 cell counts. Public health officials in the city raised the alarm, and US newspapers reported that a new, highly aggressive drug-resistant strain of HIV was at large in the city's gay male population. But now, two years later, the first comprehensive report on the case in a medical journal shows that almost all the initial media - and public health - assumptions about the case turned out to be wrong. Ongoing analysis of the "New York City patient" has now suggested that he may have been initially infected by a dual-(CXCR4 and CCR5) -tropic virus, rather than having developed it himself, and that the case was highly unusual. The analysis also suggests that his rapid CD4 count drops were associated with primary infection, rather than the extremely rapid chronic infection first reported. The new analysis and commentary are published in the May 1st Journal of Infectious Diseases.

TRANSMISSION

6244

"` Incredibly high risk` of male-to-female HIV transmission reported from South Africa"

Location:

AA VERTICAL FILE - TRANSMISSION - TRM 36

Publication Type:

ARTICLE (ONLINE)

by Morris, Kelly

AIDSMAP

Volume: Issue: Day: Month: April Year: 2007 Page numbers: Available online at <http://www.aidsmap.com/en/news/4FADB397-2324-46A7-87BD-80DE465238DF.asp>

Subjects:

1. TRANSMISSION 2. HETEROSEXUAL TRANSMISSION 3. WOMEN 4. SOUTH AFRICA

Abstract:

In sub-Saharan Africa, young women are at high risk of HIV infection, with a prevalence of 21% among 21 year-olds recently reported from South Africa. Now, the same team of US and South African scientists report that this prevalence occurs in young women with few lifetime partners, suggesting a much higher rate of male-to-female transmission than previously reported. The study was conducted in 2003 among 11,904 young South Africans, using oral collection of samples for HIV testing. All sexually experienced people were asked about lifetime partners, their first sexual partner, and the last three sexual contacts in the past twelve months. The overall number of sexual contacts was estimated by multiplying the number of months of each relationship with the number of sexual contacts reported in the past month.

Conservative estimates of the transmission rates per sexual encounter ranged from one in fifty to one in 16.

6240

"Tenofovir and Truvada licensed in South Africa"

Location:

AA VERTICAL FILE - TREATMENTS - TRE 102

Publication Type:

ARTICLE (ONLINE)

by Alcorn, Keith

AIDSMAP

Volume: Issue: Day: Month: April Year: 2007 Page numbers: Available online at <http://www.aidsmap.com/en/news/9C80024F-7788-4F7E-BD98-9295268D1599.asp?type=preview>

Subjects:

1. ANTIRETROVIRAL TREATMENTS 2. SOUTH AFRICA 3. ECONOMIC ISSUES

Abstract:

Nearly 18 months after submission, an essential generic version of the anti-HIV drug tenofovir has finally been licensed in South Africa, along with a fixed dose tablet that combines tenofovir with emtricitabine, called Truvada.

6243

"Maraviroc recommended for accelerated approval in the US"

Location:

AA VERTICAL FILE - TREATMENTS - TRE 103

Publication Type:

ARTICLE (ONLINE)

by Carter, Michael

AIDSMAP

Volume: Issue: Day: Month: April Year: 2007 Page numbers: Available online at <http://www.aidsmap.com/en/news/A6F0C189-7B67-4B7B-8E65-43E6D5539AB5.asp>

Subjects:

1. TREATMENTS 2. ANTIRETROVIRAL TREATMENTS

Abstract:

A key advisory committee to drug regulatory authorities in the United States has unanimously recommend the accelerated approval of the investigational antiretroviral drug maraviroc (Celsentri). If approved by the Food and Drug Administration (FDA), maraviroc will become the first licensed drug from a novel class of antiretrovirals known as CCR5 inhibitors which prevent HIV's entry into CD4 cells by blocking the CCR5 co-receptor on the cell's surface. The recommendation of the FDA's Antiviral Drug Advisory Committee was based on 24-week results from the MOTIVATE studies involving highly treatment experienced individuals. These results showed that significantly more patients who received maraviroc, with an optimised background of antiretroviral drugs, achieved a a viral load below 400 copies/ml and 50 copies/ml compared to individuals who received optimised background plus a placebo. Furthermore, patients in the maraviroc arms of the MOTIVATE studies also experienced greater increases in their CD4 cell count compared to the patients who were randomised to receive a placebo.

CCR5 inhibitors have had a difficult clinical development. GlaxoSmithKline terminated development of its drug after cases of liver failure were observed, and

Schering Plough suspended research into its agent after some patients experienced an early rebound in their viral load.

6247

"HIV treatment now reaching 28% of those in need worldwide, says WHO"

Location:

AA VERTICAL - TREATMENTS - TRE 104

Publication Type:

ARTICLE (ONLINE)

by Alcorn, Keith

AIDSMAP

Volume: Issue: Day: Month: April Year: 2007 Page numbers: Available online at <http://www.aidsmap.com/en/news/0937FEED-10D3-4224-952A-44DC9EE05976.asp>

Subjects:

1. TREATMENTS
2. ANTIRETROVIRAL TREATMENTS
3. GLOBAL EPIDEMIC
4. ECONOMIC ISSUES

Abstract:

Two million people are now receiving antiretroviral treatment in developing countries, a 54% increase in one year, according to figures released today by the World Health Organization (WHO) and UNAIDS. But only 28% of those who need treatment are getting it, the report says, and only 11% of women with HIV in Africa are accessing drugs to prevent mother to child HIV transmission.

6248

"AZT causes genetic damage to infants; long-term cancer risk unknown"

Location:

AA VERTICAL FILE - TREATMENTS - TRE 105

Publication Type:

ARTICLE (ONLINE)

by Legge, Adam

AIDSMAP

Volume: Issue: Day: Month: April Year: 2007 Page numbers: Available online at <http://www.aidsmap.com/en/news/4ACCD629-4485-4F6A-A43C-D73A5A6658BF.asp>

Subjects:

1. TREATMENTS
2. TREATMENTS-SIDE EFFECTS
3. VERTICAL TRANSMISSION
4. CHILDREN

Abstract:

Antiretroviral drugs used to prevent HIV transmission from mother to child can cause genetic damage in infants that may increase their risk of developing cancer in the future, according to new research. The study authors are not recommending stopping the use of antiretrovirals during pregnancy but say children need close monitoring and new, safer drugs need to be developed.

6253

"CCR5 inhibitors : up and comin new agents"

Location:

AA VERTICAL FILE - TREATMENTS - TRE 106

Publication Type:

JOURNAL ARTICLE

by O'Neal, Reilly

BETA

Volume: Winter Issue: Day: Month: Year: 2007 Page numbers: pp 15-19

Subjects:

1. TREATMENTS 2. ANTIRETROVIRAL TREATMENTS 3. DRUG RESEARCH

Abstract:

A new class of antiretroviral drugs came on the scene in 2003 with the approval of the first entry inhibitor; enfuvirtide (T-20, Fuzeon). Considerable research has been directed toward discovery of additional drugs that target the cell-entry stage of HIV replication, and CCR5 inhibitors - agents that block viral entry via a novel mechanism of action - are poised to join the antiretroviral armamentarium this year.

6259

"Something new under the sun : Maraviroc poised for approval"

Location:

AA VERTICAL FILE - TREATMENTS - TRE 107

Publication Type:

JOURNAL ARTICLE

by Huff, Bob

GMHC TREATMENT ISSUES

Volume: 20 Issue: 8-12 Day: Month: August - December Year: 2006 Page numbers: pp 1-7

Subjects:

1. TREATMENTS 2. RESEARCH

Abstract:

Examines the development of a new class of drugs, CCR5 blockers/entry inhibitors, which block the entry of HIV into cells.

WOMEN

6255

"Menstruation, menopause and HIV"

Location:

AA VERTICAL FILE - WOMEN - WOM 60

Publication Type:

JOURNAL ARTICLE

by Monroe, Anne

BETA

Volume: Winter Issue: Day: Month: Year: 2007 Page numbers: pp 39-42

Subjects:

1. WOMEN WITH HIV 2. MENOPAUSE 3. MENSTRUATION

Abstract:

There is a growing need for research about the effects of HIV on the menstrual

cycle and menopause. HIV positive women and their care providers need to know what to expect at all life stages, and need strategies for optimal long-term care in the HAART era. Once the impact of menopause is better understood, clinical management can be individually tailored to avoid long-term complications such as osteoporosis and cardiovascular disease.

6265

"Acquisition of new sexual partners among women with HIV infection: patterns of disclosure and sexual behavior within new partnerships"

Location:

AA VERTICAL FILE - WOMEN - WOM 61

Publication Type:

JOURNAL ARTICLE

by Wilson, Tracey E et al

AIDS EDUCATION AND PREVENTION

Volume: 19 Issue: 2 Day: Month: April Year: 2007 Page numbers: pp 151-159

Subjects:

1. WOMEN WITH HIV 2. RISK BEHAVIOUR 3. DISCLOSURE OF HIV POSITIVE STATUS 4. ANTIRETROVIRAL TREATMENTS 5. TRANSMISSION

Abstract:

This study describes the sexual behavior of HIV-positive women within new versus more established relationships and determines whether beliefs about HIV antiretroviral therapy (ART) impact these behaviors. The Women's Interagency HIV Study is a longitudinal cohort study of HIV among women in the United States. Sexually active HIV-positive women (N = 1,090) completed interviews on beliefs and behaviors at 6-month intervals. Data were analyzed for the period between April 2002 and March 2003. Of 1,517 sexual partners reported, 32% were newly acquired within the previous 6 months. As compared with more established sexual relationships, newer partnerships were characterized by greater condom use consistency (odds ratio = 1.8, 95% confidence interval = 1.4-2.3). Holding beliefs that ART is protective for HIV transmission impacted the relationship between partner type and condom use. In established relationships, 63% reported consistent condom use if they believed that ART is not protective, whereas 54% reported consistent condom use if they believed that ART is protective. Conclusions: These findings highlight the importance of ongoing support for sexual risk reduction among women with HIV-infection and for strategies that reduce the strength of relationships between ART beliefs and sexual risk behavior.



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