

# **AIDS 2010** XVIII International AIDS Conference Vienna 18-23 July 2010



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## **Success for microbicide**

A vaginal microbicide gel containing the anti-HIV drug tenofovir (Viread) reduces the risk of infection with HIV for women using it by 39%, results of a study have shown.

For women who used the gel during four out of the last five times they had had sex, the risk of HIV infection was reduced by 54%. The microbicide also had another important benefit, halving the risk of infection with genital herpes.

The randomised, placebo-controlled trial – called CAPRISA 004 – was conducted in South Africa. It involved 889 HIV-negative women who were randomised to receive the tenofovir-containing gel or a placebo. They were monitored for two and a half years.

Results from the study will be officially presented to the AIDS 2010 conference in Vienna today, but they have already generated a lot of excitement.

“This is an important day,” said Yasmin Halima, director of the Global Campaign for Microbicides. “We now have evidence that a vaginal gel can help prevent HIV. This is good news for women, good news for the field and a good day for science.”

A webcast of this session will be available on the Kaiser Family Foundation website later today.



Prof. Quarraisha Abdool Karim, Associate Scientific Director of CAPRISA, explains how to use an applicator with gel. (Image: [www.caprissa.org](http://www.caprissa.org))

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## Bill Clinton's assessment of global response

Former US President Bill Clinton told the Vienna conference that it's time to secure sustainable funding for the global response to AIDS.

In a generally up-beat speech, President Clinton highlighted increased funding of HIV treatment, care and prevention over the past decade, and said that he was "thrilled" by falls in HIV prevalence amongst young South African women.

However, he stressed that much still needed to be done – only one-third of those people eligible for life-saving HIV treatment are actually receiving it.

He also attacked the failure of some countries to prioritise the HIV needs of vulnerable and marginalised groups, such as men who have sex with men and injecting drug users.

The former US president also stressed the cost-effectiveness of providing health care. "Healthcare is not just a right," he said, "It is an extraordinarily high-value development investment with a high rate of return."



Former US President Bill Clinton. ©IAS/Marcus Rose/Workers' Photos

## WHO releases new treatment guidelines

New antiretroviral treatment guidelines were formally launched by the World Health Organization (WHO) at the conference.

The WHO guidelines are mainly used in resourced-limited settings.

Key changes include a recommendation that treatment should be started earlier – at a CD4 cell count of 350 rather than 200. Starting treatment at higher CD4 cell counts has been shown to reduce the risk of HIV-related illnesses, and other serious illnesses as well, such as cardiovascular disease.

WHO estimates that this will increase the number of patients eligible for treatment from 10 million to 15 million.

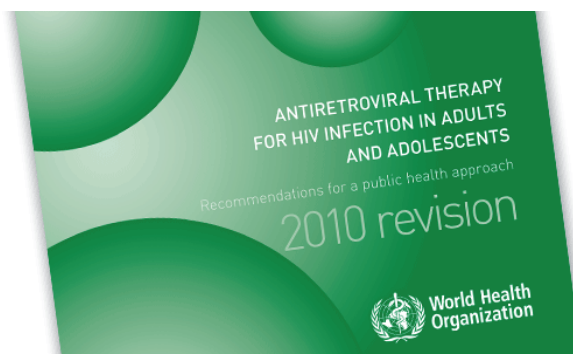
The guidelines also endorse the use of safer combinations, central to which is the phasing out of therapy with d4T.

All HIV-positive patients with tuberculosis (TB) are now recommended to start antiretroviral therapy regardless of their CD4 cell count.

There's also an acknowledgement in the revised guidelines that increasing the coverage of treatment has public health benefits, and could help slow the pace of the epidemic. There's growing consensus that taking HIV treatment significantly lowers the risk of transmission of the virus.

Dr Kevin Moody of the Global Network of People Living with HIV/AIDS (GNP+) welcomed the new guidelines, saying: "We think it will help to improve people's quality of life, and people will have better health outcomes. We are also interested in the fact that earlier treatment may have prevention benefits."

Coinciding with the release of the guidelines, WHO released figures that showed that five million people are now taking antiretroviral drugs.



Cover of the WHO guidelines Antiretroviral therapy for HIV infection in adults and adolescents.

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## Prompt treatment benefits child growth

HIV-positive adolescents who start antiretroviral therapy before their CD4 cell count falls below 200 have significantly better growth than those who initiate treatment when their immune system is weaker, South African research has demonstrated.

Conducted in Soweto, the research involved 107 adolescents who had been taking anti-HIV drugs for an average of six years.

Those who started therapy before their CD4 cell count fell to below 200 had significantly better height-for-age scores than those commencing treatment later.

Separate research conducted in Romania found that many HIV-positive children had central nervous system problems.

Involving 528 children, the study was carried out between 1996 and 2008. It showed that 43% had central nervous system complications. But the risk of these fell dramatically after the introduction of combination HIV treatment.

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Caregiver explains ARV treatment to a child, Swaziland. (Image: Jill Granberg/via Flickr)

## Variable treatment response among children in poor and middle-income countries

Outcomes for HIV-positive children initiating antiretroviral therapy differ sharply according to region, new research shows.

The study involved over 13,000 children starting antiretroviral therapy in low- and middle-income countries.

The mortality rate 18 months after commencing therapy ranged from 5.5% in West Africa to 9% in Southern Africa.

Low weight, severe anaemia, and a low CD4 cell percentage at the time treatment was started were all associated with an increased risk of death.

Separate research showed that virological failures in children are often missed when monitoring relies on looking for symptoms and checking CD4 cell count.

Just over a third of children in the study had virological failure, and 90% of these developed resistance to anti-HIV drugs.

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# HIV levels soar amongst 'street youth' in Eastern Europe

As many as 40% of young people living on the street in some areas of Eastern Europe are infected with HIV, according to doctors, activists and UNICEF representatives. HIV rates among this group were previously unknown, but studies done over the last five years have revealed a growing epidemic. *Blame and Banishment: The underground HIV epidemic affecting children in Eastern Europe and Central Asia*, a UNICEF report released today, outlines the health, social and economic issues causing both homelessness and HIV infection rates to grow alarmingly amongst young people.



Cover of UNICEF's *Blame and Banishment* report. The image shows Slavik, 12, looking out from the sewer where he lived on the outskirts of Odessa, Ukraine. Photograph by Michal Novotny.

Drug use, sex work, homelessness, weak health systems, and poor family situations are all central to this increase in HIV.

Challenges in addressing the problem include the fact that many young people are hard to find, often criminalised, have low educational levels, can be suspicious of agencies and officials, and may also have mental health problems. They often have difficulty accessing services for both adults and children.

However, organisations are beginning to use innovative approaches to combat HIV with this group, and are seeing some success. Both UNICEF and UNAIDS have pledged that this issue will "become central to global action", according to Michel Sidibé, UNAIDS Executive Director.

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