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Abstract

12th World AIDS Conference, Geneva, June 28 - July 3, 1998

**HIV SEROPREVALENCE AND HIV-1 SUBTYPE E AMONG PREGNANT WOMEN
IN VIENTIANE, LAOS, 1996**

Objective: To estimate HIV seroprevalence among pregnant women in the city of Vientiane.

Design: Cross-sectional serosurvey

Methods: A total of 502 pregnant women were recruited from a government-funded antenatal clinic in Vientiane in 1996. Basic demographic data were collected from questionnaires. Simpli-RED HIV test kits were used as an initial screening test. Seropositivity was confirmed using standard EIA and Western blot. Additional blood specimens were collected from one HIV-seropositive woman, which were analyzed with V3-loop peptide EIAs, direct DNA sequencing of the envelope (*env*) C2-V4 region, and phylogenetic analysis.

Results: The mean age of the participants was 25.2 years. All women reported that they were married. Two of 502 (0.4%, 95% C.I. 0.0%, .95%) were HIV seropositive. The virus from one HIV-seropositive woman was determined to be HIV-1 *env* subtype E and was similar to strains found in Thailand. Subtype E accounts for a large majority of sexually transmitted infections in Thailand. By mid-1990, a total of 6 border points were open to traffic between Laos and Thailand. Hundreds of truck drivers travel regularly between Laos and points in Thailand. An undetermined number of Lao citizens, primarily between the ages of 15 and 30, cross into Thailand during the dry season to seek employment in construction, agriculture, and the service industries. In 1993, a total of 150,000 documented Thai tourists visited Laos.

Conclusion: HIV-1 subtype E has probably spread to Laos from neighboring Thailand, but prevalence among pregnant women in Vientiane is comparatively low. These findings highlight the need to develop and implement HIV prevention strategies to limit HIV transmission in Laos.

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GVLAOS.FIN

Abstract

12th World AIDS Conference, Geneva, June 28 - July 3, 1998

WILLINGNESS TO PARTICIPATE IN AN HIV VACCINE EFFICACY TRIAL AMONG INJECTING DRUG USERS (IDUs) IN BANGKOK, THAILAND

Objectives: To assess willingness to participate in a gp120 bivalent B/E vaccine efficacy trial and to evaluate educational needs and positive motives for and barriers to participation.

Methods: Between 5/95 and 12/96, 1,208 IDUs attending 15 drug treatment clinics in Bangkok were enrolled into a prospective cohort to assess the feasibility of conducting an HIV vaccine trial. In 1997, 193 cohort participants at 5 clinics attended group informational sessions describing a potential efficacy trial of a gp120 vaccine product and completed questionnaires assessing comprehension and willingness to participate. About a week later they completed a follow-up questionnaire that again assessed comprehension and willingness to participate, as well as barriers to and positive motives for participation, who (if anyone) they talked to about the information, and whether others thought participation was a good, bad, or neutral idea.

Results: At baseline 51% were definitely willing to participate, and at follow-up 54%; only 3% were definitely not willing at either point. Baseline comprehension was high (median score = 11 out of 13) and improved at follow-up (median score = 12). In general, participants tended to rank positive motives as "very important" and barriers as "a small problem." Altruism was the motive most frequently cited as "very important" (79%), while the hypothetical possibility that the vaccine might cause disease enhancement was the barrier most frequently cited as "a major problem" (31%). Most (84%) of participants talked to others about the information they received; of these, 69% reported that others generally thought participation was a good idea.

Conclusions: IDUs in Bangkok are able to comprehend satisfactorily the basic issues surrounding a gp120 vaccine efficacy trial and express a high level of willingness to participate in such a trial.

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GVWILL.FIN

Abstract

12th World AIDS Conference, Geneva, June 28 - July 3, 1998

VIRAL LOAD AND CD4 CELL COUNT IN INJECTING DRUG USERS (IDUs) NEWLY INFECTED WITH HIV-1 SUBTYPES B' AND E, BANGKOK

Background: The HIV-1 epidemic that started among Bangkok IDUs in 1988 was initially due to env subtype B' (Thai B), but since then subtype E has increased in prevalence. Since May 1995, HIV-1 seroconvertors have been identified in a prospective cohort study of 1,208 HIV-negative IDUs in Bangkok. We evaluated clinical characteristics of newly infected IDUs to compare infection with subtypes B' and E.

Methods: IDUs completed epidemiologic questionnaires and had HIV EIA testing every 4 months. Following an HIV-positive test, blood was obtained at time 0 and at months 1, 4, 8, 12, etc. Incident HIV-1 strains were characterized by direct DNA sequencing of the C2-V4 envelope region, plasma viral load was determined by Roche Amplicor Monitor v.1.5 testing, and CD4 cell counts were determined by flow cytometry.

Results: By December 1997, 101 IDUs became HIV-1 infected; specimens from 83 were available for analysis: 67 (81%) had subtype E and 16 (19%) had B'. IDUs with E and B' had similar demographic and behavioral characteristics. Geometric mean plasma viral levels (copies/mL) within 4 months of seroconversion were higher for subtype E (120,000) than B' (48,000; $P = 0.05$); however, mean viral levels were more similar 6-12 months after seroconversion for E (69,000) and B' (35,000; $P = 0.2$). Mean CD4 cell counts (cells/ μ L) 6 months post-seroconversion were similar for E (523) and B' (568; $P = 0.4$), as were the rates of CD4 decline during the first year ($P = 0.3$).

Conclusion: The initial post-infection viral peak may be higher for subtype E than for subtype B', but the viral level "set point" and CD4 counts within the first year appear to be similar for IDUs infected with these two subtypes. Continued follow-up of this cohort of IDUs will further define the clinical course of infection with HIV-1 subtypes B' and E.

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Abstract

12th World AIDS Conference, Geneva, June 28 - July 3, 1998

HIV INFECTION AND TB ASSOCIATED WITH INJECTING DRUG USE AND RESISTANT M.tb, BANGKOK, THAILAND

Objectives: To determine HIV seroprevalence among patients with pulmonary tuberculosis (PTB) and compare epidemiologic and clinical characteristics and levels of antimicrobial resistance of M. tuberculosis strains between HIV-positive and HIV-negative PTB patients.

Methods: From June 1995 through July 1996, adults (age ≥ 16 yrs) at Central Chest Hospital with bacteriologically-confirmed PTB were offered voluntary HIV counseling and testing and enrollment into a descriptive study employing questionnaires and clinical examinations. M. tuberculosis strains were tested for antimicrobial susceptibilities using the absolute concentration method on Ogawa medium. A sample of HIV-pos patients with newly diagnosed PTB was evaluated with lymphocyte immunophenotyping.

Results: HIV seroprevalence among 1,091 PTB patients was 22%. History of injecting drug use was more common among HIV-pos (20%) than HIV-neg (3%) patients ($P < 0.001$). On chest x-ray, HIV-pos patients were more likely to have miliary disease (11% vs. 3%, $P < 0.001$) and less likely to have cavitation (35% vs. 66%, $P < 0.001$). Antimicrobial resistance was more common among M. tuberculosis strains from HIV-pos patients ($n = 191$) than from HIV-neg patients ($n = 685$): isoniazid, 12% vs. 4%, $P < 0.001$; rifampicin 10% vs. 3%, $P < 0.001$; ethambutol, 3% vs. 0.1%, $P = 0.002$; and multidrug resistance, 6% vs. 0.4%, $P < 0.001$. Among 83 HIV-pos patients with newly diagnosed PTB, the median CD4 count was 123 cells/ μ l; 55% of HIV-pos patients with PTB had CD4 counts < 200 cells/ μ l.

Conclusions: HIV infection is common among pulmonary TB patients in Bangkok and is associated with injecting drug use and higher levels of M. tuberculosis antimicrobial resistance. These findings underscore an urgent need to assure that tuberculosis patients in Bangkok are offered HIV counseling and testing and treated with adequate and complete courses of antimicrobial agents.

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**CHANGES IN PLASMA VIRAL LOAD RELATED TO SHORT-COURSE
ORAL ZIDOVUDINE (ZDV) DURING LATE PREGNANCY**

Background: ACTG 076 viral load data suggest that ZDV may have only a small effect on viral load. Recent reports suggest that cessation of antiretrovirals may produce a viral load rebound. We investigated changes in plasma viral load related to ZDV as part of a clinical trial of short-course oral ZDV given late in pregnancy.

Methods: Sequential plasma specimens from a consecutive subset of women enrolled in a placebo-controlled clinical trial of oral ZDV (300mg twice daily) beginning at 36 weeks (36W) gestation and every 3 hours during labor were batch tested by RNA PCR (Roche Monitor). Normalized viral load results (log10) at baseline (36W), on study drug (37W, 38W, delivery (DEL)), and 1 month after treatment were compared by t test and paired t test. Groups were coded as "E" and "F", pending the unblinding of the trial.

Results: Of the first 40 women tested, 19 were in group E and 21 were in group F. CD4 counts were comparable in the 2 groups at baseline (median 377 and 373 cells/mm³, P=0.9) and delivery (median 370 and 444 cells/mm³, P=0.97). Median RNA copies/mL at baseline were 41,300 (E) and 32,700 (F)(P=0.99). Mean log10 viral load for the 2 groups was comparable at 36W and 1 month postpartum (1MPP), and, in Group E, was similar throughout late pregnancy and postpartum. In Group F, compared with baseline, there was a mean RNA reduction of 0.5 log at 37W and 0.7 log at 38W and delivery; RNA levels returned to baseline at 1MPP.

Group	n	36W	37W	38W	DEL	1MPP
E	19	4.6	4.6	4.7	4.6	4.6
F	21	4.6	4.1*	3.9*	3.9*	4.6

(*P<0.001, compared with 36W; P<0.01 compared with same week in other group)

Conclusions: Assuming that Group F is receiving ZDV, these data suggest that with short-course oral ZDV treatment late in pregnancy, maternal plasma viral load drops significantly (0.5 log) within the first week of treatment, drops lower at 2-4 weeks of treatment (0.7 log), and then returns to baseline after cessation of treatment, without evidence of a rebound to a higher level at 1 month. The relation of this reduction in viral load to reduction in transmission risk will be determined with further testing and unblinding at the conclusion of the trial, scheduled to occur by March 1998.

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Abstract

12th World AIDS Conference, Geneva, June 28-July 3 1998

RANDOMIZED PLACEBO-CONTROLLED TRIAL OF SHORT-COURSE ORAL ZDV TO REDUCE PERINATAL HIV TRANSMISSION, THAILAND

Background: Many developing countries with high burdens of perinatal HIV infection have not implemented the ACTG 076 regimen because of logistical and cost barriers. If proven safe and effective, a short-course oral zidovudine (ZDV) regimen administered to HIV-infected women late in pregnancy could become a widely implemented minimum alternative regimen for reducing perinatal HIV transmission.

Methods: A randomized, double-blind, placebo-controlled trial is being conducted in Bangkok at Thailand's two largest maternity hospitals. The study regimen is oral ZDV 300mg taken twice daily by HIV+ women beginning at 36 weeks gestation and every 3 hours during labor. No ZDV is given to the newborn. Mothers do not breast-feed, consistent with national guidelines. The target sample size is 392 women (196 in each arm), and has the power ($\alpha=.05$, $\beta=.2$) to detect a 50% decrease in transmission from a presumed background rate of 24%. Infants are tested by DNA PCR at birth, 2 and 6 months. Efficacy is based on estimated transmission rates at 6 months by Kaplan-Meier analysis of time to a positive PCR test. The study is monitored by an independent DSMB.

Results: Full study enrollment was completed from May 1996 through December 1997. Through 1997, there were 382 births (2 sets of twins); 313 children have been followed through 2 months and 222 children through 6 months. The median age of women at enrollment is 24 yrs (range 17-39) and the median CD4+ cell count is 412 cells/ μ L (range 6-1317). The median number of days on study drug before labor is 24 (range 3-58) and the median number of labor doses is 3. Weekly reviews of study drug, pill counts and qualitative interviews indicate a very high level of adherence (>95%) and tolerance. No woman has had to stop study drug. Thus far, more than 95% of expected study visits have been completed and <5% of children have been lost to follow-up.

Conclusions: Full study enrollment was completed in 1997. The study regimen, including the oral labor doses, has been well tolerated and adherence and follow-up have been >95%, suggesting that this short-course regimen would be feasible to implement in Thailand, and perhaps in other developing countries. There were two interim efficacy reviews by the DSMB. We expect to announce nearly final results by March 1998.

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GVAZT.FIN

Abstract

Abstract

12th World AIDS Conference, Geneva, June 28-July 3 1998

CORD BLOOD ZDV CONCENTRATION AFTER INTERMITTENT ORAL ADMINISTRATION DURING LABOR, THAILAND

Background: The ACTG 076 zidovudine (ZDV) regimen to reduce perinatal HIV transmission includes intravenous (IV) ZDV administration during labor, which poses significant logistical and cost barriers in developing countries. Little is known about how well oral ZDV is absorbed and tolerated during labor. We conducted a study to determine the ZDV concentration in cord blood after oral administration during labor.

Methods: As part of an ongoing randomized, double-blinded, placebo-controlled trial of oral ZDV during late pregnancy (300 mg twice daily, beginning at 36 weeks gestation), a 300 mg tablet of ZDV or placebo is administered every 3 hours from the onset of labor to delivery to HIV-infected pregnant women. Umbilical cord blood was assayed for ZDV concentration using a radioimmunoassay with a lower limit of detection of 0.115 ng/mL (with sample dilution, 2.41 ng/mL). We evaluated the association of ZDV concentration and treatment group, time since last dose, number of labor doses, body weight, and other delivery factors.

Results: The first 145 women who delivered were included in this analysis. All women received at least one dose during labor (median=4). Only 1 woman had problems taking the oral labor drug, due to nausea and vomiting. No ZDV was detected in the cord blood of women who received placebo. All 72 women in the treatment arm had detectable ZDV. For these women, the median time between last dose and delivery was 86 minutes, and 94% of women had their last dose within 3 hours of delivery. The median ZDV concentration was 330 ng/mL (range, 7-1391). ZDV concentration was correlated with number of labor doses received ($P=0.01$), but the range was wide. ZDV concentration possibly was associated with the interval between last labor dose and delivery ($P=0.06$), but not with use of other drugs during labor, mode of delivery, body weight, or duration of prenatal ZDV treatment.

Conclusions: Oral administration of ZDV during labor was tolerated well and appears to be a practical component of a ZDV regimen, in place of IV ZDV administration, for reducing perinatal HIV transmission in developing countries. The mean ZDV cord blood concentration was in the therapeutic range, and the range of concentrations observed was similar to that reported following intermittent IV administration. Associations between transmission and cord blood concentration will be analyzed at the completion of the trial, in March 1998.

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Abstract

Abstract

12th World AIDS Conference, Geneva, June 28 - July 3, 1998

HIV-SPECIFIC CYTOTOXIC T LYMPHOCYTES (CTLs) IN THAI EXPOSED UNINFECTED (EU) FEMALE SEX WORKERS (FSWs) ARE DIRECTED TO MULTIPLE REGIONS OF HIV-1 SUBTYPE E.

Background: The mechanisms by which individuals who are highly exposed to HIV but remain uninfected (EU) are poorly understood. Previous studies have identified HIV-specific CTLs and non-expression of CCR5 as factors. We investigated the importance of these factors in explaining apparent resistance to HIV in a cohort of EU FSWs in northern Thailand, a region where HLA-A11 and HLA-A2 are the dominant HLA types.

Methods: FSWs were defined as EU if they had worked ≥ 3 years in high-risk brothels, were HSV-2 and syphilis positive, and were repeatedly HIV-seronegative and HIV PCR-negative. HIV-negative and unexposed persons from northern Thailand of similar HLA-A types were used as controls. Frozen PBMC were stimulated *in vitro* with 15 HIV subtype E CTL epitopes identified in previous studies of HLA A11, A2 positive or A24 positive subtype E, HIV infected individuals from Thailand. CTL assays were performed at effector to target ratios of 60:1, 30:1 or 10:1 using individual peptides or peptide pools. A positive response was defined as lysis of ^{51}Cr -labelled peptide-pulsed autologous B cell lines at a level of $\geq 10\%$ over that of the non-pulsed targets. Presence or absence of the D32 CCR5 polymorphism was determined by PCR.

Results: Five of 8 EU FSWs had positive CTL responses to peptides from HIV-1 subtype E. Some reactivity was to epitopes conserved between E and B subtypes. In 4 of 6 HLA-A11 positive persons reactivity was most often seen to *nef* (3 persons), *pol* (2 persons) and *env* (2 persons) and less frequently to *gag* (1 person). One of two non-HLA-A11 positive EU FSWs recognized an HLA-A24 *gag* epitope. No CTL reactivity was observed in 9 unexposed controls and all EU FSWs and unexposed controls lacked the D32 CCR5 polymorphism.

Conclusions: These data suggest that, in the absence of HIV receptor abnormalities which prevent cellular infection, exposed individuals may remain uninfected or may clear HIV infected cells through the effects of HIV specific CTL. These data also emphasize the importance of CTL induction as a desirable component of a protective HIV-vaccine induced response.

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GVCTL.FIN

Abstract

12th World AIDS Conference, Geneva, June 28 - July 3, 1998

GENETIC CHARACTERIZATION OF INCIDENT HIV-1 SUBTYPE B AND E STRAINS FROM INJECTING DRUG USERS (IDUs), BANGKOK, THAILAND.

Background: The initial 1988 epidemic among IDUs in Bangkok was largely due to envelope (env) subtype B' (Thai B) strains, but subtype E has increased in prevalence in recent years. Since 1995, HIV-1 seroconverting IDUs have been identified in a prospective cohort study to determine the feasibility of conducting an HIV vaccine efficacy trial in this setting. Genetic characterization of these strains is required for the design of candidate HIV-1 vaccines.

Method: HIV-negative IDUs (n = 1,208) were evaluated by HIV EIA testing every 4 months. Following an HIV-positive test, blood was obtained at time 0 and months 1, 4, 8, 12, etc. Samples from each seroconverter during 1995-97 were characterized for HIV-1 subtype from env region DNA amplified either from lysed PBMCs or reverse-transcribed RNA from plasma. Viral subtypes were determined by phylogenetic analysis of 345 bases in the C2-V4 region of gp-120.

Results: Through December 1997, 101 IDUs became HIV-1 infected. Of 78 samples analyzed to date, 63 (81%) were subtype E strains and 15 (19%) were subtype B. All subtype B strains clustered with B' (Thai B) strains. The mean intra-subtype nucleotide divergence for subtype E was 6.96% (range, 0.30-13.65) and for subtype B was 15.33% (range, 3.64-29.25). The mean divergence between the two subtypes was 28.90% (range 19.27-45.92). The GPGQ motif at the crown of the V3 loop was present in 58 (92%) of 63 subtype E strains; other motifs were GPGR (2), GPGK (2), and GPGE (1). The V3 crown displayed greater variation among subtype B strains: GPGR (6 of 15), GQGR (4), GPGQ (3), and GLGR (2).

Conclusions: HIV-1 subtype E accounted for a majority of new infections among Bangkok IDUs in 1995-97; all subtype B strains were B' (Thai B). Subtype E strains displayed limited genetic diversity in the env region; while subtype B' strains were more diverse than previously described. An HIV-1 vaccine evaluated in this population would be challenged by two HIV-1 subtypes.

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Abstract

12th World AIDS Conference, Geneva, June 28 - July 3, 1998

PERCEPTIONS OF HIV TRANSMISSION RISK AMONG REGULAR PARTNERS AND PROSPECTS FOR THE EVALUATION AND USE OF VAGINAL MICROBICIDES IN NORTHERN THAILAND

Objective: For many women in Thailand, the most substantial risk for HIV infection is sexual transmission from their husband or regular partner. We sought to investigate women's perception of such risk, husband's HIV risk behavior (particularly in the peripartum period), and women's and men's attitudes toward the clinical evaluation and use of vaginal microbicides to limit sexual HIV transmission between regular partners.

Methods: In Chiangrai, 8 focus group discussions (FGDs) with women, and 8 FGDs with men were conducted, each with 6-8 participants. In-depth interviews were conducted with 40 women and 40 men. The women for these FGDs and interviews were identified through antenatal and post-partum care clinics. The men were selected to represent a range of occupations, and each was married to a woman of reproductive age.

Results: Findings indicate that women perceived they were at risk for HIV on the basis of the husband's sexual behavior. Both men and women reported low levels of marital condom use and expressed considerable interest in the potential use of vaginal microbicides. They described a peri-partum sexual abstinence norm and said it is possible that men may seek alternative sex partners during this period. Both men and women reported that use of microbicides should be discussed among partners and expressed many concerns that must be addressed before trial enrollment. Paramount among these would be providing a better understanding of the research process, accurately describing the safety profile of the products to be tested, and designing trial logistics that minimize disruption of the women's daily schedule.

Conclusion: Both men and women recognized women's risk of HIV and expressed considerable interest in the potential use of vaginal microbicides. Important factors influencing a woman's decision to use a microbicide include its safety and side effect profile, its effectiveness for preventing HIV infection, the cost of the product, and their husband's consent. Men shared many of these concerns and expressed a willingness to support their partner's participation in microbicides efficacy testing.

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Abstract

12th World AIDS Conference, Geneva, June 28 - July 3, 1998

HIV-1 INCIDENCE, SUBTYPES, AND FOLLOW UP IN A PROSPECTIVE COHORT OF INJECTING DRUG USERS (IDUs) IN BANGKOK, THAILAND

Background: Despite various interventions, HIV-1 transmission rates among Bangkok IDUs have remained high since 1988. An effective HIV-1 preventive vaccine may be needed to reduce new infections in this population. To obtain baseline data for a possible vaccine efficacy trial, a prospective cohort of IDUs was established to determine rates of successful follow-up, HIV-1 incidence, and risk factors for seroconversion and to characterize infecting HIV-1 strains.

Methods: From 05/95-12/96, IDUs attending 15 Bangkok Metropolitan Administration drug treatment clinics were screened, and HIV-negative IDUs were offered enrollment, with informed consent, into the cohort. HIV testing and counseling and interviews on demographics, drug use, and sexual behaviors were conducted at enrollment and scheduled every 4 months. Most IDUs were treated with methadone. For HIV-1 seroconversions, infecting HIV-1 subtypes were determined by direct DNA sequencing of the C2-V4 envelope region.

Results: Of 3,614 IDUs screened, 30.2% were HIV positive. Of 1,208 HIV-negative IDUs enrolled, 70% were successfully followed-up at 12 months (809 of 1,162 due for follow up through 12/15/97). One-hundred and one IDUs had seroconverted after 1,240 person-years (PYs) of observation (incidence = 8.1/100 PYs; 95% CI = 6.6-9.7). Of 82 HIV-1 specimens available for sequencing, 67 (82%) were subtype E and 15 (18%) were subtype B' (Thai B). Factors associated with HIV seroconversion in a proportional hazard model were daily heroin injection (RR = 3.6, 95% CI = 1.9 - 6.9, referent: no injection); being incarcerated and injecting (RR = 4.1, 95% CI = 2.3 - 7.4, referent: not incarcerated); being incarcerated but not injecting (RR = 1.9, 95% CI = 1.1-3.3, referent: not incarcerated); and being female (RR = 2.0, 95% CI = 1.1-3.6).

Conclusion: Bangkok IDUs remain at high risk for HIV despite active interventions. An HIV vaccine efficacy trial seems feasible in this setting and could evaluate protection against HIV-1 subtypes B' and E.

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RNA AND DNA PCR FOR EARLY DIAGNOSIS OF INFANTS BORN TO HIV-INFECTED MOTHERS, THAILAND

Background: A comparison of RNA and DNA PCR testing on infants born to HIV-infected mothers may offer new insights into optimal early diagnosis strategies, timing of vertical transmission, and early disease progression.

Methods: Promptly processed infant plasma specimens were collected at birth (within 2 days of birth), 2 months and 6 months in an ongoing clinical trial of late, oral maternal zidovudine treatment for HIV-infected mothers to reduce perinatal HIV transmission. These samples were tested prospectively by qualitative DNA PCR (Roche AMPLICOR HIV-1 TEST) and later batch tested by quantitative RNA PCR (Roche AMPLICOR HIV-1 MONITOR TEST, version 1.5). The RNA assay had a lower quantitative detection limit of 400 copies/mL. Results were compared with known final infection outcome of the infants. For infected infants, RNA results at different time points were compared by paired t test.

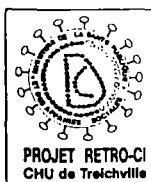
Results: Most infections (93%) were HIV-1 subtype E. The DNA test sensitivity was 32% at birth (13/41), and 100% at 2 months (41/41) and 6 months (25/25). By RNA testing, 42% were positive at birth (17/39) and 100% were positive at both 2 and 6 months. All samples that tested DNA positive tested RNA positive. For uninfected infants, there were no false positive tests, including 287 DNA and 50 RNA PCR tests of birth samples. Among infected infants, the mean log¹⁰ viral load (copies/mL) was 3.8 at birth (5.4 for those RNA-positive), 6.6 at 2 months, and 6.3 at 6 months; 25% of 2 and 6 month samples had >5 million RNA copies/mL. RNA levels were higher at 2 and 6 months than at birth ($P < 0.001$), and 2-month levels were higher than 6-month levels ($P = 0.02$).

Conclusion: In testing to date, the AMPLICOR DNA and RNA PCR assays detected 32% and 42% of infected infants at birth and 100% at 2 months of age. Both assays were 100% specific. Infected infants had extremely high viral loads in the first 6 months, with highest levels at 2 months. RNA PCR may offer slightly increased sensitivity over DNA PCR for diagnosis at birth and yields valuable information on early viral dynamics.

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*Projet RETRO-CI Abstracts submitted to the 12th World AIDS Conference -
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Distribution of HIV-1 subtypes among HIV-1 positive tuberculosis (TB) patients in the interior of Côte d'Ivoire

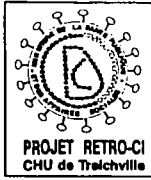
Objective: To describe the distribution of genetic subtypes of HIV-1 strains in different regions of Côte d'Ivoire.

Methods: Plasma and peripheral blood mononuclear cells (PBMC) were obtained from HIV-1-seropositive TB patients in all the TB outpatient clinics in the interior of Côte d'Ivoire including Abengourou (n= 27), Bouake (n=49), Daloa (n=24), Korhogo (n=31), Gagnoa (n=12), and Man (n=29). Plasma samples were tested by a V3-loop peptide enzyme immunoassay (PEIA) that uses consensus synthetic V3-loop peptides derived from subtype A strains from Abidjan, and other HIV-1 subtypes (B, C, D, E, F, G) within group M viruses, and one HIV-1 group O peptide. PBMC were tested by a restriction fragment length polymorphism (RFLP) assay that involves a sequential endonuclease digestion of a 297-base pair PCR fragment using AluI, BclI, and ScaI to segregate the HIV-1 viral strains into distinct subtypes. DNA sequencing of the protease or env genes was performed on all samples discordant in the two assays as well as a random sample of the concordant samples.

Results: Of the 171 specimens, three were PCR-negative and 168 PCR-positive. Of the PCR-positive samples 147 (88%) were classified as subtype A by RFLP and 21 were untypeable. Of the 147 RFLP subtype A samples, 137 (93%) were subtyped A by PEIA, three, two, and five were classified as subtype C, D, and F by PEIA, respectively. All 21 untypeable samples were subtype A by both PEIA and by protease sequencing. Sequencing of the env gene classified the 10 PEIA non-subtype A samples as three As, two Ds and five Gs. Sequencing of a subset of 10 concordant samples confirmed them all as subtype A. Therefore, 161 (91%) of the specimens were env subtype A, two env subtype D and five env subtype G.

Conclusions: As in Abidjan, the vast majority of HIV-1 infected TB patients throughout the Côte d'Ivoire interior are infected with subtype A. A combination of PEIA and RFLP assays can rapidly and accurately subtype a majority of HIV-1 samples thereby greatly reducing the need to perform DNA sequencing.

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Abstract

12th World AIDS Conference, Geneva, June 28 - July 3, 1998

ENHANCED PRODUCTION OF MONOCYTE-DERIVED SUPPRESSIVE FACTORS BY HIV EXPOSED, UNINFECTED (EU) INDIVIDUALS

Background: The mechanisms by which highly HIV-exposed individuals remain uninfected are largely unknown and may involve the production of soluble factors capable of suppressing post-integrated HIV replication.

Design: Cross-sectional, controlled study

Methods: Peripheral blood mononuclear cells (PBMCs) from 8 highly HIV-exposed, uninfected (EU) female sex workers (FSWs), 9 HIV-positive FSWs, and 9 HIV-negative, low-risk individuals in northern Thailand were separated into CD4+, CD8+, CD14+, and CD19+ cellular fractions by positive selection. PHA-stimulated culture supernatants were collected every 24 h and analyzed for their ability to suppress the activation of post-integrated HIV replication using chronically infected cell lines of myeloid (OM-10.1) and T-cell (ACH-2) lineages.

Results: Supernatants derived from the culture of EU PBMCs demonstrated a marked capability to suppress HIV replication in the chronically infected myeloid cell bioassay. Although individual variation was evident, overall EU cultures produced higher levels of suppressive factors than did HIV-negative control cultures (mean % inhibition = 49% vs. 14%, respectively; $P = 0.003$). Production of suppressive factors was similar for EU cultures and HIV-positive cultures. The majority of suppressive activity was attributable to monocyte-derived (CD14+) factors and was maximally produced 48 h after in vitro stimulation. Little or no suppression was evident in CD8-derived supernatants, even in a bioassay with chronically infected T-cells.

Conclusions: Monocyte-derived factors that suppress post-integrated HIV expression could represent a new class of soluble regulators. Enhanced production of these factors by EU individuals may be a consequence of chronic immune stimulation. Although the production of soluble factors capable of suppressing HIV replication cannot fully explain the mechanism of protection from infection, when combined with other local and systemic viral specific and nonspecific responses, an ability to abort HIV infection may result.

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Abstract

12th World AIDS Conference, Geneva, June 28 - July 3, 1998

SURVEILLANCE TRENDS OF HIV-1 SUBTYPES B' AND E THROUGHOUT THAILAND, 1992-1997

Objective: To describe geographic and temporal trends of HIV-1 subtypes B' (Thai B) and E among persons with heterosexual risk and injecting drug users (IDUs).

Design: Multiple cross-sectional surveys.

Methods: Unlinked HIV-positive serum specimens were collected from persons with heterosexual risk (STD patients, antenatal clinic patients, female sex workers) and IDUs during the 1992, 1993, 1995 and 1997 sentinel surveillance surveys conducted in 12 provinces in the 4 regions of Thailand (north, northeast, central and south). All blood samples were screened by EIA for HIV-1 at the provincial sites. HIV-positive samples were sent to the HIV/AIDS Collaboration for a supplemental EIA and HIV-1 subtype determination by V3-loop peptide enzyme immunoassay (PEIA).

Results: Of 1202 HIV-positive specimens, 1142 (95%) were subtyped as B' or E, and 60 specimens (5%) were nontypeable and excluded from the analysis (42 were non-reactive and 18 were dually reactive). Among 800 heterosexuals, 767 (96%) had subtype E and 33 (4%) had B'. Among 342 IDUs, 198 (58%) had E and 144 (42%) had B'. IDUs from the north and northeast of Thailand had predominately subtype E (81%) with no significant trends over time. From 1992 to 1997, the proportion of IDUs with subtype E increased from 25% to 61% ($P=0.001$) in the central region and from 15% to 41% ($P=0.004$) in the south.

Conclusion: HIV-1 subtype E accounts for more than 95% of sexually acquired infections in Thailand and a growing proportion of infections among IDUs. This shift from B' to E among IDUs may be due to a combination of epidemiologic and virologic factors. Prospective studies of IDUs in Thailand should help to clarify this molecular epidemiologic trend.

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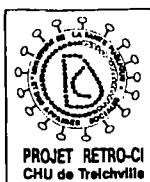
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HIV-1 RNA Viral Load and CD4 Counts before and after tuberculosis (TB) therapy in HIV-Infected TB Patients in Abidjan, Côte d'Ivoire.

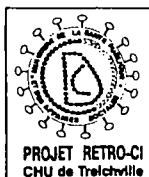
Objectives: To compare HIV-1 RNA viral load and CD4 counts in HIV-infected tuberculosis (TB) patients at onset and one year after initiation of anti-TB therapy.

Methods: As part of an ongoing cotrimoxazole prophylaxis trial in HIV-infected patients with pulmonary TB, plasma specimens obtained at onset and 12 months after the start of anti-TB treatment were selected from 10 HIV-1 and 10 HIV-1/2 dually reactive (HIV-D) patients with newly diagnosed, sputum-culture confirmed (Bactec media) *M. tuberculosis* pulmonary infection. Plasma HIV-1 RNA viral load was quantified by the modified HIV-1 Amplicor Monitor assay (Roche Diagnostics) and CD4 lymphocytes were enumerated by standard flow cytometry. All patients received a standard regimen of 2 months Rifampin, Isoniazid and Pyrazinamid, followed by 4 months of Rifampin and Isoniazid.

Results: The mean age of the 20 patients was 38 years (range 21-57); 70% were male. All but one patient were sputum-culture negative at 9 months of follow-up. No significant differences were found in the mean $\log_{10}$ HIV-1 RNA viral load and CD4 count between HIV-1 and HIV-D seropositive patients. At the start of anti-TB therapy, the 20 patients had a mean $\log_{10}$ HIV-1 RNA viral load of 4.80 $\log_{10}$ copies/ml (range 3.34-6.30) and a mean CD4 count of 399 cells/ μ l (range 94-786). Twelve months later, the mean $\log_{10}$ HIV-1 viral load had increased to 5.26 copies/ml (range 4.07-6.70; $P=0.01$) and the mean CD4 count had decreased to 362 cells/ μ l (range: 31-801; $P=0.1$). Interestingly, the one patient who had the highest increase in viral load (1.75 $\log_{10}$) failed TB therapy and had a persistently positive *M. tuberculosis* culture at 9 months.

Conclusions: In this population of HIV-infected TB patients, HIV-1 viral load increased significantly between onset of anti-TB therapy and 12 months later despite successful completion of anti-TB therapy.

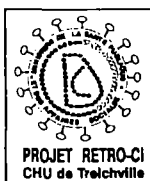
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*Projet RETRO-CI Abstracts submitted to the 12th World AIDS Conference -
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Trends in condom use between 1991 and 1997 and obstacles to 100% condom use in female sex workers (FSW) in Abidjan, Côte d'Ivoire.

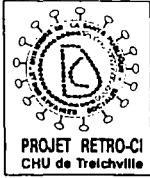
Objective: To describe trends in reported condom use by FSW between 1991 and 1997, to study the impact of targeted interventions on condom use, and to identify obstacles to condom use by FSW in Abidjan in 1997.

Methods: Since 1991 the Ivorian Ministry of Health program has sponsored an HIV/AIDS prevention campaign targeted at FSW that includes group health education sessions in sex work sites, peer education, and referral of FSW to a confidential STD/HIV clinic that offers health education, STD diagnosis and treatment, HIV counseling and testing. In 1991, 1993, 1995 and 1997 community-based surveys were conducted among Abidjan female sex workers. During the survey questions were asked about condom use with the last client, attendance at the education sessions and the clinic, and in 1997, about obstacles to condom use.

Results: Reported condom use with the last client was 63% in 1991 (N=294), 78% in 1993 (N=602), 76% in 1995 (N=828) and 91% in 1997 (N=500) ($p<0.05$; test for trend). Condom use was more frequent among women who had attended community health education sessions than among those who had not attended (90% vs 72% in 1993 and 81% vs 73% in 1995; $p<0.05$). Condom use with the last client was also more frequent among women who had attended the clinic than among those who had not attended (91% vs 77% in 1993; 87% vs 72% in 1995; 95% vs. 89% in 1997; all $p<0.05$). In 1997 condom use was less frequent in women working in high class hotels and night clubs compared with women working in other types of sites (71% vs 92%; $p<0.05$) and in Ivorian women compared with other nationalities (87% vs 94%; $p<0.05$). The most frequently cited reason for not using condoms was the client's refusal (40%), followed by failure of the sex worker to propose condom use (32%) and non-availability of a condom (28%).

Conclusion: Condom use among FSW in Abidjan has increased dramatically between 1991 and 1997 and is associated with exposure to a targeted intervention program. It is important to continue targeted prevention efforts comprising community-based and clinic-based activities, and to extend these to clients of sex workers.

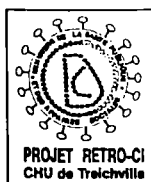
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Projet RETRO-CI Abstracts submitted to the 12th World AIDS Conference -
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Assessment of eligibility for antiretroviral therapy among HIV-infected patients attending selected outpatient clinics in Abidjan, Côte d'Ivoire

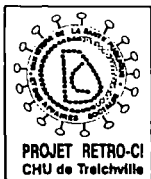
Background: In 1998, up to 3,000 HIV-infected persons in Côte d'Ivoire are scheduled to receive antiretroviral (ARV) therapy as a part of a UNAIDS-sponsored pilot program. Treatment guidelines have been established but no information is available on the proportion of patients who will meet the recommended biologic eligibility criteria of plasma viral load (VL) $\geq 10,000$ copies/ml or VL $< 10,000$ copies/ml but CD4 $< 500/\mu\text{l}$.

Methods: Questionnaire data, physical examination and blood samples for CD4 count and HIV plasma viral load were obtained from HIV-infected patients attending several outpatient clinics in Abidjan including a prenatal clinic (n=48), a confidential STD clinic for female sex workers (n=50), a follow-up clinic for HIV-infected former blood donors (n=36) and an ambulatory tuberculosis treatment center (n=50). Clinical disease staging was assessed by the WHO criteria, CD4 lymphocytes enumerated by flow cytometry and plasma viral load quantified by the Amplicor Monitor assay (Roche).

Results:	<u>Pregnant women</u>	<u>Former blood donors</u>	<u>Sex Workers</u>	<u>TB</u>
<u>patients</u>				
	(n=48)	(n=36)	(n=50)	(n=50)
% VL $\geq 10,000$ copies/mL	35	47	26	66
% VL $< 10,000$ copies/mL but CD4 $< 500/\mu\text{l}$	16	33	40	16
% eligible for ARV therapy	52	80	66	82
% eligible and asymptomatic (WHO stage 1)	23	36	14	0

Conclusion: A majority of HIV-infected patients attending selected outpatient clinics in Abidjan would be potentially eligible for ARV therapy. Since a significant proportion of these patients are asymptomatic, the WHO clinical staging system can not be used to reliably define patient eligibility.

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Abstract

12th World AIDS Conference, Geneva, June 28 - July 3, 1998

CLINICAL AND IMMUNOLOGIC SPECTRUM OF DISEASE AMONG 2261 HIV-1-INFECTED PATIENTS AT A HOSPITAL IN BANGKOK

Background: The clinical spectrum of HIV infection, effect of opportunistic infections (OIs), and differences in pathogenesis associated with HIV-1 subtypes have been incompletely defined in Asia. Such information is critical in improving the lives of HIV-infected persons in Asia through preventive, therapeutic, and eventual vaccine interventions. We describe the clinical and immunologic presentations, including differences by subtype, of HIV-1-seropositive patients on their first admission to a hospital in Bangkok.

Methods: From 11/93 through 6/96, inpatients (≥ 14 years) at an infectious disease hospital received HIV counseling and testing. Demographic, clinical, and laboratory data were collected by enhanced surveillance.

Results: Of 10,876 admitted patients, 2261 (20.8%) were found to be HIV-positive. Of these, 1926 (85.2%) were male, 1942 (85.9%) were infected sexually or by non-drug-related means, 319 (14.1%) were injecting drug users (IDUs), and 1491 (65.9%) had AIDS. The most common AIDS-defining conditions were extrapulmonary cryptococcosis (EPC) (40.0%), tuberculosis (TB) (39.0%), and wasting syndrome (WS) (8.5%). IDUs were more likely ($p < 0.05$) to have TB and WS but less likely ($p < 0.05$) to have EPC and *Pneumocystis carinii* pneumonia. Lymphocyte counts were measured in 2047 (90.5%) patients; 81.8% had ≤ 1500 lymphocytes/ μ L. HIV-1 subtype was determined for 2116 (93.6%) patients; 86.5% had subtype E, and 13.5% had B. Among sexually infected patients, 1734 (95.3%) had subtype E, and 86 (4.7%) had B. Among IDUs, 199 (67.2%) had subtype B, and 97 (32.8%) had E. We compared patients with subtype B and those with E for differences in principal OIs, lymphocyte count, and, when available, CD4 counts by using multivariate analysis controlled for sex and age, for all patients and for IDUs only. The only difference between subtypes was that E was more associated with EPC (odds ratio = 2.5; 95% confidence interval, 1.40-4.43).

Conclusion: In the HIV-infected Bangkok population studied, the frequencies of OIs for IDUs and non-IDUs differed. However, contrary to preliminary results, HIV-1 subtypes B and E seem to be associated with similar degrees of immune suppression and, with one exception, with similar OI patterns.

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Abstract

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NEW HLA-A11 HIV-1 SUBTYPE E CYTOTOXIC T LYMPHOCYTE (CTL) EPITOPES IDENTIFIED IN STUDIES OF THAI HIV-INFECTED FEMALE SEX WORKERS

Background: No data are available regarding the CTL epitopes recognized by HIV-1 subtype E infected individuals while many CTL epitopes have been identified for HIV-1 subtype B. In regions where subtype E predominates, such as Thailand and much of Southeast Asia, HLA-A11 is found in 30-50% of persons. Using a peptide-based approach, we determined HIV-1 subtype E CTL epitopes in 11 HLA-A11-positive female sex workers from northern Thailand who were subtype E HIV infected.

Methods: Possible 9-10 amino acid HLA-A11-binding CTL epitopes were predicted in sequences of CM243 and 93TH253 subtype E strains using the computer-based prediction program EpiMatrix. HLA-A11 binding of these peptides was determined in a flow cytometric T2-HLA-A11 stabilization assay. Of those tested, 22 bound and were considered candidate A11 CTL epitopes. PBMC from HIV infected donors were expanded with these peptides in the presence of IL-2 and IL-7 and were tested for reactivity in CTL assays using peptide-pulsed ⁵¹Cr-labelled autologous B cell lines at effector to target ratios of 60:1, 30:1 and 10:1. A positive response was defined as lysis of peptide-pulsed targets at a level of $\geq 10\%$ over that of the non-pulsed targets.

Results: HLA-A11-restricted HIV-specific CTL reactivity was detected in 8 of 11 HIV-infected persons to pol (7 of 8), env (5 of 8), gag (3 of 8) and nef (5 of 8). Six pol, 6 env, 1 gag, and 2 nef A11 epitopes were recognized, some of which were conserved between HIV-1 subtypes B and E, while others had one or more amino acid differences between subtypes. The regions containing all 5 previously known HLA-A11 subtype B CTL epitopes were recognized, although substitutions were observed in some cases.

Conclusions: Some HIV-1 subtype E-infected persons in Thailand recognize regions of HIV not previously known as HLA-A11 CTL epitopes; some recognize known CTL epitopes that are conserved between subtypes B and E. These data suggest that some existing HIV-1 vaccines may be immunogenic across genetic envelope subtypes while the identification of new immunogenic regions in HIV-1 may permit the improvement of existing or the development of new HIV vaccines for Southeast Asia.

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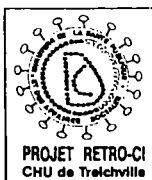
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*Projet RETRO-CI Abstracts submitted to the 12th World AIDS Conference -
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Study drug adherence and tolerance within a randomized clinical trial to evaluate a short-course regimen of zidovudine to reduce mother-to-child transmission of HIV-1 in Abidjan, Côte d'Ivoire

Objective: To evaluate adherence and tolerance to a self-administered prenatal and intrapartum drug regimen by HIV-1-positive women enrolled in a randomized clinical trial to evaluate a short-course zidovudine (ZDV) regimen to reduce mother-to-child transmission of HIV-1 in Abidjan, Côte d'Ivoire.

Methods: Since April 1996, all consenting, eligible HIV-1-positive pregnant women attending a public antenatal clinic in Abidjan are enrolled at 36 weeks gestation and are randomized to receive either ZDV (300 mg tablets) or placebo. Women are instructed to take 1 tablet of study drug twice daily until the onset of labor, 1 tablet loading dose at the onset of labor, and then 1 tablet every three hours until delivery. Study drug adherence (number of tablets taken/expected number) is assessed by questionnaire and pill counts at biweekly prenatal visits and at delivery, while tolerance to study drug is assessed by questionnaire, physical examination and laboratory evaluation.

Results: To date, 272 HIV-1 seropositive women have been enrolled (mean age 26 years, range 15-42). Among the 259 women who have delivered, the median duration of prenatal drug regimen was 26 days (range 1-80 days). The overall median study drug adherence during the prenatal period was 93% (range 29%-100%). The median duration of labor was 10 hours (range 1-44 hours); 11.6% of women delivered at home and 41% of women delivering in the clinic spent <1 hour in the delivery room. 82.2% (63.3% for home and 87.6% for clinic deliveries) of women took the loading dose at onset of labor. Median intrapartum study drug adherence was 37% (10% for home and 43% for clinic deliveries), while 17.4% of the women took no study drug during labor and only 5.4% took all of the expected intrapartum dose. Tolerance to the drug regimen has been excellent; with no permanent and only three temporary study drug interruptions due to clinical or laboratory adverse events.

Conclusion: Adherence to self-administered oral study drug by HIV-1-infected pregnant women is excellent during the prenatal period, is good for the oral loading dose at the onset of labor, but relatively poor for the remainder of the intrapartum period; while tolerance is excellent. If this ZDV regimen proves effective, it will be critical to gain a better understanding to the barriers to intrapartum adherence.

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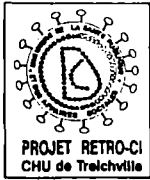
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Abstract

12th World AIDS Conference, Geneva, June 28 - July 3, 1998

VIRAL LOAD AND CD4 CELL COUNT IN INJECTING DRUG USERS (IDUs) NEWLY INFECTED WITH HIV-1 SUBTYPES B' AND E, BANGKOK

Background: The HIV-1 epidemic that started among Bangkok IDUs in 1988 was initially due to env subtype B' (Thai B), but since then subtype E has increased in prevalence. Since May 1995, HIV-1 seroconvertors have been identified in a prospective cohort study of 1,208 HIV-negative IDUs in Bangkok. We evaluated clinical characteristics of newly infected IDUs to compare infection with subtypes B' and E.

Methods: IDUs completed epidemiologic questionnaires and had HIV EIA testing every 4 months. Following an HIV-positive test, blood was obtained at time 0 and at months 1, 4, 8, 12, etc. Incident HIV-1 strains were characterized by direct DNA sequencing of the C2-V4 envelope region, plasma viral load was determined by Roche Amplicor Monitor v.1.5 testing, and CD4 cell counts were determined by flow cytometry.

Results: By December 1997, 101 IDUs became HIV-1 infected; specimens from 83 were available for analysis: 67 (81%) had subtype E and 16 (19%) had B'. IDUs with E and B' had similar demographic and behavioral characteristics. Geometric mean plasma viral levels (copies/mL) within 4 months of seroconversion were higher for subtype E (120,000) than B' (48,000; $P = 0.05$); however, mean viral levels were more similar 6-12 months after seroconversion for E (69,000) and B' (35,000; $P = 0.2$). Mean CD4 cell counts (cells/ μ L) 6 months post-seroconversion were similar for E (523) and B' (568; $P = 0.4$), as were the rates of CD4 decline during the first year ($P = 0.3$).

Conclusion: The initial post-infection viral peak may be higher for subtype E than for subtype B', but the viral level "set point" and CD4 counts within the first year appear to be similar for IDUs infected with these two subtypes. Continued follow-up of this cohort of IDUs will further define the clinical course of infection with HIV-1 subtypes B' and E.

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Abstract

12th World AIDS Conference, Geneva, June 28 - July 3, 1998

HIV INFECTION AND TB ASSOCIATED WITH INJECTING DRUG USE AND RESISTANT M.tb, BANGKOK, THAILAND

Objectives: To determine HIV seroprevalence among patients with pulmonary tuberculosis (PTB) and compare epidemiologic and clinical characteristics and levels of antimicrobial resistance of M. tuberculosis strains between HIV-positive and HIV-negative PTB patients.

Methods: From June 1995 through July 1996, adults (age $\geq$ 16 yrs) at Central Chest Hospital with bacteriologically-confirmed PTB were offered voluntary HIV counseling and testing and enrollment into a descriptive study employing questionnaires and clinical examinations. M. tuberculosis strains were tested for antimicrobial susceptibilities using the absolute concentration method on Ogawa medium. A sample of HIV-pos patients with newly diagnosed PTB was evaluated with lymphocyte immunophenotyping.

Results: HIV seroprevalence among 1,091 PTB patients was 22%. History of injecting drug use was more common among HIV-pos (20%) than HIV-neg (3%) patients ($P < 0.001$). On chest x-ray, HIV-pos patients were more likely to have miliary disease (11% vs. 3%, $P < 0.001$) and less likely to have cavitation (35% vs. 66%, $P < 0.001$). Antimicrobial resistance was more common among M. tuberculosis strains from HIV-pos patients ($n = 191$) than from HIV-neg patients ($n = 685$): isoniazid, 12% vs. 4%, $P < 0.001$; rifampicin 10% vs. 3%, $P < 0.001$; ethambutol, 3% vs. 0.1%, $P = 0.002$; and multidrug resistance, 6% vs. 0.4%; $P < 0.001$. Among 83 HIV-pos patients with newly diagnosed PTB, the median CD4 count was 123 cells/ μ l; 55% of HIV-pos patients with PTB had CD4 counts < 200 cells/ μ l.

Conclusions: HIV infection is common among pulmonary TB patients in Bangkok and is associated with injecting drug use and higher levels of M. tuberculosis antimicrobial resistance. These findings underscore an urgent need to assure that tuberculosis patients in Bangkok are offered HIV counseling and testing and treated with adequate and complete courses of antimicrobial agents.

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CHANGES IN PLASMA VIRAL LOAD RELATED TO SHORT-COURSE ORAL ZIDOVUDINE (ZDV) DURING LATE PREGNANCY

Background: ACTG 076 viral load data suggest that ZDV may have only a small effect on viral load. Recent reports suggest that cessation of antiretrovirals may produce a viral load rebound. We investigated changes in plasma viral load related to ZDV as part of a clinical trial of short-course oral ZDV given late in pregnancy.

Methods: Sequential plasma specimens from a consecutive subset of women enrolled in a placebo-controlled clinical trial of oral ZDV (300mg twice daily) beginning at 36 weeks (36W) gestation and every 3 hours during labor were batch tested by RNA PCR (Roche Monitor). Normalized viral load results (log10) at baseline (36W), on study drug (37W, 38W, delivery (DEL)), and 1 month after treatment were compared by t test and paired t test. Groups were coded as "E" and "F", pending the unblinding of the trial.

Results: Of the first 40 women tested, 19 were in group E and 21 were in group F. CD4 counts were comparable in the 2 groups at baseline (median 377 and 373 cells/mm³, P=0.9) and delivery (median 370 and 444 cells/mm³, P=0.97). Median RNA copies/mL at baseline were 41,300 (E) and 32,700 (F)(P=0.99). Mean log10 viral load for the 2 groups was comparable at 36W and 1 month postpartum (1MPP), and, in Group E, was similar throughout late pregnancy and postpartum. In Group F, compared with baseline, there was a mean RNA reduction of 0.5 log at 37W and 0.7 log at 38W and delivery; RNA levels returned to baseline at 1MPP.

Group	n	36W	37W	38W	DEL	1MPP
E	19	4.6	4.6	4.7	4.6	4.6
F	21	4.6	4.1*	3.9*	3.9*	4.6

(*P<0.001, compared with 36W; P<0.01 compared with same week in other group)

Conclusions: Assuming that Group F is receiving ZDV, these data suggest that with short-course oral ZDV treatment late in pregnancy, maternal plasma viral load drops significantly (0.5 log) within the first week of treatment, drops lower at 2-4 weeks of treatment (0.7 log), and then returns to baseline after cessation of treatment, without evidence of a rebound to a higher level at 1 month. The relation of this reduction in viral load to reduction in transmission risk will be determined with further testing and unblinding at the conclusion of the trial, scheduled to occur by March 1998.

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Abstract

12th World AIDS Conference, Geneva, June 28-July 3 1998

RANDOMIZED PLACEBO-CONTROLLED TRIAL OF SHORT-COURSE ORAL ZDV TO REDUCE PERINATAL HIV TRANSMISSION, THAILAND

Background: Many developing countries with high burdens of perinatal HIV infection have not implemented the ACTG 076 regimen because of logistical and cost barriers. If proven safe and effective, a short-course oral zidovudine (ZDV) regimen administered to HIV-infected women late in pregnancy could become a widely implemented minimum alternative regimen for reducing perinatal HIV transmission.

Methods: A randomized, double-blind, placebo-controlled trial is being conducted in Bangkok at Thailand's two largest maternity hospitals. The study regimen is oral ZDV 300mg taken twice daily by HIV+ women beginning at 36 weeks gestation and every 3 hours during labor. No ZDV is given to the newborn. Mothers do not breast-feed, consistent with national guidelines. The target sample size is 392 women (196 in each arm), and has the power ($\alpha=.05$, $\beta=.2$) to detect a 50% decrease in transmission from a presumed background rate of 24%. Infants are tested by DNA PCR at birth, 2 and 6 months. Efficacy is based on estimated transmission rates at 6 months by Kaplan-Meier analysis of time to a positive PCR test. The study is monitored by an independent DSMB.

Results: Full study enrollment was completed from May 1996 through December 1997. Through 1997, there were 382 births (2 sets of twins); 313 children have been followed through 2 months and 222 children through 6 months. The median age of women at enrollment is 24 yrs (range 17-39) and the median CD4+ cell count is 412 cells/ μ L (range 6-1317). The median number of days on study drug before labor is 24 (range 3-58) and the median number of labor doses is 3. Weekly reviews of study drug, pill counts and qualitative interviews indicate a very high level of adherence (>95%) and tolerance. No woman has had to stop study drug. Thus far, more than 95% of expected study visits have been completed and <5% of children have been lost to follow-up.

Conclusions: Full study enrollment was completed in 1997. The study regimen, including the oral labor doses, has been well tolerated and adherence and follow-up have been >95%, suggesting that this short-course regimen would be feasible to implement in Thailand, and perhaps in other developing countries. There were two interim efficacy reviews by the DSMB. We expect to announce nearly final results by March 1998.

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Abstract

Abstract

12th World AIDS Conference, Geneva, June 28-July 3 1998

CORD BLOOD ZDV CONCENTRATION AFTER INTERMITTENT ORAL ADMINISTRATION DURING LABOR, THAILAND

Background: The ACTG 076 zidovudine (ZDV) regimen to reduce perinatal HIV transmission includes intravenous (IV) ZDV administration during labor, which poses significant logistical and cost barriers in developing countries. Little is known about how well oral ZDV is absorbed and tolerated during labor. We conducted a study to determine the ZDV concentration in cord blood after oral administration during labor.

Methods: As part of an ongoing randomized, double-blinded, placebo-controlled trial of oral ZDV during late pregnancy (300 mg twice daily, beginning at 36 weeks gestation), a 300 mg tablet of ZDV or placebo is administered every 3 hours from the onset of labor to delivery to HIV-infected pregnant women. Umbilical cord blood was assayed for ZDV concentration using a radioimmunoassay with a lower limit of detection of 0.115 ng/mL (with sample dilution, 2.41 ng/mL). We evaluated the association of ZDV concentration and treatment group, time since last dose, number of labor doses, body weight, and other delivery factors.

Results: The first 145 women who delivered were included in this analysis. All women received at least one dose during labor (median=4). Only 1 woman had problems taking the oral labor drug, due to nausea and vomiting. No ZDV was detected in the cord blood of women who received placebo. All 72 women in the treatment arm had detectable ZDV. For these women, the median time between last dose and delivery was 86 minutes, and 94% of women had their last dose within 3 hours of delivery. The median ZDV concentration was 330 ng/mL (range, 7-1391). ZDV concentration was correlated with number of labor doses received ($P=0.01$), but the range was wide. ZDV concentration possibly was associated with the interval between last labor dose and delivery ($P=0.06$), but not with use of other drugs during labor, mode of delivery, body weight, or duration of prenatal ZDV treatment.

Conclusions: Oral administration of ZDV during labor was tolerated well and appears to be a practical component of a ZDV regimen, in place of IV ZDV administration, for reducing perinatal HIV transmission in developing countries. The mean ZDV cord blood concentration was in the therapeutic range, and the range of concentrations observed was similar to that reported following intermittent IV administration. Associations between transmission and cord blood concentration will be analyzed at the completion of the trial, in March 1998.

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Abstract

Abstract

12th World AIDS Conference, Geneva, June 28 - July 3, 1998

HIV-SPECIFIC CYTOTOXIC T LYMPHOCYTES (CTLs) IN THAI EXPOSED UNINFECTED (EU) FEMALE SEX WORKERS (FSWs) ARE DIRECTED TO MULTIPLE REGIONS OF HIV-1 SUBTYPE E.

Background: The mechanisms by which individuals who are highly exposed to HIV but remain uninfected (EU) are poorly understood. Previous studies have identified HIV-specific CTLs and non-expression of CCR5 as factors. We investigated the importance of these factors in explaining apparent resistance to HIV in a cohort of EU FSWs in northern Thailand, a region where HLA-A11 and HLA-A2 are the dominant HLA types.

Methods: FSWs were defined as EU if they had worked ≥ 3 years in high-risk brothels, were HSV-2 and syphilis positive, and were repeatedly HIV-seronegative and HIV PCR-negative. HIV-negative and unexposed persons from northern Thailand of similar HLA-A types were used as controls. Frozen PBMC were stimulated *in vitro* with 15 HIV subtype E CTL epitopes identified in previous studies of HLA A11, A2 positive or A24 positive subtype E, HIV infected individuals from Thailand. CTL assays were performed at effector to target ratios of 60:1, 30:1 or 10:1 using individual peptides or peptide pools. A positive response was defined as lysis of ^{51}Cr -labelled peptide-pulsed autologous B cell lines at a level of $\geq 10\%$ over that of the non-pulsed targets. Presence or absence of the D32 CCR5 polymorphism was determined by PCR.

Results: Five of 8 EU FSWs had positive CTL responses to peptides from HIV-1 subtype E. Some reactivity was to epitopes conserved between E and B subtypes. In 4 of 6 HLA-A11 positive persons reactivity was most often seen to *nef* (3 persons), *pol* (2 persons) and *env* (2 persons) and less frequently to *gag* (1 person). One of two non-HLA-A11 positive EU FSWs recognized an HLA-A24 *gag* epitope. No CTL reactivity was observed in 9 unexposed controls and all EU FSWs and unexposed controls lacked the D32 CCR5 polymorphism.

Conclusions: These data suggest that, in the absence of HIV receptor abnormalities which prevent cellular infection, exposed individuals may remain uninfected or may clear HIV infected cells through the effects of HIV specific CTL. These data also emphasize the importance of CTL induction as a desirable component of a protective HIV-vaccine induced response.

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Abstract

12th World AIDS Conference, Geneva, June 28 - July 3, 1998

GENETIC CHARACTERIZATION OF INCIDENT HIV-1 SUBTYPE B AND E STRAINS FROM INJECTING DRUG USERS (IDUs), BANGKOK, THAILAND.

Background: The initial 1988 epidemic among IDUs in Bangkok was largely due to envelope (*env*) subtype B' (Thai B) strains, but subtype E has increased in prevalence in recent years. Since 1995, HIV-1 seroconverting IDUs have been identified in a prospective cohort study to determine the feasibility of conducting an HIV vaccine efficacy trial in this setting. Genetic characterization of these strains is required for the design of candidate HIV-1 vaccines.

Method: HIV-negative IDUs (n = 1,208) were evaluated by HIV EIA testing every 4 months. Following an HIV-positive test, blood was obtained at time 0 and months 1, 4, 8, 12, etc. Samples from each seroconverter during 1995-97 were characterized for HIV-1 subtype from *env* region DNA amplified either from lysed PBMCs or reverse-transcribed RNA from plasma. Viral subtypes were determined by phylogenetic analysis of 345 bases in the C2-V4 region of gp-120.

Results: Through December 1997, 101 IDUs became HIV-1 infected. Of 78 samples analyzed to date, 63 (81%) were subtype E strains and 15 (19%) were subtype B. All subtype B strains clustered with B' (Thai B) strains. The mean intra-subtype nucleotide divergence for subtype E was 6.96% (range, 0.30-13.65) and for subtype B was 15.33% (range, 3.64-29.25). The mean divergence between the two subtypes was 28.90% (range 19.27-45.92). The GPGQ motif at the crown of the V3 loop was present in 58 (92%) of 63 subtype E strains; other motifs were GPGR (2), GPGK (2), and GPGE (1). The V3 crown displayed greater variation among subtype B strains: GPGR (6 of 15), GQGR (4), GPGQ (3), and GLGR (2).

Conclusions: HIV-1 subtype E accounted for a majority of new infections among Bangkok IDUs in 1995-97; all subtype B strains were B' (Thai B). Subtype E strains displayed limited genetic diversity in the *env* region; while subtype B' strains were more diverse than previously described. An HIV-1 vaccine evaluated in this population would be challenged by two HIV-1 subtypes.

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12th World AIDS Conference, Geneva, June 28 - July 3, 1998

PERCEPTIONS OF HIV TRANSMISSION RISK AMONG REGULAR PARTNERS AND PROSPECTS FOR THE EVALUATION AND USE OF VAGINAL MICROBICIDES IN NORTHERN THAILAND

Objective: For many women in Thailand, the most substantial risk for HIV infection is sexual transmission from their husband or regular partner. We sought to investigate women's perception of such risk, husband's HIV risk behavior (particularly in the peripartum period), and women's and men's attitudes toward the clinical evaluation and use of vaginal microbicide products to limit sexual HIV transmission between regular partners.

Methods: In Chiangrai, 8 focus group discussions (FGDs) with women, and 8 FGDs with men were conducted, each with 6-8 participants. In-depth interviews were conducted with 40 women and 40 men. The women for these FGDs and interviews were identified through antenatal and post-partum care clinics. The men were selected to represent a range of occupations, and each was married to a woman of reproductive age.

Results: Findings indicate that women perceived they were at risk for HIV on the basis of the husband's sexual behavior. Both men and women reported low levels of marital condom use and expressed considerable interest in the potential use of vaginal microbicides. They described a peri-partum sexual abstinence norm and said it is possible that men may seek alternative sex partners during this period. Both men and women reported that use of microbicides should be discussed among partners and expressed many concerns that must be addressed before trial enrollment. Paramount among these would be providing a better understanding of the research process, accurately describing the safety profile of the products to be tested, and designing trial logistics that minimize disruption of the women's daily schedule.

Conclusion: Both men and women recognized women's risk of HIV and expressed considerable interest in the potential use of vaginal microbicides. Important factors influencing a woman's decision to use a microbicide include its safety and side effect profile, its effectiveness for preventing HIV infection, the cost of the product, and their husband's consent. Men shared many of these concerns and expressed a willingness to support their partner's participation in microbicides efficacy testing.

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Abstract

12th World AIDS Conference, Geneva, June 28 - July 3, 1998

HIV-1 INCIDENCE, SUBTYPES, AND FOLLOW UP IN A PROSPECTIVE COHORT OF INJECTING DRUG USERS (IDUs) IN BANGKOK, THAILAND

Background: Despite various interventions, HIV-1 transmission rates among Bangkok IDUs have remained high since 1988. An effective HIV-1 preventive vaccine may be needed to reduce new infections in this population. To obtain baseline data for a possible vaccine efficacy trial, a prospective cohort of IDUs was established to determine rates of successful follow-up, HIV-1 incidence, and risk factors for seroconversion and to characterize infecting HIV-1 strains.

Methods: From 05/95-12/96, IDUs attending 15 Bangkok Metropolitan Administration drug treatment clinics were screened, and HIV-negative IDUs were offered enrollment, with informed consent, into the cohort. HIV testing and counseling and interviews on demographics, drug use, and sexual behaviors were conducted at enrollment and scheduled every 4 months. Most IDUs were treated with methadone. For HIV-1 seroconversions, infecting HIV-1 subtypes were determined by direct DNA sequencing of the C2-V4 envelope region.

Results: Of 3,614 IDUs screened, 30.2% were HIV positive. Of 1,208 HIV-negative IDUs enrolled, 70% were successfully followed-up at 12 months (809 of 1,162 due for follow up through 12/15/97). One-hundred and one IDUs had seroconverted after 1,240 person-years (PYs) of observation (incidence = 8.1/100 PYs; 95% CI = 6.6-9.7). Of 82 HIV-1 specimens available for sequencing, 67 (82%) were subtype E and 15 (18%) were subtype B' (Thai B). Factors associated with HIV seroconversion in a proportional hazard model were daily heroin injection (RR = 3.6, 95% CI = 1.9 - 6.9, referent: no injection); being incarcerated and injecting (RR = 4.1, 95% CI = 2.3 - 7.4, referent: not incarcerated); being incarcerated but not injecting (RR = 1.9, 95% CI = 1.1-3.3, referent: not incarcerated); and being female (RR = 2.0, 95% CI = 1.1-3.6).

Conclusion: Bangkok IDUs remain at high risk for HIV despite active interventions. An HIV vaccine efficacy trial seems feasible in this setting and could evaluate protection against HIV-1 subtypes B' and E.

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RNA AND DNA PCR FOR EARLY DIAGNOSIS OF INFANTS BORN TO HIV-INFECTED MOTHERS, THAILAND

Background: A comparison of RNA and DNA PCR testing on infants born to HIV-infected mothers may offer new insights into optimal early diagnosis strategies, timing of vertical transmission, and early disease progression.

Methods: Promptly processed infant plasma specimens were collected at birth (within 2 days of birth), 2 months and 6 months in an ongoing clinical trial of late, oral maternal zidovudine treatment for HIV-infected mothers to reduce perinatal HIV transmission. These samples were tested prospectively by qualitative DNA PCR (Roche AMPLICOR HIV-1 TEST) and later batch tested by quantitative RNA PCR (Roche AMPLICOR HIV-1 MONITOR TEST, version 1.5). The RNA assay had a lower quantitative detection limit of 400 copies/mL. Results were compared with known final infection outcome of the infants. For infected infants, RNA results at different time points were compared by paired t test.

Results: Most infections (93%) were HIV-1 subtype E. The DNA test sensitivity was 32% at birth (13/41), and 100% at 2 months (41/41) and 6 months (25/25). By RNA testing, 42% were positive at birth (17/39) and 100% were positive at both 2 and 6 months. All samples that tested DNA positive tested RNA positive. For uninfected infants, there were no false positive tests, including 287 DNA and 50 RNA PCR tests of birth samples. Among infected infants, the mean log¹⁰ viral load (copies/mL) was 3.8 at birth (5.4 for those RNA-positive), 6.6 at 2 months, and 6.3 at 6 months; 25% of 2 and 6 month samples had >5 million RNA copies/mL. RNA levels were higher at 2 and 6 months than at birth ($P < 0.001$), and 2-month levels were higher than 6-month levels ($P = 0.02$).

Conclusion: In testing to date, the AMPLICOR DNA and RNA PCR assays detected 32% and 42% of infected infants at birth and 100% at 2 months of age. Both assays were 100% specific. Infected infants had extremely high viral loads in the first 6 months, with highest levels at 2 months. RNA PCR may offer slightly increased sensitivity over DNA PCR for diagnosis at birth and yields valuable information on early viral dynamics.

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Choice 1: Track/Category D 0 2

Choice 2: Track/Category C 1 8

Serial No.

Connecting Future Outcomes with Present Actions: Predicting the Sexual Risk-taking of Gay and Bisexual Men

Background: Decisions about sexual behavior are often influenced by events in the immediate sexual encounter. Nevertheless, individual differences in the tendency to consider future consequences of one's actions may provide additional explanatory power. Are gay and bisexual men who consider the consequences of their behaviors more likely to practice safer sex than are men who do not?

Methods: 193 white gay or bisexual men (18-41 years old) were approached in street locations in West Hollywood, California and agreed to complete a self-administered questionnaire. They answered a range of questions including items on sexual practices and the Consideration of Future Consequences Scale (CFC) (Strathman, Gleicher, Boninger, & Edwards, 1994). The data were analyzed using Spearman correlations and chi-square tests.

Results: The CFC scale had high internal reliability ($\alpha=.77$). The men who tended to think about future consequences of their behavior (scored high on the CFC) had significantly higher incomes, were older, and had more education compared with those who scored low on the scale. Although high scoring respondents were no less likely to have had anal intercourse in the past year ($r = -.09$), they had fewer partners with whom they had unprotected anal sex ($r = -.27$) and with whom anal sex was always unprotected ($r = -.24$). Among those who had anal sex with a primary partner in the past year, those high on the CFC were less likely to be the receptive partner in unprotected anal sex with ejaculation ($\chi^2 = 5.08$, $p < .05$). For men who had anal sex with non-primary partners those high in CFC were less likely to have either receptive anal sex ($\chi^2 = 4.97$, $p < .05$) or insertive anal sex ($\chi^2 = 4.97$, $p < .05$) without a condom.

Conclusion: Gay and bisexual men who consider the future consequences of their behaviors seem to take fewer sexual risks. The findings suggest that sexual risk reduction programs might be enhanced by adding components that motivate individuals to consider the potential future consequences of their actions.

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Serial No.

Increasing Options or Condom Substitution? Impact of Hierarchical Messages on Women's Evaluations of HIV Prevention Methods

Objectives: To determine if offering multiple HIV prevention methods (e.g., male condoms, female condoms, spermicide) provides at-risk women with more HIV prevention options without undermining the perceived efficacy of or intention to use the male condom.

Methods: 173 African-American and Mexican-American women, 18-32 years old, who had unprotected sex and 3 or more sex partners in the past 2 years were asked to read a brochure describing ways to protect themselves from HIV. Women were randomly assigned receive a brochure with either a single option message (i.e., use male condoms), a complex hierarchical message (i.e., use male condoms, if not use female condoms, if not use spermicide), or a no message (control condition). After reading the brochure, women indicated the perceived efficacy of and willingness to use different prevention methods.

Results: A significantly smaller percentage of women receiving the hierarchical message (45%) perceived male condoms to be effective against HIV when compared to women receiving the single option (male condom) message (64%), and those in the no message control condition (71%). A similar pattern emerged for willingness to consider using the male condom among women not current using them; a significantly smaller percentage of women receiving the hierarchical message were willing to consider using the male condom (36%) compared to women in the single option (60%) and the no message control (52%) condition.

Conclusions: As new, potentially less effective, methods of HIV prevention become available, use of hierarchical HIV/STD messages is apt to increase. This trend is problematic if offering multiple HIV/STD prevention options undermines the use of the most effective method (i.e., male condoms). The present data suggest that undermining is a possible outcome and that interventionists should do everything possible to assist women in overcoming obstacles to male condom use before offering them less effective options.

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Serial No.

Antiretroviral Drugs and Sexual Behavior in Gay and Bisexual Men: When Optimism Enhances Risk

Objectives: To determine whether optimism regarding antiretroviral drugs containing protease inhibitors is related to increased sexual risk-taking among gay and bisexual men.

Methods: 503 gay or bisexually identified men between the ages of 18-41 were approached on the street in West Hollywood, California and agreed to complete a self-administered questionnaire.

Results: 416 respondents, or 83% of the sample, had heard of protease inhibitors and were eligible to answer questions regarding their impact. Five items, measuring the extent to which protease inhibitors enhance the quality and length of life among HIV positive individuals, were averaged to generate an index of optimism toward antiretroviral drugs. Analyses of 346 respondents whose HIV status was negative or unknown revealed modest, but consistent, negative correlations between this index and the percent of time respondents used condoms during anal sex ($r = -.20$), were monogamous ($r = -.16$), attempted to determine partner HIV-status ($r = -.22$), and limited their number of sex partners ($r = -.18$). Interestingly, for the 64 HIV positive respondents, this negative relationship was, if anything, stronger (e.g., used condoms during anal sex ($r = -.30$), were monogamous ($r = -.22$) or limited their number of sex partners ($r = -.27$)). Further analysis revealed that the more HIV positive men felt that protease inhibitors enhanced the quality of life among HIV infected individuals the more men with whom they had unprotected sex ($r = .22$), and the more they tended to agree that protease inhibitors "decrease the fear of transmitting HIV to others" ($r = .22$) and "increase the freedom for sex without condoms" ($r = .26$).

Conclusion: There are at least two possible interpretations of these data. It may be the case that individuals who engage in risky sex attempt to rationalize their behavior through optimism in protease inhibitors. If true, this would make behavior change difficult. Alternately, these data suggest that the introduction of drugs that enhance the quality of life among HIV positive individuals may reduce the overall level of concern regarding contracting or transmitting HIV and, paradoxically, may lead to riskier sexual behavior.

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Serial No

Preaching to the Choir: Preference for Female-Controlled Methods
and HIV/STD Risk

Objectives: To assess level of interest and characteristics of women most interested in female-controlled methods for HIV/STD prevention.

Method: 170 African-American women, 18 to 32 years old, living in the greater Los Angeles area who had unprotected sex and at least 3 sexual partners in the last 2 years were surveyed with regard to their sexual history, recent practices, and preferences for features of HIV/STD prevention methods.

Results: Out of 44 potential features for HIV/STD prevention methods, the average rating of "female control" (i.e., a method women control by either wearing or applying it) was 22nd in importance with concerns regarding adverse physical side effects, effectiveness, and pregnancy prevention rated as most important. The distribution of responses to the "female control" item was bimodal with the majority of Rs either rating female control as highly important to them (a 9 or 10, 42%) or relatively unimportant (a 6 or below, 35%). Comparisons between these two groups revealed that women for whom female control was important: 1.) had significantly fewer sex partners in the past year ($M = 2.62$ vs. 4.64 , $p < .01$), 2.) had fewer STDs ($p < .05$) and, 3.) were more likely to use male condoms on a frequent basis ($M = 4.69$ vs 3.19 on a 5-point scale). Moreover, women for whom female control was relatively unimportant were not unaware of their HIV/STD risk, rather they accurately perceived themselves to be significantly more likely to contract HIV or other STDs in their lifetime than women who rated female control as very important.

Conclusion: These data suggest that female control may be of interest to a substantial percentage of women in their selection of a HIV/STD prevention method but, ironically, may be of lesser interest to women most at risk for HIV and other STDs. These data underscore the need to take the priorities and preferences of at risk women into consideration when developing and marketing new HIV/STD prevention methods.

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C 2

Serial No.

1 New Relationships and HIV Discordance Rates among Couples Requesting HIV Counselling and Testing in Uganda

2 Background: In a high HIV prevalence setting where most people HIV+ do not know their serostatus, there is a great risk of HIV transmission when a person with previously unidentified HIV infection initiates a new sexual relationship. Preventing this unknowing transmission of HIV to a new partner is a high priority. **Methods:** Individuals and couples who come to the AIDS Information Centre in Uganda for HIV counselling and testing services (CT) are interviewed to obtain demographic and sexual history data. The data collection tool was revised in May 1997. Data for the period July to December 1997 were merged and analyzed.

Results: Of the 1853 couples, 1425 couples (77%) reported that they had never had sex together but were intending to marry or to start a sexual relationship. Of these 1425 reported they had not had sex together, 1309 couples (92%) were both HIV-; 11 couples (0.8%) were both HIV+, and 105 (7%) couples were HIV discordant. Among the discordant couples, the man was HIV+ in 46 couples (44%) and the woman HIV+ in 59 couples (56%). Among 57 couples where the man was HIV+, 46 (81%) of the prospective women partners were HIV-; among the 70 couples where the woman was HIV+, 59 (84%) of the prospective men partners were HIV-. Thus, among these AIC clients, the probability of a man with HIV infection intending to have sex with a new partner who is HIV- is 0.81; among the HIV+ women, the probability is 0.84.

3 Conclusions: Our data on couples intending to get married or to start a sexual relationship indicates that there is a high probability that persons who are HIV+ will develop sexual relationships with HIV- partners and unknowingly transmit HIV. If HIV CT is not readily available, there would be a high risk of HIV transmission. AIDS education messages need to emphasize the benefits of couple CT before marriage and before new sexual relationships, and counsellors need to be trained in couple counselling.

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Serial No.

1 HIV Risk Characteristics for Clients at a HIV Counselling and Testing (CT) Centre in Uganda

2 Background: The AIDS Information Centre has provided HIV counselling and testing (CT) in Uganda since 1990 and over 350,000 clients have been served. Data are collected routinely regarding demographics, sexual behavior and reasons for requesting for CT. The data collection tool was revised in May 1997. Methods: Data on 11,188 clients who said they had never taken an HIV test before, between July to Dec 1997 were analysed for seropositivity by various characteristics, and four high risk factors identified. Results: Of the 11,188 clients analysed, the clients at higher risk for HIV infection were: male >30 yrs or female age >25 yrs; no or primary education only; coming alone for testing even when one has a sexual partner; and the following reasons for requesting CT: client or client's partner feeling ill, having HIV or STD symptoms, and risky behavior by client or client's partner (including having other sexual partners and non-condom use). P-values for these characteristics were each highly significant for both sexes. The seropositivity rates by number of risk factors are below:

	Number of Risk Factors					Overall
	0	1	2	3	4	
Male HIV+	4.9%	6.9%	19.8%	39.5%	58.9%	18.9%
Female HIV+	8.4%	10.6%	35.6%	52.8%	61.7%	30.0%

3 Conclusions: Older age, lower education level, testing individually when one has a sex partner, and reporting high risk reasons when requesting an HIV test were good predictors for seropositivity; six in ten clients with all the four risk factors were HIV positive. Such methods to identify clients at high risk of being infected could help target these individuals for counselling and testing services.

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Choice 2: Track/Category

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Serial No.

Challenges encountered and solutions adopted in counseling clients while giving same day HIV test results

Issue: HIV Counseling and Testing (CT) is increasingly recognized as an essential component in a comprehensive strategy to respond to the AIDS epidemic. Rapid HIV tests can now be used to provide confirmed same day results; however, there are challenges encountered.

Project: The AIDS Information Center (AIC) in Uganda has been providing voluntary and anonymous HIV CT since 1990, and in 1997, we began using a combination of three rapid tests for confirmed, same day results. In 1997, 36,612 persons were served with this new protocol in four testing centres operated by AIC and in other upcountry sites receiving technical assistance from AIC. The standard pre-test and post-test counseling protocol has been changed to a protocol involving orientation and test decision counseling, phlebotomy, prevention counseling while the tests are conducted, and test result counseling.

Results: A problem associated with same day results is a longer waiting period for most clients, especially on Mondays which is a high demand day in Uganda, and certain hours of the day when there can be considerable client congestion. The rate of repeat testers has increased and adapting the counseling protocol for repeat testers has required creative approaches. Some clients are inadequately prepared for test results which are different than expected; this problem can occur with both HIV+ and HIV- clients. The intense and compressed encounter with clients can be more stressful for counselors. Unreliable water and power supplies create stress for laboratory staff who are under pressure to deliver test results quickly.

Lessons learned: When giving same day test results, it is essential to have an adequate number of staff during high demand days and hours. Repeat testers may need a modified counseling protocol. Clients who disbelieve test results can be offered repeat bleeding and testing on the same day or later as desired. Rapid tests which do not require electricity are preferable. Training in stress reduction skills can help counselors deal effectively with demands created by same day test results.

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Serial No.		
Provision of both Syphilis and HIV test results on a same day basis using rapid tests in Kampala, Uganda		

Background: The AIDS Information Centre (AIC) in Uganda has been providing voluntary and anonymous HIV counseling and testing (CT) since 1990 and by the end of 1997, over 350,000 clients had been served. Syphilis testing and treatment was piloted at two centres in 1995 and found to be highly desired by clients, though delays in receiving results were problematic. In 1997, we introduced on-site rapid HIV tests and by mid-1997, routine syphilis testing using Rapid Plasma Reagin Syfacard-R (RPR), and treatment using Inj. Benzathine 2.4 m.u. weekly for three weeks were added to the services at the main service centre in Kampala.

Methods: Routine data have been collected on all clients requesting CT services. Data on 7530 clients who received both HIV and syphilis testing in 1997 have been analyzed.

Results: 50% of clients receiving both tests were females. Overall HIV prevalence was 18.9% (male 13%; female 25%) and syphilis prevalence was 6.8% (male 6.7%; female 6.9%). The 512 clients who tested reactive to syphilis had a higher rate of HIV infection of (33% vs 18%, $p < 0.000001$) than clients who were RPR-. Among male clients testing RPR+, 27% were also HIV+ compared to 12% of males who were RPR- ($p < 0.00001$). Comparable rates among females were 39% both HIV+ and RPR+ vs 23% HIV+ only ($p < 0.00001$). Of the 512 RPR+ clients referred for treatment, 260 (51%) received same day treatment at the testing centre. Of those clients treated, only 15 (6%) brought in their partners for testing and treatment.

Conclusion: Clients RPR+ are almost twice as likely to be HIV+ compared with those RPR-, suggesting that HIV testing should be offered in settings where syphilis testing is conducted. Persons seeking HIV testing readily accepted syphilis testing, but only half were treated at the centre; very few brought in their partners for testing and treatment despite encouragements to do so. Our experience indicates that RPR testing can be easily integrated in a HIV CT setting, but follow-up for treatment and partner notification is more difficult.

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C 4 5

Serial No.

1 Extension of HIV Counseling and Testing in Rural Sites: the Uganda Experience

Background: HIV Counseling and testing (CT) is increasingly recognized as an essential component in a comprehensive strategy for AIDS prevention. While available in many urban locations in Africa, extension of this service to more rural and distant sites is needed. In 1996, the AIDS Information Centre began training counselors and laboratory technicians in rural and previously unserved areas of Uganda in order to extend the availability of voluntary and anonymous HIV testing and counseling in Uganda.

Methods: AIC routinely collects data regarding all persons served at AIC clinic sites; the same data system has been introduced at these collaborating rural health facilities. We have compared data for October to December 1997 from these other sites, called "indirect sites", with data regarding clients served directly by AIC, called "direct sites".

Results: A total of 8348 clients were served at the direct sites and 1534 served at the indirect sites in the three month period. HIV seropositivity was higher at the rural indirect sites (22% vs 18%). More males were served at these indirect sites (56%) compared to a more even distribution at AIC direct sites, where 50% are male. Young people between 20 and 29 are most likely to request testing at both types of sites, with 39% at indirect sites and 52% at direct sites. Quality assurance methods and routine supervision have been introduced to ensure that both testing and counseling at these indirect sites meet the standards set by AIC, and referrals are made for long term care and support for those persons who are HIV+.

Conclusions: When HIV counseling and testing is extended to rural and previously unserved areas, it is likely that "early" clients will be more likely to be infected, compared with sites where CT has been available for several years. Counselors at new sites need to be prepared to care for an unusually large caseload of HIV infected clients. Support and care services are needed so referrals can be made effectively for HIV+ clients, and rural distribution systems for regular supply of condoms are needed by both HIV- and HIV+ clients.

Name and full address of contact person

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Location of research project

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Choice 1: Track Category: C 1 9

C 4 5

Serial No

1 HIV Discordant and High Risk HIV Negative Couples: Preliminary Results
from a Study at the AIDS Information Centre (AIC) in Kampala, Uganda

Background: AIC has been providing voluntary and anonymous counseling and testing (CT) services since 1990. In 1997 in Kampala, 24% of clients attended with their partners; 10.2% of couples were HIV discordant. Among those concordantly HIV negative, 12% reported risk factors similar to couples where one or both were infected. To determine if additional risk-reduction counselling and medical services promote the adoption of risk reduction behaviors, AIC designed a study for both discordant and "high risk negative" couples.

Methods: All couples attending AIC in Kampala thus far in 1998 have been screened for eligibility; those eligible and consenting give blood and urine specimens to: confirm HIV and syphilis serology; test for pregnancy, determine CD4 and CD8 cell counts and HIV subtype where appropriate.

Results: 120 couples were screened in the first 7 working days of 1998. 20 couples (16.7%) were HIV discordant and 18 couples (15%) were concordantly negative but met the criteria for "high risk". 25 of these 38 eligible couples consented to join the study and an additional 5 couples asked for time to consider. Among consenting couples to date, 12 are discordant (female HIV+ in 7 cases) and 13 are high risk concordant negative. Mean age in females was 26.9, range 16 - 42; in males was 35.4, range 22 - 47. 5/49 (10.2%) clients (3 females and 2 males) were reactive for syphilis, including one HIV discordant couples who both appeared to be actively infected with syphilis. Mean CD4 cell counts in infected females was 425 cells/ul compared to 244 cells/ul in males ($p=0.27$).

Conclusions: The early response to the study is encouraging and the target of 250 couples should be reached in 6 months. Preliminary results suggest that men in these couples tend to be older and infected males have lower CD4 counts than their younger partners. The high rate of consent among HIV negative but high risk couples suggests that when informed of their high risk characteristics, such couples are eager to receive additional services to help them avoid HIV infection.

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Track Categories: Indicate two choices for track/category codes (e.g. A5, D12)

Choice 1: Track/Category C 4 0

Choice 2: Track/Category D 2 8

Serial No.

1 Community Outreach and AIDS Education through the Post Test Club of the AIDS Information Centre, Uganda

2 Issues: The AIDS Information Centre (AIC) in Uganda has been providing voluntary and anonymous HIV counseling and testing (CT) since 1990 and by the end of 1997, over 350,000 clients had been served. Within the first year of services, the need was expressed by clients for a social support club offering long term mutual support for behavior change.

Project: The Post Test Club (PTC) was established to provide these services. Clients who have received CT, regardless of serostatus, are eligible to join; to date, over 10,000 have joined, and about 2,500 are active members. Clubs have been established in the four urban sites where AIC maintains a full time service centre. In addition to receiving services, club members have become active community AIDS educators and aim to raise awareness of HIV/AIDS through community outreach. Multiple strategies are used to carry out HIV/AIDS awareness and education, including drama (songs, plays and dances); video shows with HIV/AIDS messages; distribution of IEC materials; condom distribution, personal testimonies, and peer education.

Results: In 1997, the PTC drama groups performed for over 14,000 persons in 85 communities in 10 districts. An average of 3 club members give their personal testimonies regarding HIV testing during each outreach. 90 peer educators were trained and have documented contacts with 4,656 individuals (55% female), an average of 52 encounters for each peer educator, or about one contact per week.

3 Lessons learned: Post Test Club members are active partners in educating the community through drama, personal testimonies, and peer education, which has increased awareness of HIV CT services, and the testimonies of persons who have been tested has reduced fear of HIV testing. These efforts have probably contributed to the widespread acceptance of HIV CT in Uganda, and other countries wishing to make CT more available and acceptable should consider using former clients as community and peer educators.

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Serial No.

1 Planning for Marriage and HIV Counseling and Testing in Uganda

2 Background: The AIDS Information Centre (AIC) in Uganda has been providing voluntary and anonymous HIV counseling and testing (CT) since 1990 and by the end of 1997, over 350,000 clients had been served.

Methods: Routine data have been collected on all clients requesting CT services, including the reasons why clients come for CT. Data for 1997 have been analyzed for clients reporting marriage planning as the reason for testing compared with all other reasons given.

Results: There was a steady increase in demand for CT for marriage plans, from 16% in 1992, 17% in 1993, 21% in 1994, 28% in 1995, 33% in 1996 and 32% in 1997. In 1997, of those coming because they wanted to get married, 64% came with their prospective partners. Males coming for premarital testing were slightly younger (29 years vs 31) than males coming for all other reasons, and the same trend was observed amongst females, (22 years vs 29). Seropositivity was much lower among clients intending to get married (6.3% vs 25%).

3 Conclusion: In Uganda, there is a growing trend among parents and clergy to demand that intending couples get tested for HIV before marriage. The increasing numbers of AIC clients requesting pre-marital CT reflect these social pressures, and most (94% in 1997) learn that they are not infected. Pre-marital CT at AIC helps couples make informed marriage decisions and adopt HIV risk reduction strategies.

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Choice 1: Track/Category D4

Choice 2: Track/Category C 1 8

Serial No.

Culture Counts: Understanding the Context of Unprotected Sex for HIV Positive Men in a Multi-Ethnic Urban Sample in the US

Background: HIV-seropositive (+) men who have sex with men (MSM) play a key role in preventing further transmission of HIV. Understanding ethnic differences is vital to intervention development for HIV+ men.

Methods: A cross-sectional sample of 255 HIV+ MSM was recruited from San Francisco and New York City. Men participated in a semi-structured interview, and completed a survey exploring health status, sex and drug use practices, HIV status disclosure, and comfort with same-sex behaviors. For the present analyses differences were examined among African-Americans (AA) (28%), Latinos (L) (24%), and Whites (W) (31%).

Results: Ethnic differences among HIV+ men were found for unprotected sex reported in the:

	AA	L	W	p Value
Previous Year (N=211):	(N=73)	(N=61)	(N=77)	
• Anal insertive with HIV-negative (-) or Unknown status men (Ukn)	20%	35%	21%	.09
• Anal receptive with HIV- or Ukn	26%	33%	35%	
• Oral insertive with HIV- or Ukn	56%	67%	79%	.01
Past 3 Months (% among men with HIV- partners, N=71):	(N=17)	(N=24)	(N=30)	
• Anal insertive with HIV- men	29%	13%	0%	.009
Past 3 Months (% among men with HIV Ukn partners, N=132):	(N=38)	(N=39)	(N=55)	
• Anal insertive with HIV Ukn men	32%	31%	16%	

White men reported a larger number of male sex partners (M=19.3) in the past three months than did L (M=10.7) or AA (M=10.3, $p < .05$) men. AA were more likely to report sex with women (23% versus 7% L, 4% W, $p = .001$), were more likely to self-identify as bisexual (24% versus 8% L, 0% W, $p < .001$), and were less comfortable with their same sex behavior (M=18.3) than were L (M=19.8) and W (M=20.4; $p < .01$) men. Interview data suggest that AA and L are less likely to consider oral sex as a substitute for penetrative sex.

Conclusion: HIV+ L and AA men reported higher rates of UAI with HIV- or Ukn status partner than did W men. Ethnic differences warrant closer examination of cultural factors in determining unprotected sexual behaviors for HIV+ MSM with HIV- or Ukn status partners. Cultural messages regarding definitions of sex and same-sex behavior may contribute to sexual risk for some men. Interventions for HIV+ MSM of all ethnic backgrounds are critical and may significantly decrease the spread of HIV among HIV- MSM.

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Choice 1: Track/Category C 1 3

Choice 2: Track/Category B 3 9

Serial No.

The Effects of Antiretroviral Therapy and Year of AIDS Diagnosis on Survival

Background: To examine the effects of mono and combination antiretroviral therapies (ART) on the survival of persons with AIDS, and survival time among cohorts of AIDS patients based on year of diagnosis.

Methods: Data were from the CDC's Adult Spectrum of Disease (ASD) project. The risk of death for persons receiving mono and combination ART was estimated using proportional hazards multivariate regression analysis after controlling for medications, CD4+ count, age, AIDS opportunistic illness, year of AIDS diagnosis, race/ethnicity, gender, and HIV risk. CD4+ counts, age, and all therapies were assessed as time-dependent covariates. Survival probabilities by month of AIDS diagnosis were estimated using the Kaplan-Meier method, and survival probability curves of persons diagnosed with AIDS between 1990-1992 and 1993-1995 were constructed.

Results: A total of 18,345 persons diagnosed with AIDS (1993 case definition) in clinical care in 9 U.S. cities were observed from 1990 to December 1996. Triple ART including regimens with a protease inhibitor was associated with the greatest decrease in the risk of death (RR=0.14, 95% CI, 0.11, 0.18), followed by dual ART (RR=0.23, 95% CI, 0.21, 0.26), and monotherapy (RR=0.38, 95% CI, 0.36, 0.40). Overall median survival was 32 months. The estimated 4 year survival rate was greater for persons diagnosed with AIDS between 1993-1995 (0.38, 95% CI, 0.34, 0.42) compared to persons diagnosed between 1990-1992 (0.30, 95% CI, 0.29, 0.32). Median survival increased from 31 months (95% CI, 30-31) among persons diagnosed between 1990-1992 to 34 months (95% CI, 33-36) among persons diagnosed between 1993-1995.

Conclusions: Our results demonstrate the benefits of triple-combination ART and protease inhibitors on survival in an observational study. Persons receiving triple ART had a 2.5 times lower risk of death than those receiving monotherapy. The extended survival among persons diagnosed with AIDS between 1993-1995 compared to those diagnosed between 1990-1992 is likely due to increased use of ART and improved ART regimens.

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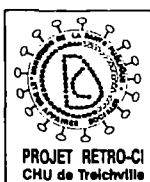
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*Projet RETRO-CI Abstracts submitted to the 12th World AIDS Conference -
Geneva June 28 - July 3, 1998*

Female sex workers in Abidjan, Côte d'Ivoire: determinants of entry into sex work and perspectives for leaving.

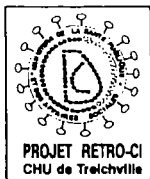
Objective: To determine socio-economic and cultural factors associated with entering sex work and to identify factors that could facilitate leaving sex work.

Methods: In October 1997, 6 focus group discussions with 41 female sex workers were conducted followed by in-depth interviews with 60 randomly selected female sex workers from the 10 districts of Abidjan. A qualitative analysis of the transcripts of the focus group discussions and of the in-depth interviews was performed.

Results: Entry into sex work is determined by poverty, and is often precipitated by disruption of the family (e.g. death or divorce of parents, own divorce), lack of family support, or expropriation (e.g. following divorce or death of the husband). Individual motives for entering sex work vary, but have in common the desire to gain social autonomy through financial independence. The mechanism of entry into sex work tends to vary by nationality; most Ghanaians are contacted and recruited in their villages by older women who have retired from active sex work in Abidjan; most Ivoirians initiated sex work without external recruitment. All 101 sex workers are acutely aware of the risk of acquiring AIDS and other sexually-transmitted diseases through sex work. They all experience feelings of shame, disgust and tiredness about their work, and say they want to leave sex work. To leave sex work, the majority state they need external assistance, ie from charitable institutions, the government, the church, a future husband or the family; while a small number thinks this can be achieved through personal determination. The majority of women (46/60) envisage having a business when leaving sex work, while 11 anticipate they will be supported by their husband, and 3 hope to emigrate and find a better life in Europe.

Conclusion: While women enter sex work for various reasons and through different mechanisms, they all seek social autonomy through financial independence. The success of projects designed to help sex workers leave sex work could be facilitated by their desire to leave sex work and their negative feelings about their work.

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*Projet RETRO-CI Abstracts submitted to the 12th World AIDS Conference -
Geneva June 28 - July 3, 1998*

Field evaluation of the HIV-1 Amplicor Monitor and NucliSens quantitative HIV-1 RNA PCR assay in persons infected with HIV-1 subtype A in Abidjan, Côte d'Ivoire

Objective: To assess the performance of the standard and modified Amplicor Monitor (Roche Diagnostics) and NucliSens (Organon Teknika) assays for the quantitation of HIV-1 RNA viral load in persons infected with HIV-1 subtype A in Abidjan.

Methods: Plasma samples were obtained from 54 HIV-1 seropositive individuals including 30 tuberculosis patients, 17 female sex workers, and seven pregnant women. HIV-1 genetic subtyping was performed either by a restriction fragment length polymorphism (RFLP) assay or by sequencing of the C2-V3 region of the *env* gene. Plasma HIV-1 RNA levels were quantified by the NucliSens assay and by both the standard and modified Amplicor HIV-1 Monitor test. The modification consists of adding 20 μ l of a new primer set (Primer Mix 1, Roche Diagnostics) into the master mix prior to amplification.

Results: Of the 54 persons, 53 (98%) were subtype A and one was subtype G. Of the 53 subtype A samples, 34 (64%) were positive in the standard Amplicor monitor, 41 (77%) in the NucliSens, and 51 (96%) in the modified Amplicor assay. In concordantly positive samples, viral load was significantly higher in the modified than the standard Amplicor assays ($n=34$, mean $\log_{10}$ HIV-1 RNA $\pm$ standard deviation [SD], 5.17 ± 0.92 vs 3.8 ± 1.01 ; paired t test, $p < 0.001$), and in the modified Amplicor compared with NucliSens assay ($n=41$, mean $\log_{10}$ HIV-1 RNA $\pm$ SD, 5.13 ± 0.88 vs 4.28 ± 0.79 ; $p < 0.001$). In the one subtype G sample, the viral load was 1.9 and 1.5 $\log_{10}$ copies per ml higher in the NucliSens assay than in the standard and modified Amplicor tests, respectively.

Conclusion: These results indicate that commercially available HIV-1 RNA assays vary greatly in their ability to detect HIV-1 subtype A. The modified Amplicor Monitor assay, which had the best performance in this evaluation could be used to reliably monitor persons infected with HIV-1 subtype A.

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Choice 1: Track/Category C43

Choice 2: Track/Category D2

Serial No.

Patterns of Condom Use Among Adolescents: The Impact of
Maternal-Adolescent Communication.

Objectives: To examine the relationship between the occurrence and the timing of mother-adolescent discussions about condoms and adolescents' use of condoms.

Methods: Interviews were conducted with a cross-sectional sample of 907 adolescents, aged 14-17, recruited from public high schools in Alabama, New York, and Puerto Rico. Participants reported whether they discussed condoms with their mother and whether the discussion occurred before or after their first sexual experience. Participants also reported their condom use for the first sex act, the most recent sex act, and their lifetime condom use.

Results: Adolescents who talked with their mothers about condoms were more likely to use condoms for their first intercourse (males only, 57% vs. 44% $p < .05$) their most recent intercourse (males 75% vs. females 55%, $p < .05$), and regularly throughout their lifetime (males only, 72% vs. 52%, $p < .01$). However, this effect was moderated by the timing of the discussion; condom use at first intercourse was three times more likely when the discussion occurred before the first sexual act than when it occurred after the first sexual act or not at all $p < .01$). Mediation analyses showed that the timing of the discussion directly influenced condom use at first intercourse, and indirectly influenced later condom use through its influence on first condom use. However, the single BEST predictor of subsequent condom use was use of a condom at first intercourse.

Conclusions: Discussions about condoms before first intercourse are particularly important in promoting condom use by adolescents. Discussions with the mother before first intercourse may lead to increased condom use during first intercourse, and condom use at first intercourse clearly leads to subsequent condom use.

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Choice 1: Track/Category C 1 9

Choice 2: Track/Category C 0 6

Serial No.

1 Trends in heterosexually acquired AIDS in the United States, 1990 through 1996

Background: Although AIDS incidence attributed to other modes of exposure has recently slowed or declined, the incidence attributed to heterosexual contact (HC) has continued to increase in the United States. Our objective was to characterize trends in the incidence of heterosexually acquired AIDS (HAA) diagnosed among adults and adolescents from 1990 through 1996.

Methods: AIDS cases reported to CDC through September 1997 were adjusted for expansion of the 1993 surveillance case definition and reporting delays, and cases initially reported without risk were redistributed. Using these estimates, we analyzed trends in HAA cases diagnosed from 1990 through 1996 among persons aged 13 years and older, by sex, age, race/ethnicity, geographic region, and partner's HIV exposure risk.

Results: Of 372,900 estimated AIDS cases, 12% (diagnosed among 28,400 women and 15,900 men) were attributed to HC. Twenty-four percent of HAA cases were diagnosed among persons younger than 30 years. From 1990 through 1996, the proportion of AIDS cases attributed to HC increased from 38% to 54% among women and from 3% to 8% among men. The incidence of HAA increased among whites, blacks, and Hispanics through 1995. From 1995 to 1996, cases decreased 4% among whites but continued to increase among blacks (12%) and Hispanics (4%). In 1996, rates (cases per 10⁵ population) among blacks (23.8) and Hispanics (7.7) were, respectively, 22 and 7 times that among whites (1.1). Regionally, the highest increases in HAA were in the South (24% average annual increase). Overall, 39% of HAA cases were attributed to HC with an injecting drug user; however, the proportion of cases attributed to HC with an HIV-infected partner whose risk was unknown or not specified increased rapidly, from 33% in 1990 to 63% in 1996.

Conclusions: While the incidence of HAA among whites has declined slightly, which may be attributable in part to treatment effect, incidence has continued to increase among blacks and Hispanics. These data underscore the need to enhance primary and secondary prevention efforts for at-risk heterosexual populations; such efforts should target injecting drug users and their sex partners, implement outreach programs in areas where drug use is highly prevalent, and educate persons who have yet to recognize their risk.

Name and full address of contact author

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Track Categories: Indicate two choices for track/category codes (e.g., A5, D12)

Choice 1: Track/Category C 1 9

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Serial No.

Trends in heterosexually acquired AIDS in the United States, 1990 through 1996

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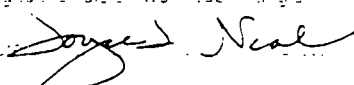
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A Decade of Educating "Anonymous" about HIV/AIDS: Lessons Learned at the CDC
National AIDS Hotline

2 **Issues:** During the past decade, national surveys have documented an increase in knowledge levels regarding basic HIV issues among the American public. In the mid-90's, many Americans still misunderstand key prevention concepts and knowledge gaps continue to exist among certain population groups.

Project: The Centers for Disease Control and Prevention (CDC) operates a free 24-hour, toll-free national telephone service for all 50 states and territories of the United States. The CDC created the National AIDS Hotline (NAH) to provide accessible HIV education to all segments of American society, recognizing the need for an anonymous telephone service in an atmosphere of stigmatization based on sexual and drug use risk factors. All information specialists are paid staff members and participate in a 40-hour training program. Culturally sensitive services are provided in Spanish, English and TTY languages.

Results: Since 1987, the NAH has answered over 11 million calls. The sheer volume of calls demonstrates the avid public interest in health information related to HIV/AIDS. During 1997 alone, the NAH sent out 112,836 free publications. Data on caller demographics and call content are collected on a systematic sample of calls. Most callers discussed a personal concern about HIV/AIDS (62%). Common discussion topics include HIV testing, sexual transmission, condoms and symptoms. Trends during the past several years include a growing percentage of calls from African Americans and more callers wishing to discuss personal, rather than general, information.

3 **Lessons Learned:** Despite high overall knowledge levels among the general population, misconceptions about HIV/AIDS still exist. Telephone hotlines provide direct, personalized education on primary, secondary and tertiary prevention. Important opportunities exist for collaborative efforts which can strengthen local public health programs.

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Choice 1: Track/Category

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Choice 2: Track/Category

B21

Serial No.

Comparison of the Amount of HPV 16 DNA in Cervicovaginal Secretions of HIV-Infected and Uninfected Women, Using Quantitative Competitive-Polymerase Chain Reaction (QC-PCR)

Objectives: Previously, we have shown that HPV 16, the HPV type most often associated with cervical intraepithelial neoplasia (CIN) and invasive cervical cancer, is more prevalent and more persistent in cervicovaginal secretions of HIV-infected women without CIN. The objective of this study was to determine if the amount of HPV DNA 16 in cervicovaginal secretions is increased in HIV-infected women.

Methods: Study participants were selected from women enrolled in a prospective cohort study that was begun in 1991. Each woman underwent colposcopy, as well as biopsy when indicated, and HPV DNA testing of a cervicovaginal lavage (CVL), using PCR and E6 type-specific primers for HPV 16. CVLs containing HPV 16 DNA were analyzed to determine the amount of HPV 16 DNA, using QC-PCR.

Results: A convenience sample of 52, including 30 HIV-infected and 22 uninfected, women with CVLs containing HPV 16 DNA was selected. Of the 52, a total of 21 (40%), including 16 (53%) HIV-infected and 5 (23%) uninfected, women had CIN. The geometric mean amounts of HPV 16 DNA in CVLs were 0.199 and 0.044 fg/10³ cells for HIV-infected and uninfected women ($p < 0.001$), 0.160 and 0.080 fg/10³ cells for women with and without CIN ($p = 0.09$); and 0.269 and 0.141 fg/10³ cells for HIV-infected women with and without CIN, respectively ($p = 0.23$). In a multiple regression analysis that controlled for CIN, HIV infection remained significantly associated with an increased amount of HPV 16 DNA in CVLs ($p < 0.003$).

Conclusion: In women infected with HPV 16 who have not developed CIN, the amount of HPV 16 DNA in CVLs is significantly increased in those who are HIV-infected. Alterations in the amount of HPV shed into the lower anogenital tract may explain in part why HIV-infected women are at increased risk of developing CIN.

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Choice 1: Track/Category **B17**

Choice 2: Track/Category **B21**

Serial No

Humoral immune response to Human Papillomavirus (HPV) 16 and 18 in serum and cervicovaginal secretions of HIV-infected and uninfected women

Objectives: To investigate the relationship between HIV infection and systemic and cervicovaginal humoral immune responses (IgG and IgA) to high risk HPV types 16 and 18.

Methods: Blood and CVL from one clinical exam of 170 HIV+ and 136 HIV- women enrolled in an ongoing prospective study of HPV infections were analyzed for IgA and IgG antibodies against HPV using ELISA and recombinant HPV 16 and 18 virus-like particles (VLPs). CVL's from this and prior visits (over last 2-5 yrs) were tested for HPV DNA using L1 consensus PCR.

Results: Although more HIV+ women (24%) had HPV 16 or 18 DNA detected in their CVL than HIV- women (3%), the prevalences of HPV antibodies in CVL and serum were similar in the two groups. In women who had HPV 16 or 18 DNA detected at any time during the study (46 HIV+ and 7 HIV- had HPV 16; 57 HIV+ and 6 HIV- had HPV 18), selected antibody responses were reduced in HIV+ women (see table).

	Lavage samples (% Ig positive)				Serum samples (% Ig positive)			
	HPV 18 DNA (+)	HPV 16 DNA (+)	HPV 18 DNA (+)	HPV 16 DNA (+)	HPV 18 DNA (+)	HPV 16 DNA (+)	HPV 18 DNA (+)	HPV 16 DNA (+)
	IgA 18	IgG 18	IgA 16	IgG 16	IgA 18	IgG 18	IgA 16	IgG 16
HIV(+)	5.3	5.3	8.7	4.4	9.4	18.9	4.6	13.6
HIV(-)	33.3	16.7	25.0	0	0	50.0	0	14.3

No increase in cervical neoplasia was observed in women with lower humoral responses.

Conclusions: These findings suggest that HIV-infected women may be deficient in selective humoral responses in serum and cervicovaginal secretions to high risk HPV infections, especially HPV 16 and 18. However, it appears unlikely that these deficiencies account for the increased risk of CIN and other HPV-associated anogenital diseases observed in HIV-infected women.

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Serial No.

Intervening Among the Invisible Population: CDC's Experience in Correctional Health Care

Issues: Correctional facilities are critical settings for monitoring the HIV/AIDS, tuberculosis (TB), sexually transmitted diseases (STDs), hepatitis, and other infectious diseases. The inmate population represents a large concentration of persons infected with, or at high risk for, HIV due to drug use and sexual risk factors. Moreover, recidivism rates in the United States are high; many of these individuals will return repeatedly to jail from their community. This leads to a substantial population of high-risk individuals circulating between correctional facilities and communities already beset by poverty, drug use, violence, and disease. **Project:** To improve community health through improved access to health care and prevention services for incarcerated populations in three areas: surveillance, prevention programs, and behavioral interventions. **Results:** To enhance surveillance activities, CDC has begun several projects. One CDC-funded project supports nine jail sites with seed money to implement a STD screening and treatment program, of which five have continued without further federal funding. Other surveillance projects involve collaborations with the U.S. National Institute of Justice to evaluate disease burden among persons entering a drug testing program offered in jails throughout America. CDC has also begun to develop partnerships with several national organizations, both governmental and non-governmental. One notable effort is CDC's provision of technical assistance to the Office of Justice Program on their Corrections Programs Office's Tuberculosis Initiative for five states. Finally CDC has funded four adult facilities and two juvenile facilities to develop, implement, and evaluate HIV prevention programs.

Conclusion: Public health agencies offer scientific expertise in disease prevention and control while correctional systems have the population in need of these services and, commonly, a desire to save scarce resources. By encouraging partnerships between corrections and public health, CDC can assist in the provision of disease interventions and health care services for those in our community that are involved in the criminal justice system.

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Choice 2: Track/Category D 3 3

Serial No.

Organizational Characteristics of Reputationally Strong HIV Prevention Programs.

Issue: Many HIV prevention programs are viewed as reputationally strong because of their innovation, organizational characteristics, field experience, and contribution to our understanding of intervention. Most programs have not been formally evaluated and many have limited opportunities to assess and share their lessons learned.

Project: In 1997, the U. S. Centers for Disease Control and Prevention (CDC) developed a set of criteria to identify "Reputationally Strong Programs." Program nominations were solicited from national prevention partner organizations and CDC staff. Detailed program profiles were developed, based on interviews with staff and clients, reviews of program background documents, and observation of activities. Nine programs were selected, ranging from needle exchange to outreach in public sex environments. Selected programs had diverse target populations ranging from women in drug treatment programs to youth in homeless shelters.

Results: In site visits, common organizational factors observed across the nine programs included clearly defined target audiences, goals, and interventions; flexibility among administrators and a willingness to make changes in programs based on client and staff recommendations; comprehensive, multi-modal strategies for delivering prevention messages; audience-centered approaches; intervention components that are based in behavioral/social science theory and research; and sufficient program resources. Examples from the nine case studies will illustrate these factors.

Lessons Learned: Programs viewed as strong by prevention partners had many common factors associated with organizational mission, leadership and program delivery. Program managers may want to consider these characteristics when enhancing their programs and engaging in strategic planning. Researchers may find such characteristics important in the implementation and evaluation of intervention models.

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Serial No.

A Public Health Approach to Move HIV Prevention Research to Practice

Issue: Scientific journal articles rarely describe the details of HIV prevention interventions. Further, investigators often do not have funding for translation and dissemination of successful HIV prevention interventions. Thus, HIV prevention service providers have difficulty locating science-based interventions.

Project: To address this issue, the U.S. Centers for Disease Control and Prevention (CDC) has initiated several activities. (1) CDC developed the Prevention Research Synthesis (PRS) project to create an ongoing database of HIV prevention intervention studies and to identify studies that had positive behavioral or health results. (2) CDC initiated the Replications and Technology Transfer (RTT) project to support investigators' efforts to translate intervention research protocols into materials suitable for program use and to test these materials in nonresearch settings. (3) To support use of effective interventions, CDC developed the Behavioral and Social Sciences Volunteers (BSSV) program, which links community-based prevention scientists with service providers.

Results: The PRS project has identified 82 intervention studies so far, including 19 with evidence of effectiveness. In 1996-1997, 4 interventions received RTT support: 2 designed for gay men, 1 for heterosexuals, and 1 for women only. Support for 2 more interventions is planned for 1998. Through BSSV, about 80 behavioral and social scientists have registered to work in their communities. The first 10 BSSVs have begun activities that include providing technical assistance for science-related activities (e.g., needs assessments, survey designs, and program evaluations).

Lessons Learned: CDC's experience thus far suggests that behavioral and social scientists and HIV prevention providers want to work with one another; involvement of these scientists in program activities can improve use of science-based interventions; and programs can be put in place that enhance rapid movement from research to practice. Our findings suggest that funders should add support for translation and dissemination activities to intervention research grants.

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Choice 1: Track/Category D38

Choice 2: Track/Category C47

Serial No.

Discrimination Based on HIV Infection in the United States

Background: The fear of a release of confidential HIV information, which in turn could lead to discrimination, hinders HIV prevention efforts when it affects decisions to be tested, seek care, or inform partners. Among the procedural and legal protections available to HIV-infected persons is the Americans with Disabilities Act (ADA), a federal law prohibiting discrimination based on disability. The Centers for Disease Control and Prevention (CDC), while considering whether to recommend the implementation of national name-based HIV surveillance, undertook an assessment to see how widespread this fear was and what protection the ADA afforded.

Methods: As part of a 9-state survey, 1,808 previously HIV-tested and 560 never-tested persons at risk for HIV infection were asked: Were you concerned that the testing place would tell anyone (e.g., family, friends, employer, or insurance company) you had HIV if it turned out you were positive? To assess judicial interpretation of the ADA's protection of persons with asymptomatic HIV infection, a computerized legal database search was conducted to review federal court decisions since the 1992 implementation of the ADA in which violation of the act was raised by HIV-infected plaintiffs alleging discrimination.

Results: Concern over possible release of their HIV status to others was expressed by 17% of previously tested and 27% of never-tested at-risk persons. Until recently, courts assumed asymptomatic HIV infection to be a protected disability; however, dicta in several decisions questioned this assumption, and 2 decisions in 1997 held it not to be a disability. This year, in *Bragdon v. Abbott*, the U.S. Supreme Court will resolve this split in the lower courts.

Conclusions: A minority of at-risk persons are concerned others will learn of their infection by release of information from test sites. Even if the Supreme Court decides asymptomatic HIV infection is not a protected ADA disability, the decision's overall effect may be limited because of existing security/confidentiality measures, along with tort remedies. Although ADA is specific to the U.S., the human rights issues it addresses and the other measures taken to minimize discrimination are common to international efforts to control the epidemic.

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Choice 1: Track/Category D39

Choice 2: Track/Category D35

Serial No.

1 Protection of HIV/AIDS Surveillance Data in the United States

Background: Protection of HIV/AIDS information and surveillance data, to prevent disclosure and discrimination, is a human rights concern and essential to the conduct of surveillance. The Centers for Disease Control and Prevention (CDC) assessed current security practices at surveillance units (SU) and reviewed state and federal confidentiality laws to see if protections were adequate.

Methods: A 124-question survey of security practices was administered at 33 of 61 SUs. A survey of state epidemiologists and legal database search were used to assess state laws. To assess federal protections, a review of federal statutes, regulations, constitutional law, case law, legal journals, agency recommendations, and legislative committee reports was undertaken.

Results: Of 33 SUs surveyed, all had disciplinary policies for improper disclosure of data, 89% closed off the work area containing surveillance data with identifiers to outsiders, and 82% prohibited cleaning crews from entering surveillance units unescorted. All states had legal protection for HIV/AIDS data, but their content varied widely. For example, exceptions to confidentiality laws allowed disclosures to: health providers (83%), needle-sharing or sex partners (71%), subpoena or court order (56%), blood banks (42%), correctional institutions (27%), school officials (23%), and insurance companies (15%). At the federal level, protection consists of removal of names before encrypted HIV/AIDS data are transmitted to CDC and of a collection of statutory and constitutional safeguards.

Conclusions: In summary, protection must be assured at all 3 levels: SU, state, and federal. While all states have security policies, CDC is further strengthening protections by using survey findings to implement minimum security standards. To address state law variability, CDC is developing model state legislation on public health information privacy, with emphasis on HIV data. Federal legislation providing uniform protection of individual health information, including HIV data, is being considered.

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Choice 2: Track/Category C 6

Serial No.

Impact of tuberculosis on immunocompromized HIV-infected persons in selected HIV clinics in New York City (NYC), 1991-97.

Objective: To determine the incidence of *M. tuberculosis* disease (MTB) in HIV-infected persons in care at selected hospital-based clinics in NYC and to identify demographic factors influencing incidence. To describe mortality among these persons with MTB. **Background:** In NYC, an epidemic of MTB followed the emergence of HIV, with many people having both diseases. The reported cases of MTB peaked in 1992 and fell 46% by 1996. **Methods:** Data were collected from five clinics at four hospitals in NYC for the CDC Adult Spectrum of Disease Project starting in November 1991. Medical charts are abstracted every six months, and patients followed until death or they do not visit the clinic for three consecutive intervals. Data was censored at Nov. 1997. Confirmed cases of MTB were ascertained by a match with the NYC AIDS surveillance database, which receives data from the NYC Bureau of Tuberculosis Control. Persons were eligible once CD4+ lymphocytes were <300 cells/ml, and excluded if they had previous MTB. Incidence was calculated as the number of first episodes of MTB divided by the MTB-free person-years of follow up. The probability of MTB and death were calculated using the Kaplan-Meier product-limit method; survival calculations use all-cause mortality.

Results: 1,602 patients had CD4+<300 cells/ml, but 154 had previous MTB and were excluded, leaving 1,448. Median follow up was 441 days (range 1 to 2,037). 53 (4%) developed MTB, 41 pulmonary and 12 extrapulmonary, an incidence of 2.0/100 person-years. Incidence decreased from a high of 4.3 cases/100 person-years in 1992 to 2.2 in 1996, a 51% decline. The probability of MTB was 2% at one year, 5% at two years, and 9% at three. Risk of MTB was not related significantly to sex, risk, race, clinic, or age. 36 (67%) of the 53 MTB patients are known dead. Mortality among MTB cases was 30% at one year after diagnosis, and 54% at two.

Conclusions: Incidence of MTB in these immunocompromised HIV-infected persons in care in NYC clinics has fallen 51% since 1992, mirroring the 46% decrease in MTB cases in NYC. The impact of MTB on immunocompromised HIV-infected persons remains great, however, with incidence among the highest reported in the United States' cities and a high mortality rate.

Name and full address of contact author

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Serial No.

Social-normative factors partially explain the association between younger age and HIV risk in gay/bisexual men in the U.S.

Background: To test the hypothesis that the inverse association between age and HIV sexual risk behavior and seroconversion in gay/bisexual men in North America (not well documented in Europe or Australia) may be partially explained by social-normative factors, including perceived peer norms for unsafe sex, importance of gay identity, pride in gay identity, self-homophobia, and an orientation toward bars to meet and socialize with men.

Methods: Data from the CDC Collaborative HIV Seroincidence Study were used to test the hypothesis. The sample consisted of HIV-negative gay and bisexual men from Chicago, Denver, and San Francisco (N=1629). Age and social-normative factors were assessed at baseline, and sexual risk behavior, HIV serostatus, and drug use were assessed at 6-month intervals over 2 years. Regression analyses and other tests were conducted to examine the independent mediational effects of the social-normative factors.

Results: The inverse associations between age and (a) HIV seroconversion, (b) unprotected receptive anal (URA), and (c) unprotected insertive anal (UIA) intercourse were confirmed in the sample. Social-normative factors of perceived norms for unsafe sex and bar orientation were the strongest mediators of the age-risk association: age was inversely associated with these two factors, which in turn were associated with higher risk. Findings were independent of the influence of alcohol and drug use. Importance of gay identity was a mediator only for URA (not UIA): age was inversely associated with gay identity importance, and identity importance was associated with higher URA. These results were generally consistent for outcomes of cross-sectional and cumulative behavior scores, and they were confirmed by HIV seroconversion as the outcome.

Conclusions: The North American finding that younger age is associated with HIV risk may be partially explained by social-normative factors, namely perceived norms for unsafe sex and social aspects of bar settings. Results suggest that sexual mixing patterns of young men, especially in relation to bar settings, may be an important area for future research and risk-reduction efforts. Investigations in North America and elsewhere are needed to identify other psychosocial variables that may be important to address when targeting younger gay/bisexual men.

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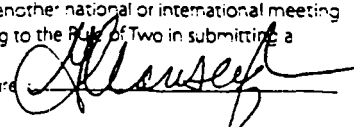
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Track 1 (optional) Category C 4 5

Track 2 (optional) Category C 4 9

Serial No.

Partner Violence and Women's Decision to Have an HIV Test

Background: Reports of partner violence after HIV partner notification (PN) have led some policymakers to reconsider HIV PN procedures. Our objective was to determine whether partner violence was associated with women's HIV testing decisions.

Methods: We enrolled women attending a New Jersey sexually transmitted disease (STD) clinic, who were aged ≥ 16 , had not been HIV-tested in three months, and were not known to be HIV-positive. Women were offered HIV testing and interviewed about STDs, sexual behavior, and violence. Partner violence was defined as being slapped, pushed, kicked, or otherwise physically hurt by a sex partner.

Results: Between 12/96 and 3/97, 167 (83% of eligibles) women participated: median age was 26, 91% were African American, 71% had yearly income of $<US\$10,000$, and 89% had a main partner. Forty-nine (29%) declined HIV testing. Twenty-two (13%) reported partner violence in the past 12 months: 18% (9/49) of test decliners vs. 11% (13/118) of acceptors ($p=0.201$). Twelve (7%) reported partner violence in the past 3 months: 4% (2/49) of test decliners vs. 8% (10/118) of acceptors ($p=0.512$). When asked, no one reported her declining testing was related to concern that the health department might notify her partner or fear that her partner might harm her if she had a positive HIV test. Declining testing was significantly associated with having a main partner and yearly income of $<US\$10,000$.

Conclusions: Nearly one in seven women reported partner violence; however, preliminary results suggest that partner violence was not significantly associated with women's HIV testing decisions. Staff should be aware that partner violence may exist regardless of women's HIV testing decisions and should be prepared to make appropriate referrals.

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Choice 1: Track/Category C50

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Serial No.

Who is "the community" in community collaboration?

Issue: Community collaboration is increasingly recognized as critical to the success of HIV/AIDS prevention and treatment research and programs in the U.S. Effective collaboration requires an understanding of how different populations define their communities and what they perceive as their strengths.

Project: Ethnographic sampling, qualitative interviews, and systematic text analysis were used to explore definitions of community and perceptions of community strengths among African Americans in Durham, NC; gay men in San Francisco, CA; and injecting drug users (IDUs) in Philadelphia, PA. Community advisory boards collaborated with research teams at each site.

Results: Among the 76 people interviewed, definitions of community and perceived strengths differed considerably. Across the sites, common themes in defining community included references to place or locale, shared perspectives and common interests, familiar people such as family and friends, community as a result of shared activities, the role of diversity or differences, and concern about discrepancies between definitions of community and lived reality or experience of community. Within sites, frequently cited strengths included the ability to survive, an ethic of sharing, and the common bond of drug use (IDUs, Philadelphia); political power, diversity, ability to survive, and caring support (gay men, San Francisco); and religion, community resources, and the ability to mobilize around issues (African Americans, Durham).

Lessons Learned: "Community" is often seen as more of an ideal than a lived reality among populations most affected by HIV in the U.S. To be effective, collaborations may need to support local efforts to bring reality closer to the ideal. One way to do this would be to assess and build on the particular strengths valued by community members.

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Choice 1: Track/Category C61

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Serial No.

Willingness to Participate in an HIV Vaccine Efficacy Trial Among Injecting Drug Users (IDUs) in Bangkok, Thailand

Objectives: To assess willingness to participate in a gp120 bivalent B/E vaccine efficacy trial and to evaluate educational needs and positive motives for and barriers to participation.

Methods: Between 5/95 and 12/96, 1,208 IDUs attending 15 drug treatment clinics in Bangkok were enrolled into a prospective cohort to assess the feasibility of conducting an HIV vaccine trial. In 1997, 193 cohort participants at 5 clinics attended group informational sessions describing a potential efficacy trial of a gp120 vaccine product and completed questionnaires assessing comprehension and willingness to participate. About a week later they completed a follow-up questionnaire that again assessed comprehension and willingness to participate, as well as barriers to and positive motives for participation, who (if anyone) they talked to about the information, and whether others thought participation was a good, bad, or neutral idea.

Results: At baseline 51% were definitely willing to participate, and at follow-up 54%; only 3% were definitely not willing at either point. Baseline comprehension was high (median score=11 out of 13) and improved at follow-up (median score=12). In general, participants tended to rank positive motives as "very important" and barriers as "a small problem." Altruism was the motive most frequently cited as "very important" (79%), while the hypothetical possibility that the vaccine might cause disease enhancement was the barrier most frequently cited as "a major problem" (31%). Most (84%) of participants talked to others about the information they received; of these, 69% reported that others generally thought participation was a good idea.

Conclusions: IDUs in Bangkok are able to comprehend satisfactorily the basic issues surrounding a gp120 vaccine efficacy trial and express a high level of willingness to participate in such a trial.

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Choice 1: Track/Category C 6

Choice 2: Track/Category C 8

Serial No.

AIDS Diagnosis by an Opportunistic Illness: A Distinct Population with Shorter Survival Compared with AIDS Diagnosis by a CD4 Count of <200 cells/ μ L

Objectives. To describe the characteristics and survival of persons whose initial AIDS diagnosis was an opportunistic illness (AIDS-OI) compared with persons whose AIDS diagnosis was by a CD4 count of <200 cells/ μ L or percentage of <14 (AIDS-CD4).

Methods. We analyzed US AIDS surveillance data for adults ≥ 13 years of age with AIDS diagnosed and reported January 1, 1993 to June 30, 1997. A Cox regression analysis estimated the hazard of death after AIDS.

Results. During the study period, 271,369 adults were reported with AIDS in the United States. The percentage of cases reported as AIDS-CD4 increased from 58.2% in 1993 to 68.9% in 1997 ($p < .001$). Compared with AIDS-CD4 cases, AIDS-OI cases were significantly more likely to be male, older, nonwhite race, born outside the United States, have an HIV exposure by injection drug use or heterosexual contact, and living in a state where HIV infection (not AIDS) is not reported. Persons with AIDS-OI had a lower median CD4 count at AIDS diagnosis (37 vs. 120 cells/ μ L, $p < .001$). The Cox survival function showed longer survival in persons diagnosed as AIDS-CD4 with a CD4 count of ≥ 50 cells/ μ L.

CD4 count at AIDS diagnosis

Group	≤ 50	50-200	≥ 200
AIDS-CD4 (n=169 066)	1.000	0.667	0.568
AIDS-OI (n=102 804)	1.058	0.865	0.867

Conclusions. Ascertainment of earliest HIV diagnosis is influenced by whether the state reports HIV infection (not AIDS). At CD4 counts ≥ 50 , the shorter survival of persons with AIDS-OI may represent late access to care, e.g. OI prophylaxis. Minority injection drug users should be targeted for early testing, treatment, and prevention interventions to improve their health status and to reduce heterosexual transmission to their partners.

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Serial No

1 Characteristics of HIV-Infected Tuberculosis Patients and the Natural History of HIV and TB Coinfection

Objectives. To characterize HIV-infected persons with tuberculosis (TB) and to describe the spectrum of disease and survival among HIV-infected persons that have TB.

Methods. Six states that reported 62% of AIDS cases nationally in 1992-94 provided information on all cases of TB in persons with HIV infection for a mean follow-up of 29 months. Cases were categorized by whether the initial AIDS diagnosis was TB, TB and another opportunistic infection (OI) diagnosed concurrently, or another OI with TB diagnosed later. Data included demographics, HIV exposure mode, CD4 count at AIDS diagnosis, subsequent OIs, and date of death. Survival was compared by using a product-limit estimate.

Results. In the six high morbidity states, 2,594 HIV-infected persons were reported with TB. Cases were predominantly male (84%), nonwhite (80%), 25 to 44 years of age (78%), born in the United States (73%) and had injection drug use as an HIV exposure (50%). More of those who had TB initially were injection drug users ($p < 0.001$). The initial AIDS-diagnosis were TB (72%), TB and an OI (14%), and an OI other than TB (14%). Of persons whose AIDS-defining condition was TB first, 41% had at least one other OI subsequently. The most common subsequent OIs were *Pneumocystis carinii* pneumonia (22%), wasting (12%) candida esophagitis (8%), and disseminated MAC (8%). Survival from AIDS was longer for those who had TB only at the initial AIDS diagnosis ($p < 0.001$).

AIDS diagnosis	Median CD4 at AIDS	Median survival (mos.)	Interquartile range (mos.)
TB first	110	38	16 - censored
TB and OI	44	21	12 - 42
Other OI	57	19	8 - 51

Conclusions. Although persons who had TB at the initial AIDS diagnosis survived longer than did those who had other diagnoses, there is considerable subsequent and comorbidity associated with TB. Survival of persons whose AIDS diagnosis was TB and an OI was similar to those that had an OI initially.

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Choice 2: Track/Category C6

Serial No.

Status of the Perinatal HIV Epidemic in the United States: Success in Perinatal Prevention

Objective: To assess impact of prevention guidelines for maternal/neonatal ZDV use (8/94) and voluntary, prenatal HIV testing (7/95), reasons for recent transmission, we analyzed trends in perinatally acquired (PA) HIV/AIDS. **Methods:** To evaluate trends in recent birth cohorts, AIDS data reported by 9/97 were modeled with the Wang procedure which adjusts for incubation distribution and reporting delays. Rates of PA AIDS and PCP diagnosed (dx) in children at <1 yr per 100,000 births were calculated using national natality data. We used the survey of childbearing women (SCBW) for rates/100 HIV+CBW. We analyzed data from 29 states that monitor children with perinatal HIV exposure (exp) and their subsequent infection (inf) and AIDS status.

Results: By 9/97, 7310 children with PA AIDS were reported. By yr of diagnosis, PA AIDS incidence declined 43% from 1992 (901) to 1996 (516). By yr of birth, from 1992 to 1995, rates per 100,000 births of PA AIDS and PCP in infants dx at <1 yr of age declined 44%. PCP:AIDS rate ratio remained constant. *Wang adjusted estimates

Birth Yr	# Live Births	No. AIDS* <1 yr of age	Rate per 100,000 births	SCBW HIV+CBW	Rate per 100 HIV+CBW	No. PCP* <1 yr of age	PCP Rate per 100,000 births	PCP:AIDS rate ratio <1 yr
1992	4,065,014	364	8.95	6990	5.21	174	4.28	.48
1993	4,000,240	328	8.20	6530	5.02	148	3.70	.45
1994	3,952,767	275	6.96	6145	4.48	129	3.26	.47
1995	3,899,589	195	5.00	not available		93	2.38	.48

In HIV reporting states, of 2058 exp-inf children born '95-'96, 83% were evaluated for HIV by age 2 mos.; 88% of mothers were tested before birth, 62% of whom had prenatal ZDV. Of 762 children born in '95 and evaluated by 2 mos., 11% (46/415) who had ZDV were HIV-infected vs 26% (36/137) who did not. In contrast, of 263 PA AIDS born '95-96: 37% were evaluated by 2 mos; 42% of mothers were tested before birth, 16% had prenatal ZDV.

Conclusions: There was a steep decline in PA AIDS incidence in U.S, especially among infants and since 1994. This decline is principally due to declining perinatal transmission because of increasing maternal/neonatal ZDV use. Changing births to HIV+CBW, and effects of therapy on progression to AIDS also contribute. Recent perinatal HIV transmission highlights populations of mothers and infants that did not receive timely HIV testing or ZDV. Population-based surveillance can assess the impact of perinatal prevention on HIV/AIDS incidence.

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1 The seroepidemiology of human herpesvirus 8 (HHV-8) among clients attending sexually transmitted diseases (STD) clinics in the United States, 1996

2 Background: A sexually transmitted cofactor has been suggested in the pathogenesis of Kaposi's sarcoma (KS). HHV-8, the candidate etiological agent of KS, is found in over 95 percent of KS lesions of all types. If HHV-8 is sexually transmitted, one would expect a high prevalence of HHV-8 in sexually active individuals. We therefore examined HHV-8 prevalence among clients attending STD clinics.

Methods: Using a recombinant HHV-8 lytic antigen (Open Reading Frame [ORF] 65, C-terminal portion residues 85 to 173) in a Western blot assay, 236 sera from patients attending 2 STD clinics in Denver and Phoenix in 1996 were tested in a blinded fashion. A stratified sample was selected to include HIV-positive and negative men who have sex with men (MSM), HIV-negative heterosexual men and HIV-negative women.

Results: 0/40 HIV-positive MSM, 3/38 (8%) HIV-negative MSM, 0/79 HIV-negative heterosexual men and 0/79 HIV-negative women tested positive for antibody to the HHV-8 lytic antigen. The presence of antibody was associated with sexual orientation when comparing MSM to heterosexual men and women ($p=0.04$) and HIV-negative MSM to heterosexual men ($p=0.03$). The presence of antibody was not associated with HIV status, race/ethnicity or clinic.

3 Conclusion: We have previously found this Western blot assay to have a sensitivity of 50% in KS-positive patients. Here we found no antibody to the HHV-8 lytic antigen among heterosexuals in this sexually active population. We are currently screening this same sera using other newly developed assays. Our finding that HIV status was not associated with antibody positivity suggests that HIV infection itself may not increase the risk for HHV-8 but that sexual practices among MSM may be an important determinant of HHV-8 infections.

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United States

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Serial No.

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1 HIV testing behavior among at-risk populations: Why do persons seek, defer, or avoid getting tested in the United States?

2 Background- Targeted education and counseling programs promote risk recognition and HIV testing for persons in high risk groups. However, many persons delay HIV testing or avoid it altogether. The HIV Testing Survey assessed HIV testing behavior in recognized risk groups, including reasons for delaying or avoiding HIV testing.

Methods- Anonymous interviews were conducted in 9 states, among 2369 HIV negative or untested persons at risk for HIV: 748 Men who had Sex with Men (MSM) recruited at gay bars; 770 street-recruited injection drug users (IDU); and 851 heterosexuals (HET) recruited at sexually transmitted disease clinics. In a structured interview, participants were asked to indicate whether or not any of 17 factors were reasons why they had delayed or had not been HIV tested, and among these factors, the main reason.

Results- Of 2369 persons interviewed, 1808 (76%) persons had been tested for HIV, and 561 (24%) had not been tested. Overall, 1968 (83%) cited at least one reason for delaying (D) or not (N) HIV testing. The main reasons were: Afraid to find out- (D-29%, N-28%); thought HIV negative- (D-13%, N-15%); didn't think at-risk- (D-11%, N-20%); and didn't want to think about being HIV positive- (D-10%, N-9%). Less frequently cited reasons included: Felt there was little that could be done about being HIV positive- (D-5%, N-6%); didn't have time- (D-6%, N-5%); and worry about having test results reported to the government (D-3%, N-2%). HET clients had less frequently been tested (68%) compared to MSM (80%) and IDU (82%). However, the main reasons for avoiding HIV testing were generally similar across these groups.

3 Conclusion- Among persons in high risk groups, the most common reasons for delaying or not HIV testing are related to fear of being HIV positive and lack of recognition of their own risk for HIV. Although HIV prevention programs have routinely addressed these issues in the U.S., they continue to be significant barriers to successful national HIV prevention programs. These data should assist in the formation of revised strategies to promote risk recognition, knowledge of HIV antibody status, and sustained behavioral risk reduction.

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Track Categories: Indicate two choices for track/category codes (e.g. A5, D12)

Choice 1: Track/Category D 1 9

Choice 2: Track/Category C 1 7

Serial No.

1 Title. Reduced Fertility and Duration of HIV1-infection in American Women.

Objective. To assess the impact of HIV1-infection on pregnancy rates and pregnancy outcomes.

Methods. Using the State of Maryland's HIV Information System, 1642 women with AIDS enrolled in Medicaid (MA) were compared to 8443 uninfected, MA-enrolled women. Using a retrospective cohort design, pregnancies, births, induced abortions and fetal losses for up to 10 years prior to AIDS diagnosis were compared to same events in uninfected women. Outcomes were defined from provider-generated diagnostic and procedure codes submitted with billing claims. Event rates were compared, controlling for socio-economic status, age and years prior to AIDS diagnosis (grouped as 10-7.5, 7.5-5, 5-2.5, 2.5-0 yrs prior to AIDS). Using person-years as the denominator, total pregnancy rates (TPR) and total fertility rates (TFR) were computed based on age-specific pregnancy (ASPR) and birth rates (ASBR), respectively. Induced abortion ratios (IAR) measured the number of abortions/100 births. Adjusted fetal loss ratios measured the number of fetal losses/100 births plus half of the induced abortions. We estimated rate ratios (RR) of HIV+/HIV- women. **Results.** HIV+ women were older at entry and more likely black than HIV- women (28.2 vs. 23.3 yrs, $p < 0.05$; 90.1 vs. 61.9%, $p < 0.05$, respectively).

Pregnancies: The TPR in the HIV- group was 4.4. ASPRs were lower in the HIV+ group as early as 7.5-5 yrs prior to AIDS, when the TPR RR was 0.73. Differences prevailed, with TPR RRs 0.55 and 0.41 for 5-2.5 and 2.5-0 yrs prior to AIDS diagnosis. **Births:** TFR in the HIV- group was 3.3. Lower ASBRs in some age groups were evident from 10 years before diagnosis. TFR RRs were 0.76, 0.61, 0.42, and 0.33 for 10-7.5, 7.5-5, 5-2.5, 2.5-0 yrs prior to AIDS. **Induced Abortion:** IAR in the HIV- women was 20.4%. HIV+ women had higher IARs in some age groups from 10 years prior to AIDS through all exposure periods. IAR RRs were 2.0, 1.8, 2.3, and 2.1 for 10-7.5, 7.5-5, 5-2.5, 2.5-0 yrs prior to AIDS. **Fetal Loss:** No differences were observed.

Conclusion. These data suggest that HIV-infected women experience decreased fertility many years prior to AIDS diagnosis. While some of the reduction in birth rates can be explained by an increased likelihood of induced abortion in infected women, rates of recognized pregnancy begin to decline as many as 7.5 years before AIDS. Further work is needed to determine the role of nutritional status, illicit drug use, contraceptive use, and sexually transmitted disease associated pregnancy loss and infertility.

Name and full address of contact author

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Full title of abstract

Track Categories indicate two choices for track/category codes (e.g. A3, D12)

Choice 1 Track/Category C 2 2

Choice 2 Track/Category C 3 2

Serial No.

Adequacy of prenatal care and perinatal zidovudine use to prevent HIV transmission--Texas

Background: In 1994 guidelines were published on the use of zidovudine (ZDV) to prevent perinatal transmission of human immunodeficiency virus (HIV). The ZDV regimen starts in the prenatal period.

Methods: We linked medical records of children born from January 1988 to March 1996 with records of their HIV-infected mothers, identified by surveillance projects conducted in 25 Texas hospitals. Categories for adequacy of prenatal care (PNC) were determined by a combined index of month prenatal care began (1-4 vs. 5-9) and proportion of recommended visits actually made (e.g., "intensive" = PNC began in month 1-4 and all recommended visits made). We examined the association between PNC and ZDV prescription, using chi-square tests.

Results: We identified 338 mother-child pairs; 79 (23%) with incomplete PNC information were excluded, resulting in 259 pairs for this preliminary analysis. Overall, 21% received intensive prenatal care, 46% received inadequate prenatal care and 9% received no prenatal care. Fifty-two (20%) births occurred after June 1994. The proportion that had intensive PNC increased over time (35% after June 1994 vs. 17% before, $p=0.01$). The proportion prescribed ZDV was higher after June 1994 than before (82% vs. 23% prenatally, 74% vs. 6% intrapartum, and 77% vs. 7% neonatally; $p=0.001$ for all). Stratified by year of birth, pairs with intensive PNC were more likely than others to be prescribed ZDV prenatally (adjusted odds ratio [aOR] 4.0; 95% confidence interval [CI] 1.8-8.6) and intrapartum (aOR, 3.3; 95% CI, 1.1-9.7).

Conclusions: Preliminary analyses indicate adequacy of prenatal care among HIV-infected women increased over time. These data on early implementation of the ZDV guidelines suggest that increasing adequacy of prenatal care increases likelihood of zidovudine prescription. Interventions are needed to help HIV-infected pregnant women seek prenatal care early and often so therapy to prevent HIV transmission can be initiated.

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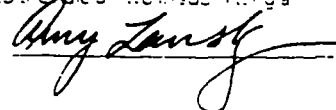
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Choice 1: Track/Category C 0 7

Choice 2: Track/Category B 5 9

Serial No.

1 Health Insurance Status among Persons with HIV and AIDS Living in the Rural Southeastern United States

2 Background: HIV-infected persons living in rural areas of the United States face barriers to care such as limited health and economic resources. This study examines sociodemographic correlates of the lack of health insurance among HIV-infected persons living in the rural southeastern United States.

Methods: Persons ≥ 18 years old seen during 1995-1996 in selected HIV clinics in areas of Georgia, Florida, South Carolina, and Delaware with $< 250,000$ population were eligible. Respondents were asked about sociodemographic characteristics and health care services. We used logistic regression for analysis.

Results: Of 994 eligible persons, 603 (61%) were interviewed. Two thirds (66%) were male, 41% had < 12 years education, and 58% had progressed to AIDS. One third (35%) had no health insurance, 55% had public insurance, and 10% had private insurance. More of those who received public assistance (70%) than those with no public assistance (48%) had insurance ($p=0.001$). In logistic regression analysis, lack of insurance was associated with having HIV, not AIDS (adjusted odds ratio [AOR], 2.1; 95% confidence interval [CI], 1.5-3.1), being male (AOR, 1.6; 95% CI, 1.2-2.7), having < 12 years education (AOR, 1.8; 95% CI, 1.0-2.1), and having an income of $< \$10,000/\text{year}$ (AOR, 1.9; 95% CI, 1.0-2.5). Fewer persons with no insurance (65%) than persons with insurance (85%) received antiretroviral therapy ($p=0.001$).

Conclusions: Lack of insurance was associated with lack of antiretroviral therapy, and fewer persons with HIV than persons with AIDS had insurance. Current guidelines recommend early treatment with combination antiretroviral therapy for persons with HIV infection. Thus, it is likely that many persons living in the rural southeastern United States are not receiving optimal HIV care. Extending insurance coverage to more persons with HIV infection is needed in rural areas to increase access to treatment.

Name and full address of contact author

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Choice 1: Track/Category **A 24**

Choice 2: Track/Category **A 7**

Serial No.

Adaptation to Promiscuous Usage of CC and CXCR Chemokine Coreceptors *in vivo* Correlates with HIV-1 Disease Progression

Objective: To study coreceptor usage of sequential primary isolates in a longitudinal follow-up cohort of HIV-1-infected men to understand its contribution to the pathogenesis of HIV-disease.

Methods: PBMCs from a cohort of gay men followed at CDC, including rapid progressors (RP; <5 yr. survival), late progressors (LP; slow CD4 decline after 5 yr. entry), and long-term nonprogressors (LTNP; no CD4 decline for 7-12 yr. follow-up) were analyzed for chemokine production; virus isolates from these PBMCs were tested for coreceptor usage using GHOST cells expressing various chemokine receptors.

Results: Infection of PBMCs from donors of CCR5 wild type and nonfunctional deletion type with 58 primary isolates from HIV-1-positive patients indicated that a switch from single CCR5 coreceptor usage to multiple coreceptor usage occurred in all 4 Rps and in 3 of 6 LPs. The use of GHOST cells expressing CD4 and various chemokine receptors revealed that in addition to the commonly used coreceptors CXCR4, CCR5, and CCR3, some of the virus isolates from patients in the terminal stage of infection also used CCR1, CCR2b, CCR4, and BOB as coreceptors. The emergence of viral variants capable of utilizing multiple coreceptors generally preceded CD4 cell decline to <200/ μ l and correlated with the onset of AIDS. In contrast, 3 LTNPs have maintained exclusive usage of CCR5 over a period of 7-12 yr. post infection. Analysis of chemokine levels from cells isolated at multiple time points during the course of infection revealed that endogenous production of RANTES and MIP-1 by the LTNPs PBMCs was not significantly different from that of RPs and LPs. However, the PHA-driven production of both chemokines was significantly higher in the LTNPs, suggesting that *in vivo* activating stimuli might curtail HIV-replication by inducing these chemokines.

Conclusion: These results provide evidence that both viral and host determinants resulting in the emergence of viral variants capable of using an expanded range of coreceptors may correlate with disease progression.

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Choice 1: Track/Category

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Choice 2: Track/Category

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Serial No.

Getting HIV prevention information into the hands of parents: Is the print media an underutilized resource?

Background: The CDC and others have called upon parents to discuss HIV risk factors with their children, but many parents don't have the information or confidence to discuss HIV or sexuality. Popular magazines may be an alternative venue for prevention information for parents. Therefore, the content of HIV-relevant articles published in monthly magazines was content-analyzed to determine the extent to which they convey this information.

Methods: Two reference sources were used to locate titles, audiences, and circulation rates (1--7.5 million). The top 7 magazines for women (WM), 2 for African Americans (AAM) and 3 for parents (PM) were selected. Three databases were searched for HIV/AIDS, sex, and teens/children. When articles were content coded, most were categorized as AIDS human interest (eg, personal narratives), AIDS information (eg, treatment), and sexual risk behavior (adult behavior, HIV & teens, and child/teen sexuality discussions.) Interrater agreement was high (92%).

Results: The 2 AAM published only 51 articles ($M = 25.5$) during 1987-1997, and the 7 WM published only 99 articles ($M = 14.14$) during 1987-1997. AAM and WM were similar in distribution of these articles across content categories: AIDS human interest (41% WM, 51% AAM), AIDS information (25% WM, 27% AAM) and sexual risk behavior (25% WM, 20% AAM). However, of the sexual risk behavior articles, none of those in AAM addressed HIV and teens or child/teen sexuality discussions (compared with 88% in WM); 100% of those in AAM addressed adult sexual risk behavior (compared with only 12% in WM). Most PM articles were in the sexual risk behavior category (57% child/teen sexuality discussions, 12% HIV and teens). Many were brief, but some gave detailed HIV information and guidance for parent-child discussions: risk factors for gay teens were rarely covered.

Conclusions: Popular magazine articles can and have provided parents with detailed HIV information and guidance for discussing risk and protective behavior with their children. However, their infrequency suggests that this media is an underused prevention resource. Moreover, if African American mothers are more likely to read African American rather than general women's magazines and if risk factors for gay teens are not being covered, the information may not be reaching the parents of adolescents at highest risk.

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Location of research or presentation

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Serial No.

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1

(Abstract title)

Reporting risk information: Are medical records better than self-report?

Klevens RM, Fleming PL, Neal JJ, Li J, and MTV Study Group

2 Background

Monitoring how HIV is transmitted within a population is crucial to prevention and control. In the US, the number of persons initially reported without risk information from medical records is increasing. This study compares the risk information obtained from reviews of medical records and that obtained from interviews with persons with AIDS.

Methods: We drew a random sample of persons whose AIDS diagnosis dated 1992 - 1995 and who were initially reported with heterosexually acquired HIV or no reported risk in 6 US reporting sites (Alabama, California, Florida, New Jersey, New York City, and Texas). We attempted a medical record review and interview of all persons sampled. To address self-reported risk versus risk in medical records, we selected the 314 persons who were sampled within 7 months of their AIDS diagnosis and whose record reviews and interviews were completed.

Results: Persons interviewed were similar to persons not interviewed by sex and age, but were more likely to be black (63% and 56%, respectively; $p=0.04$). The overall value of the kappa statistic was 0.44 (standard error=0.05), indicating moderate agreement between medical records and self-report. The highest percentage of agreement was for persons who self-reported heterosexually acquired HIV: 216/268 (81%) were also heterosexual in the medical records. Of the 26 persons self-reported as injecting drug users (IDUs) in the interview, 15 (58%) were also classified as IDUs in medical records. Although the sample was small, the lowest agreement 6/14 (43%) was for the men who have sex with other men (MSM). According to the hierarchy of risks used to present data on persons with AIDS and multiple HIV risk behaviors, the 19/235 (8%) persons initially reported as heterosexual, and 27 persons who had no risk in the medical record were reclassified.

3 Conclusions: Difficulties in obtaining interviews make this an infeasible method of obtaining risk on all persons with AIDS. For most heterosexual cases, risk was concordant in the two sources, indicating that medical record reviews are a useful source of risk information. Interviews were useful in reclassifying a small proportion of persons initially reported as heterosexual, and all of those initially reported with no risk.

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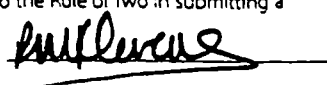
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USA

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C58

C19

Serial No.

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1 How common is secondary transmission of HIV in the U.S.?

Klevens RM, Fleming PL, Neal JJ, Li J, and MTV Study Group

Background: Of all AIDS cases in the US, 9% have been reported as heterosexual transmission (HT); however, the proportion of HT cases is increasing. We evaluated the frequency with which persons with heterosexually acquired AIDS knew their sexual partners' HIV risk behaviors.

Methods: Six US reporting sites (Alabama, California, Florida, New Jersey, New York City, and Texas) interviewed 598 adults to elicit their knowledge of their sexual partners' HIV risk behaviors. Persons were selected from a random sample of AIDS cases, initially reported as HT or unspecified risk. We defined primary HT as heterosexual activity with a partner with any of the following risks: male-to-male sex, injection drug use, receipt of contaminated blood, blood products, organ, or tissue; secondary HT was heterosexual activity with a partner with no primary risk behavior. Analysis was restricted to the 466 adults reporting heterosexual activity.

Results: Persons interviewed were similar to those not interviewed by gender and age, but interviewees were more likely to be black ($p=0.04$). Of persons interviewed, 370 (79%) reported primary HT. Women ($n=62$, 65%) were more likely than men ($n=34$, 35%) to report secondary HT ($p=0.03$). Persons reporting secondary HT were less likely than those reporting primary HT to have a history of sexually transmitted diseases (45% and 60%; $p<0.01$) and less frequently reported use of non-injecting drugs (45% and 50%; $p=0.34$). Persons reporting secondary HT were not significantly different than those reporting primary HT by race (73% and 62% were black, respectively; $p=0.07$), education (51% and 41% had less than a high school education, respectively; $p=0.08$), or marital status (45% and 36% had never been married, respectively; $p=0.13$). Adults reporting secondary HT had a similar median age, and median numbers of male or female sexual partners compared with those reporting primary HT.

Conclusions: Although most HT cases were in persons whose partners had a primary risk, 16% of men and 24% of women were potentially infected through secondary HT. Women were more likely than men to report secondary HT. Better characterization of these persons is needed to design appropriate prevention messages.

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Choice 1: Track/Category C 3 7

Choice 2: Track/Category C 1 0

Serial no.

STD control for HIV prevention in the US: Is there likely to be an impact?

Background: Although enhanced diagnosis and treatment of STD have been shown to reduce HIV transmission by 40% in Tanzania, the impact of STD control as an HIV prevention strategy in the US remains uncertain because US populations may experience lower HIV and STD prevalences, less heterosexual HIV transmission, and better access to quality STD care.

Methods: To assess concurrence of STD and HIV morbidity and quality of STD care in the US, we reviewed national and local surveys on HIV and STD morbidity and service delivery from 1990-97.

Results: Prevalences of gonorrhea (4%) and chlamydia (3-9%) in some US women age 15-24 are similar to those in African women. In many US STD clinics, HIV incidence exceeds 0.5/100 person-years. US regions with the highest HIV rates in child-bearing women also have the highest gonorrhea and syphilis rates. STD services are often lacking in populations at high risk for HIV and STD, e.g., < 50% of jails routinely screen inmates for STD. Only 50% of local health departments provide on-site STD care and many lack evening or weekend services. 90% of STD clinics in areas with high syphilis morbidity turn away clients due to limited resources. Private providers (who provide 60% of STD care in the US) are less likely than public providers to take sexual histories, to screen young, single women for STDs, and to provide prenatal syphilis screening and treatment.

Conclusion: Given the substantial STD and HIV comorbidity and suboptimal access to high quality STD services in some areas, enhanced STD diagnosis and treatment may be effective HIV prevention strategies in the US. Studies to compare the impact and cost-effectiveness of STD control with other HIV prevention strategies are needed to better allocate prevention resources.

Name and full address of contact author

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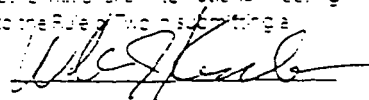
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Choice 1: Track/Category B 6 6

Choice 2: Track/Category B 5 2

Serial No.

1

Adherence to Opportunistic Infections (OIs) Prevention Guidelines in Federally Funded Health Care Facilities in the United States

Objectives: To determine adherence by health care providers to guidelines for prevention of OIs in HIV-infected adults in federally funded health care facilities in the United States.

Design: Descriptive medical record review study.

Methods: The Ryan White Title III program funds medical care for 73,000 HIV-infected adults--approximately 1/5 of HIV-infected persons in care in the U.S. Records of HIV-infected adults (≥ 13 years) in 11 Ryan White facilities in Maryland, New York, Georgia, and Illinois were reviewed by trained abstractors for information on 8 standard-of-care recommendations for care of HIV-infected adults during Nov 1996- Aug 1997. Eligibility required a visit to the facility within 6 months before date of abstraction and a lowest CD4+ lymphocyte count <500 cells/ μ L.

Results: Reviews were completed for 148 subjects in Maryland and for 355, 370, and 538 subjects in New York, Georgia, and Illinois, respectively. Measurement of HIV plasma RNA and prescription of antiretroviral therapy was recorded for 86% and 85% of patients, respectively. Prophylaxis against *P. carinii* pneumonia (PCP) and *M. avium* complex (MAC) had been prescribed for 86% and 69% of eligible patients; and tuberculin skin testing, (TST) pneumococcal vaccination (PVAC), toxoplasma antibody testing, and Pap smear testing had been performed for 70%, 70%, 85%, and 88%, respectively. Adherence to recommendations was similar when analyzed by patient age and racial/ethnic group, gender, urban vs. rural, and hospital vs. clinic setting. Among injection drug users (IDUs), prescription of MAC prophylaxis (63% vs. 70%), TST (71% vs. 82%), and PVAC (67% vs. 71%) seemed less common than in other HIV risk groups, although only the result for TST was statistically significant ($p < .001$).

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Conclusion:
max 5 lines

Conclusion: These data indicate a high level of adherence by health care providers to some, but not all, guidelines for preventing OIs in this sample of federally funded facilities, suggesting that adherence to some guidelines (e.g., MAC prophylaxis, TST, and PVAC) in these facilities could be improved, especially among IDUs.

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Choice 1: Track/Category D 1

Choice 2: Track/Category D 6

Serial No.

EIGHT-YEAR TRENDS IN HIV RISK BEHAVIORS AMONG U.S. YOUTH

Background: The HIV epidemic in the U.S. continues to escalate among adolescents and young adults. Sexual behaviors provide important markers of HIV risk. The objective of this study was to examine trends in sexual risk behaviors among US high school students during the 1990s.

Methods: Data from the 1990, 1991, 1993, 1995, and 1997 national Youth Risk Behavior Surveys (YRBS) were used to examine whether significant changes have occurred in HIV-related risk behaviors among in-school youth. The YRBS is the only ongoing surveillance system in the US providing sexual risk behavior data on high school students. The YRBS provides self-report data from comparable, independent samples of approximately 12,000 youth ages 14-18 (grades 9-12) each year it is conducted.

Results: From 1990 through 1997, no significant change was detected in the percent of high school students ever having had sexual intercourse (54.2% to 48.4%), having had sexual intercourse with four or more partners (18.7% to 16.0%), or having had sexual intercourse during the three months preceding the survey (37.5% to 34.8%). In contrast, overall condom use at last sexual intercourse increased significantly from 1991 to 1997 (46.2% to 56.8%). Subgroup analyses by gender, grade, and race/ethnicity indicated a significant increase in condom use among female and black students.

Conclusion: After more than 10 years of HIV prevention education through schools, families, and communities, sexual intercourse rates are level and condom use is increasing. While these findings are encouraging, many high school students are establishing patterns of behavior that put them at risk of HIV infection. More must be done to help young people delay initiation of sexual activity and increase condom use among those who choose to be sexually active.

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Presenting author's signature Laura Kann

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Location of research or project (country)

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Track Categories: Indicate two choices for track/category codes (e.g. A5, D12)

Choice 1: Track/Category C 3 9

Choice 2: Track/Category C 6 0

Serial No.

**1 Cost of Preventing HIV via Counseling:
Results from a Randomized Trial (Project RESPECT)**

Background: A large, multicenter randomized trial of HIV counseling efficacy found that compared to information messages typical of current practice, 2 different prevention counseling strategies reduced high-risk behaviors and new STDs. We compared costs and effectiveness of the 3 interventions studied.

Methods: 4328 heterosexual patients from 5 urban U.S. STD clinics were followed for 12 months after assignment to 1) *Educational Messages* (2 informational messages from a clinician [control strategy]); 2) *Brief Counseling* (2 sessions with a counselor); or 3) *Enhanced Counseling* (4 sessions with a counselor). We measured STD effects (gonorrhea, chlamydia, syphilis, HIV) and intervention costs (overhead, personnel, materials, and participant costs). Assuming HIV cases were averted at the same rate as STDs, we conducted an incremental cost-effectiveness analysis from a societal perspective.

Results: After 12 months, compared with *Education Messages*, 19% fewer patients in *Brief Counseling* and an additional 3% fewer in *Enhanced Counseling* had new STDs. We found 5 new HIV cases in *Educational Messages*, thus estimate 1 case of HIV prevented in each counseling intervention.

Strategy	Cases of STD/HIV	Incremental* STD averted	Incremental* HIV averted	US\$ per patient		\$ per STD averted		\$ per HIV averted	
				Total	Incremental*	Total	Incremental*	Total	Incremental*
Educational Messages	211/1438	---	---	\$ 58	---	---	---	---	---
Brief Counseling	173/1447	38	1	\$ 66	\$ 8	\$2,513	\$ 304	\$ 95,502	\$ 12,098
Enhanced Counseling	165/1443	8	< 1	\$179	\$ 113	\$5,615	\$3,102	\$258,297	\$162,795

* Incremental, ie Brief Counseling is compared with Educational Messages, and Enhanced Counseling with Brief Counseling.

Conclusions: *Brief Counseling*, if adopted, could prevent 20% of new STDs at \$304 per case prevented and (we estimate) 20% of new HIV infections at \$12,098 per case prevented. Compared to direct medical costs of STD and HIV, this is a small investment. *Enhanced Counseling* may be slightly more effective but at a much greater cost.

Name and full address of contact author

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Mary L. Kamb

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Choice 1: Track/Category C5

Choice 2: Track/Category C24

Serial No

Molecular Epidemiology of HIV-1 in Switzerland

Objectives: To genetically characterize the HIV-1 strains prevalent in Switzerland; to look for clustering of HIV-1 strains by geographic regions or risk groups; and to enhance the understanding of the HIV-epidemic in Switzerland.

Methods: 159 convenience samples from HIV-infected individuals were drawn prospectively between May and August 1996 at four HIV clinics in Basel, Zurich, St. Gallen and Lausanne. One additional study site in Geneva provided retrospective specimens. The proviral DNA was extracted from peripheral blood mononuclear cells and amplified by nested polymerase chain reaction (PCR). 342 nucleotides of the V3 and flanking regions of the *env* gene were sequenced (ABI, 373A) and analyzed. Phylogenetic analysis was performed using the neighbor joining program of PHYLIP. The genetic data were reviewed with available epidemiologic and demographic information.

Results: Of the 159 strains, 152 (96%) were identified as subtype B viruses. Of the remaining 7 (4%) specimens, 4 were subtype A, 1 was subtype D, and 2 were subtype E viruses. All 7 non-subtype B strains were identified from persons infected by heterosexual contact. Six out of these 7 viruses were detected in immigrants from African or Asian countries. No significant clustering of strains within different study sites or risk groups was found. A silent mutation (LAI *env* 834) was significantly more frequent in intravenous drug users than homosexual males ($p < 0.001$).

Conclusions: The HIV epidemic in Switzerland was apparently founded with subtype B viruses similar to those found throughout western Europe and the United States. Subtypes other than B have been identified, but have not firmly established themselves in the Swiss epidemic. No phylogenetically distinguishable strains can be described between the major risk groups or different geographic regions at this point in the epidemic.

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Location of research institution:

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Abstract Title:

Track Categories: Indicate two choices for track category codes (e.g. AB-D12)

Choice 1/Track Category: C 2 2

Choice 2/Track Category: C 1 6

Serial No.

Viral and Host Genetic Characterization of Possible Transient Infections in
Perinatally Exposed Infants.

Objective: To evaluate possible cases of transient infections in infants born to HIV-infected mothers.

Methods: In a prospective cohort from the NYC Perinatal HIV Transmission Collaborative Study, 8 (0.5%) of 611 exposed but uninfected infants were identified who had early HIV proviral DNA positive tests on only one occasion. Multiple specimens from each of the 8 infants with discordant PCRs were tested for identity at the HLA DQ α allele (AmpliType, Perkin Elmer, Foster City, CA). Discordant HLAs were considered to be the result of specimen mix-up. Infant specimens with concordant HLA but discordant PCR were sequenced with the matching maternal delivery specimen.

Results: In 5 of the 8 cases, specimen mix-up was responsible for discordant PCR results. Repeat PCR of the proviral DNA from a sixth infant was negative using multiple primer sets, suggesting a data recording error or contamination during initial PCR. From the remaining 2 infants, no phylogenetic linkage was observed between the infants' and mothers' HIV-1 strains.

Conclusion: Viral and host genetic characterization should be utilized to critically evaluate possible cases of transient HIV-infections in perinatally exposed infants. This study suggests that transient infections, if they occur at all, are rare.

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Choice 2: Track/Category D 4 9

Serial No.

Business Responds to AIDS: Integrating Research
into Practice

Objective: To describe how research results from a national probability survey of U.S. business policies and practices regarding HIV/AIDS have been used to further the Business Responds to AIDS program of the U.S. Centers for Disease Control and Prevention.

Methods: During summer 1995, the Responds to AIDS Program conducted the first national probability survey of US businesses (n=2252), stratified by size and industry type. Businesses were randomly selected from a national list of more than 470,000 U.S. businesses with 50 or more employees and surveyed on using a computer-assisted telephone interview. The response rate among eligible businesses was 79%, yielding 95% CIs ranging from +/-4% to +/- 8%. Businesses were asked about health benefits, workplace disability policies, manager training on these policies, employee and family education and charitable efforts related to HIV.

Results: Logistic regression modeling techniques were used to analyze the data, and predictive models were produced on three key outcome variables - HIV policies, education, and philanthropy. Of businesses with 50 or more employees, 28% reported an antidiscrimination policy for people with HIV (range 18%-80% by size), and almost all train their managers in these policies. Smaller businesses that reported ever having an employee with HIV were two to three times more likely to have an HIV policy than were businesses that were unaware of an HIV+ employee. Businesses that are self-insured are six times more likely to have a policy. Having an HIV+ employee and potential exposure to blood at the worksite was associated with five to six times higher rates of HIV education. Results such as these were used to better market the program, further materials development, and adjust program direction.

Conclusions: Using research to guide programmatic efforts can be very useful in identifying key factors that influence policies and practices at the worksite. Program changes resulting from this research include the dissemination of results to other business leaders to publicize the business community, development of documents in areas of need (e.g., employee and family education), and further targeting of program efforts toward the segments of the business community identified by the survey as needing additional support.

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Choice 1: Track/Category D 3 9

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Serial No.

Legislating HIV Prevention Policy: Spousal Notification Requirements in the United States

Background: In the 1996 reauthorization of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, the US Congress mandated that all States "require a good faith effort" to notify and refer for HIV testing all spouses of known HIV-infected individuals. A spouse was defined as any person legally married (within the ten years prior to HIV diagnosis) to an individual with known HIV infection. States were required to certify to the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration that they would comply with the spousal notification requirements or risk losing Federal funding.

Objective: Assess the types of responses by States to the Congressional mandate.

Methods: We surveyed all 50 states, the District of Columbia, and the Commonwealth of Puerto Rico ("CARE grantees") and abstracted their reports describing actions taken in response to the legislation.

Results: Senior health officials for all 52 CARE grantees certified compliance with the requirement. All CARE grantees retained eligibility for funding. Although almost two thirds (32 - 61.5%) of CARE grantees reported that spousal notification was an implicit element of their current partner notification program, many grantees undertook significant steps to assure compliance with the legislation. Seventeen grantees (30%) changed regulations, 40 (76.9%) revised protocols for staff potentially involved in identifying or notifying spouses, 44 (84.6%) communicated directly with private physicians and clinics regarding the new requirement, and 51 (98.1%) undertook special training initiatives.

Conclusion: A Congressional requirement for spousal notification that was linked to possible loss of funding had a substantial impact on public health practice in the United States. Whether the focus on legally married spouses contributed to HIV prevention efforts is unknown.

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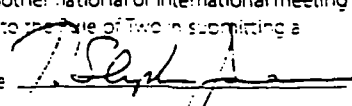
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Choice 1: Track/Category C 3 7

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Serial no.

STD control for HIV prevention in the US: Is there likely to be an impact?

Background: Although enhanced diagnosis and treatment of STD have been shown to reduce HIV transmission by 40% in Tanzania, the impact of STD control as an HIV prevention strategy in the US remains uncertain because US populations may experience lower HIV and STD prevalences, less heterosexual HIV transmission, and better access to quality STD care.

Methods: To assess concurrence of STD and HIV morbidity and quality of STD care in the US, we reviewed national and local surveys on HIV and STD morbidity and service delivery from 1990-97.

Results: Prevalences of gonorrhea (4%) and chlamydia (3-9%) in some US women age 15-24 are similar to those in African women. In many US STD clinics, HIV incidence exceeds 0.5/100 person-years. US regions with the highest HIV rates in child-bearing women also have the highest gonorrhea and syphilis rates. STD services are often lacking in populations at high risk for HIV and STD, e.g., < 50% of jails routinely screen inmates for STD. Only 50% of local health departments provide on-site STD care and many lack evening or weekend services. 90% of STD clinics in areas with high syphilis morbidity turn away clients due to limited resources. Private providers (who provide 60% of STD care in the US) are less likely than public providers to take sexual histories, to screen young, single women for STDs, and to provide prenatal syphilis screening and treatment.

Conclusion: Given the substantial STD and HIV comorbidity and suboptimal access to high quality STD services in some areas, enhanced STD diagnosis and treatment may be effective HIV prevention strategies in the US. Studies to compare the impact and cost-effectiveness of STD control with other HIV prevention strategies are needed to better allocate prevention resources.

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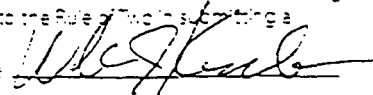
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Community organisation ☐

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Choice 1: Track/Category B 6 6

Choice 2: Track/Category B 5 2

Serial No.

1

Adherence to Opportunistic Infections (OIs) Prevention Guidelines in Federally Funded Health Care Facilities in the United States

Objectives: To determine adherence by health care providers to guidelines for prevention of OIs in HIV-infected adults in federally funded health care facilities in the United States.

Design: Descriptive medical record review study.

Methods: The Ryan White Title III program funds medical care for 73,000 HIV-infected adults--approximately 1/5 of HIV-infected persons in care in the U.S. Records of HIV-infected adults (≥ 13 years) in 11 Ryan White facilities in Maryland, New York, Georgia, and Illinois were reviewed by trained abstractors for information on 8 standard-of-care recommendations for care of HIV-infected adults during Nov 1996- Aug 1997. Eligibility required a visit to the facility within 6 months before date of abstraction and a lowest CD4+ lymphocyte count <500 cells/ μ L.

Results: Reviews were completed for 148 subjects in Maryland and for 355, 370, and 538 subjects in New York, Georgia, and Illinois, respectively. Measurement of HIV plasma RNA and prescription of antiretroviral therapy was recorded for 86% and 85% of patients, respectively. Prophylaxis against *P. carinii* pneumonia (PCP) and *M. avium* complex (MAC) had been prescribed for 86% and 69% of eligible patients; and tuberculin skin testing, (TST) pneumococcal vaccination (PVAC), toxoplasma antibody testing, and Pap smear testing had been performed for 70%, 70%, 85%, and 88%, respectively. Adherence to recommendations was similar when analyzed by patient age and racial/ethnic group, gender, urban vs. rural, and hospital vs. clinic setting. Among injection drug users (IDUs), prescription of MAC prophylaxis (63% vs. 70%), TST (71% vs. 82%), and PVAC (67% vs. 71%) seemed less common than in other HIV risk groups, although only the result for TST was statistically significant ($p < .001$).

3

Conclusion: max 5 lines

Conclusion: These data indicate a high level of adherence by health care providers to some, but not all, guidelines for preventing OIs in this sample of federally funded facilities, suggesting that adherence to some guidelines (e.g., MAC prophylaxis, TST, and PVAC) in these facilities could be improved, especially among IDUs.

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Choice 1: Track/Category D 1

Choice 2: Track/Category D 6

Serial No.

EIGHT-YEAR TRENDS IN HIV RISK BEHAVIORS AMONG U.S. YOUTH

Background: The HIV epidemic in the U.S. continues to escalate among adolescents and young adults. Sexual behaviors provide important markers of HIV risk. The objective of this study was to examine trends in sexual risk behaviors among US high school students during the 1990s.

Methods: Data from the 1990, 1991, 1993, 1995, and 1997 national Youth Risk Behavior Surveys (YRBS) were used to examine whether significant changes have occurred in HIV-related risk behaviors among in-school youth. The YRBS is the only ongoing surveillance system in the US providing sexual risk behavior data on high school students. The YRBS provides self-report data from comparable, independent samples of approximately 12,000 youth ages 14-18 (grades 9-12) each year it is conducted.

Results: From 1990 through 1997, no significant change was detected in the percent of high school students ever having had sexual intercourse (54.2% to 48.4%), having had sexual intercourse with four or more partners (18.7% to 16.0%), or having had sexual intercourse during the three months preceding the survey (37.5% to 34.8%). In contrast, overall condom use at last sexual intercourse increased significantly from 1991 to 1997 (46.2% to 56.8%). Subgroup analyses by gender, grade, and race/ethnicity indicated a significant increase in condom use among female and black students.

Conclusion: After more than 10 years of HIV prevention education through schools, families, and communities, sexual intercourse rates are level and condom use is increasing. While these findings are encouraging, many high school students are establishing patterns of behavior that put them at risk of HIV infection. More must be done to help young people delay initiation of sexual activity and increase condom use among those who choose to be sexually active.

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Choice 1: Track/Category C 3 9

Choice 2: Track/Category C 6 0

Serial No.

**1 Cost of Preventing HIV via Counseling:
Results from a Randomized Trial (Project RESPECT)**

Background: A large, multicenter randomized trial of HIV counseling efficacy found that compared to information messages typical of current practice, 2 different prevention counseling strategies reduced high-risk behaviors and new STDs. We compared costs and effectiveness of the 3 interventions studied.

Methods: 4328 heterosexual patients from 5 urban U.S. STD clinics were followed for 12 months after assignment to 1) *Educational Messages* (2 informational messages from a clinician [control strategy]); 2) *Brief Counseling* (2 sessions with a counselor); or 3) *Enhanced Counseling* (4 sessions with a counselor). We measured STD effects (gonorrhea, chlamydia, syphilis, HIV) and intervention costs (overhead, personnel, materials, and participant costs). Assuming HIV cases were averted at the same rate as STDs, we conducted an incremental cost-effectiveness analysis from a societal perspective.

Results: After 12 months, compared with *Education Messages*, 19% fewer patients in *Brief Counseling* and an additional 3% fewer in *Enhanced Counseling* had new STDs. We found 5 new HIV cases in *Educational Messages*, thus estimate 1 case of HIV prevented in each counseling intervention.

Strategy	Cases of STD/HIV	Incremental* STD averted	Incremental* HIV averted	US\$ per patient		\$ per STD averted		\$ per HIV averted	
				Total	Incremental*	Total	Incremental*	Total	Incremental*
Educational Messages	211/1438	---	---	\$ 58	---	---	---	---	---
Brief Counseling	173/1447	38	1	\$ 66	\$ 8	\$2,513	\$ 304	\$ 95,502	\$ 12,098
Enhanced Counseling	165/1443	8	< 1	\$179	\$ 113	\$5,615	\$3,102	\$258,297	\$162,795

* Incremental, ie Brief Counseling is compared with Educational Messages, and Enhanced Counseling with Brief Counseling.

Conclusions: *Brief Counseling*, if adopted, could prevent 20% of new STDs at \$304 per case prevented and (we estimate) 20% of new HIV infections at \$12,098 per case prevented. Compared to direct medical costs of STD and HIV, this is a small investment. *Enhanced Counseling* may be slightly more effective but at a much greater cost.

Name and full address of contact author

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Mary L. Kamb

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Serial No.

Molecular Epidemiology of HIV-1 in Switzerland

Objectives: To genetically characterize the HIV-1 strains prevalent in Switzerland; to look for clustering of HIV-1 strains by geographic regions or risk groups; and to enhance the understanding of the HIV-epidemic in Switzerland.

Methods: 159 convenience samples from HIV-infected individuals were drawn prospectively between May and August 1996 at four HIV clinics in Basel, Zurich, St. Gallen and Lausanne. One additional study site in Geneva provided retrospective specimens. The proviral DNA was extracted from peripheral blood mononuclear cells and amplified by nested polymerase chain reaction (PCR). 342 nucleotides of the V3 and flanking regions of the *env* gene were sequenced (ABI, 373A) and analyzed. Phylogenetic analysis was performed using the neighbor joining program of PHYLIP. The genetic data were reviewed with available epidemiologic and demographic information.

Results: Of the 159 strains, 152 (96%) were identified as subtype B viruses. Of the remaining 7 (4%) specimens, 4 were subtype A, 1 was subtype D, and 2 were subtype E viruses. All 7 non-subtype B strains were identified from persons infected by heterosexual contact. Six out of these 7 viruses were detected in immigrants from African or Asian countries. No significant clustering of strains within different study sites or risk groups was found. A silent mutation (LAI *env* 834) was significantly more frequent in intravenous drug users than homosexual males ($p < 0.001$).

Conclusions: The HIV epidemic in Switzerland was apparently founded with subtype B viruses similar to those found throughout western Europe and the United States. Subtypes other than B have been identified, but have not firmly established themselves in the Swiss epidemic. No phylogenetically distinguishable strains can be described between the major risk groups or different geographic regions at this point in the epidemic.

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Marcia Kalish

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Abstract Section 1

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Choice 2/Track/Category C 1 6

Serial No.

Viral and Host Genetic Characterization of Possible Transient Infections in Perinatally Exposed Infants.

Objective: To evaluate possible cases of transient infections in infants born to HIV-infected mothers.

Methods: In a prospective cohort from the NYC Perinatal HIV Transmission Collaborative Study, 8 (0.5%) of 611 exposed but uninfected infants were identified who had early HIV proviral DNA positive tests on only one occasion. Multiple specimens from each of the 8 infants with discordant PCR results were tested for identity at the HLA DQA allele (AmpliType, Perkin Elmer, Foster City, CA). Discordant HLAs were considered to be the result of specimen mix-up. Infant specimens with concordant HLA but discordant PCR were sequenced with the matching maternal delivery specimen.

Results: In 5 of the 8 cases, specimen mix-up was responsible for discordant PCR results. Repeat PCR of the proviral DNA from a sixth infant was negative using multiple primer sets, suggesting a data recording error or contamination during initial PCR. From the remaining 2 infants, no phylogenetic linkage was observed between the infants' and mothers' HIV-1 strains.

Conclusion: Viral and host genetic characterization should be utilized to critically evaluate possible cases of transient HIV-infections in perinatally exposed infants. This study suggests that transient infections, if they occur at all, are rare.

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Serial No.

Business Responds to AIDS: Integrating Research
into Practice

Objective: To describe how research results from a national probability survey of U.S. business policies and practices regarding HIV/AIDS have been used to further the Business Responds to AIDS program of the U.S. Centers for Disease Control and Prevention.

Methods: During summer 1995, the Responds to AIDS Program conducted the first national probability survey of US businesses (n=2252), stratified by size and industry type. Businesses were randomly selected from a national list of more than 470,000 U.S. businesses with 50 or more employees and surveyed on using a computer-assisted telephone interview. The response rate among eligible businesses was 79%, yielding 95% CIs ranging from +/- 4% to +/- 8%. Businesses were asked about health benefits, workplace disability policies, manager training on these policies, employee and family education and charitable efforts related to HIV.

Results: Logistic regression modeling techniques were used to analyze the data, and predictive models were produced on three key outcome variables -- HIV policies, education, and philanthropy. Of businesses with 50 or more employees, 28% reported an antidiscrimination policy for people with HIV (range 18%-80% by size), and almost all train their managers in these policies. Smaller businesses that reported ever having an employee with HIV were two to three times more likely to have an HIV policy than were businesses that were unaware of an HIV+ employee. Businesses that are self-insured are six times more likely to have a policy. Having an HIV+ employee and potential exposure to blood at the worksite was associated with five to six times higher rates of HIV education. Results such as these were used to better market the program, further materials development, and adjust program direction.

Conclusions: Using research to guide programmatic efforts can be very useful in identifying key factors that influence policies and practices at the worksite. Program changes resulting from this research include the dissemination of results to other business leaders to publicize the business community, development of documents in areas of need (e.g., employee and family education), and further targeting of program efforts toward the segments of the business community identified by the survey as needing additional support.

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Serial No.

Legislating HIV Prevention Policy: Spousal Notification Requirements in the United States

Background: In the 1996 reauthorization of the Ryan White Comprehensive AIDS Resources Emergency (CARE) Act, the US Congress mandated that all States "require a good faith effort" to notify and refer for HIV testing all spouses of known HIV-infected individuals. A spouse was defined as any person legally married (within the ten years prior to HIV diagnosis) to an individual with known HIV infection. States were required to certify to the Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration that they would comply with the spousal notification requirements or risk losing Federal funding.

Objective: Assess the types of responses by States to the Congressional mandate.

Methods: We surveyed all 50 states, the District of Columbia, and the Commonwealth of Puerto Rico ("CARE grantees") and abstracted their reports describing actions taken in response to the legislation.

Results: Senior health officials for all 52 CARE grantees certified compliance with the requirement. All CARE grantees retained eligibility for funding. Although almost two thirds (32 - 61.5%) of CARE grantees reported that spousal notification was an implicit element of their current partner notification program, many grantees undertook significant steps to assure compliance with the legislation. Seventeen grantees (30%) changed regulations, 40 (76.9%) revised protocols for staff potentially involved in identifying or notifying spouses, 44 (84.6%) communicated directly with private physicians and clinics regarding the new requirement, and 51 (98.1%) undertook special training initiatives.

Conclusion: A Congressional requirement for spousal notification that was linked to possible loss of funding had a substantial impact on public health practice in the United States. Whether the focus on legally married spouses contributed to HIV prevention efforts is unknown.

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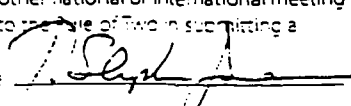
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Serial No.

1 Effect of Antiretroviral and Other Antiviral Therapies on the Incidence of Kaposi's Sarcoma and Trends in Kaposi's Sarcoma

Background: Antiretroviral therapy may decrease the incidence of Kaposi's sarcoma (KS) by slowing the progression of HIV disease and other antiviral therapy has been associated in some studies with a lower incidence of KS. We evaluated the effect of antiretroviral and other antiviral therapies on the incidence of KS in a large multicenter HIV/AIDS surveillance system and examined trends in KS incidence.

Methods: We used data abstracted from medical records in over 90 hospitals and clinics 1/90-7/97 in 9 U.S. cities that participate in the Adult/Adolescent Spectrum of HIV Disease (ASD) project. Incidence was calculated per 100 person-years (py) and the effect of therapies (time dependent [td]) on risk for KS was calculated by using multivariate Poisson regression which controlled for sex, race, age (td), HIV exposure mode, CD4+ cell count (td), and calendar year (td). Antiretroviral therapy was defined as either mono- or dual (mono/dual) therapy or as triple therapy. Acyclovir, ganciclovir, and foscarnet were the other antiviral therapies evaluated.

Results: Of 30,293 HIV-infected persons in the study representing 54,573 person years, 82% were men, 56% were nonwhite, and by HIV-exposure mode, 63% male-male sex (including those who injected drugs), 15% injecting drug use, 8% heterosexual contact, and 14% other exposure mode or no mode recorded. Overall, KS incidence declined an estimated 10% per year (observed incidence 4.8/100 py in 1990 to 1.5/100 py in 1997). Mono/dual therapy (n=21,080; relative risk [RR]=.87; 95% confidence limit [CI], .78-.97), triple therapy (n=802; RR=.41; 95% CI, .20-.83), and foscarnet (n=550; RR=.59; 95% CI, .351-.997) but not acyclovir or ganciclovir, were independently associated with a decreased risk for KS.

Conclusion: In our study population, antiretroviral therapy and foscarnet, which has in vitro activity against HHV-8 (the putative etiologic agent of KS), were associated with a lower risk for KS. The incidence of KS is declining in this large U.S. population and should continue to decline as new antiviral agents are developed and used widely.

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Serial No

Abstract Title

Risk profile of female sex workers who participate in
a routine penicillin prophylaxis program in Surabaya, Indonesia

2 **Objectives:** To describe the risk profile of female sex workers who participate in the routine penicillin prophylaxis program in Surabaya, Indonesia.

Design: Cross-sectional study.

Methods: We measured reported risk factors and STD prevalence among 1867 female sex workers, some of whom reported participation in a routine penicillin prophylaxis program.

Results: In Surabaya, 34% of female sex workers had received a prophylactic penicillin injection program from the government within 28 days. Sex workers who had received routine prophylaxis injection were more likely to be less educated, to work in brothel complexes, and to have more customers per week than other sex workers. The prevalence rates of syphilis, gonorrhea, chlamydia, and trichomoniasis were higher among sex workers who received the routine penicillin treatment than among those who had not received antibiotic treatment in the last 28 days. However, after adjustment for age, education, fee per sex act, number of customers, and condom use in the previous 7 days, only trichomoniasis was still significantly different (adjusted odds ratio of 3.2).

3 **Conclusion:** High risk women were more likely to participate in the routine penicillin prophylaxis program. The lack of a demonstrable individual-level protection from this prophylaxis treatment program in this cross-sectional study appears due to differential uptake of penicillin prophylaxis by women at higher presumptive risk for STD. Randomized clinical trials and mathematical modeling, together with observational data such as presented here, all can contribute to optimal understanding of a complex intervention like mass chemoprophylaxis for STD among female sex workers.

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J O E S O E F

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Serial No.

AIDS surveillance trends in the United States: declines in AIDS diagnoses and deaths direct a shift to integrated HIV/AIDS case surveillance.

Objective: To describe recent declines in U.S. AIDS diagnoses (dx) and deaths and examine trends in HIV dx compared to AIDS in 26 states that conduct HIV case reporting.

Methods: AIDS data from all States and Territories (data reported to CDC through Dec '97 were adjusted for reporting delays and unreported risk) and HIV surveillance data from 26 HIV reporting states were examined by half-year of dx or death through June '97. Based on their earliest HIV dx date, persons first reported as HIV infected were compared to persons reported with AIDS.

Results: Through Dec '97, 641,086 AIDS and 92,107 HIV (not AIDS) cases were reported to CDC. AIDS trends: Declines in AIDS and deaths from the first half of 1995 to the first half of 1996 were 9% and 14%, respectively. Comparing the first half of 1996 to the first half of 1997: AIDS declined 12% to 29,520 during Jan-June '97; deaths declined 44% to 12,040. Declines in AIDS and deaths were greatest for homosexual/bisexual men: AIDS declined 17% to 12,170 and deaths declined 51% to 4,840. For injecting drug users, declines in AIDS and deaths were 11% and 28%, to 8,830 and 4,060, respectively. For heterosexual-contacts, AIDS incidence was stable (N=6400) and deaths declined 33% to 2,010. AIDS prevalence was 259,000 persons in June '97; a 13% increase from June '96.

HIV trends: During 1994, 1995 and 1996, trends in persons with HIV dx (not AIDS) were stable: 9,800, 10,190, and 10,180, respectively. During 1994 through 1996, each year approximately two-thirds of persons with HIV/AIDS were first diagnosed with HIV.

Conclusions: Declines in AIDS incidence and deaths in the U.S. principally reflect the impact of treatment-induced delays in progression from HIV to AIDS and increased survival after an AIDS diagnosis. The number of new HIV dx is not affected by treatment. Because two-thirds of persons diagnosed each year were diagnosed with HIV before they progressed to AIDS, integrated HIV/AIDS surveillance is more representative of all persons diagnosed with HIV and provides opportunities for early prevention and treatment interventions.

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Choice 2:Track/Category D 1 7

Serial No.

Toward an integrated surveillance system for HIV/STD risk behaviors

Issue: The development and evaluation of HIV/STD prevention programs are increasingly guided by behavior rather than by disease indicators. While a variety of surveys and surveillance systems yield HIV/STD-specific behavior information, the utility of these systems for the development of locally-relevant interventions may be limited due to lack of standardization, a scarcity of information on populations at highest risk, and limited efforts to synthesize and return data for local use.

Project: In the fall of 1997, the U.S. Centers for Disease Control and Prevention (CDC) initiated a broad collaboration to improve the availability, quality, and use of HIV/STD-specific behavioral information at the local level. Objectives include: 1) to identify (prototypes of) existing surveys/surveillance systems with greatest local relevance; 2) to develop modules of standardized behavioral questions; and 3) to develop a system for data synthesis and dissemination.

Results: 1) Surveys/surveillance systems were identified at three levels: a) general population (e.g., the Behavioral Risk Factor Surveillance System, the Youth Risk Behavior Survey, and a variety of periodic or one-time surveys); b) infected populations (e.g., HIV/AIDS Reporting System, Supplement to HIV and AIDS Surveillance, STD surveillance/MIS, hepatitis surveillance); c) high-risk populations (e.g., the multi-site HIV Testing Survey, various local surveys. 2) Standardization will be achieved by the development of a hierarchical set of behavioral questions for inclusion across survey instruments, with the "top" questions being implemented at all levels and more specific items at the level of infected and high-risk populations. 3) The ultimate outcome of the initiative is to synthesize common data elements from the different survey levels. As an example, a comparison of different surveys that already contain a common data element (i.e., condom use at last sex) is being submitted as a separate abstract to this conference.

Lessons Learned: Locally-relevant behavioral information is needed for the development of HIV/STD prevention programs. The usefulness of data at every level may be greatly improved by standardization of data items and by enhancing access of this information to planning groups. In addition, this process may spur the development of local surveys. As methodological issues are not limited to CDC-supported systems, we invite survey researchers and other interested parties, both nationally and internationally, to participate in this process.

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F I C H T N E R

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Choice 1: Track/Category C 2 7

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Serial No.

Active Production of HIV-1 in the Female Genital Tract

Objectives: To determine if HIV is produced in the female genital tract, we compared HIV genotypes, RNA quasispecies, drug resistance mutations, and the quantity of HIV and HCV in plasma and vaginal secretions.

Methods: Plasma and vaginal lavage samples were obtained from women enrolled in a prospective study, a subset of whom were receiving antiretroviral therapy. The C2-V3 region of gp120 was examined using direct cycle sequencing of HIV-1 DNA that had been amplified from reverse-transcribed RNA. Drug resistance mutations in the reverse transcriptase region of *pol* were detected, using sequencing and a Line Probe Assay. For quasispecies analysis, amplified DNA was cloned and sequenced. HCV and HIV RNA were quantified in plasma and vaginal secretions, using the respective Roche RT-PCR assays.

Results: The major C2-V3 genotypes expressed in plasma and vaginal lavage were determined for 7 women. The predicted amino acid differences between plasma and vaginal virus for 5 of the 7 women were 0%, 0.9%, 3.5%, 7.0%, and 9.6%. For the 2 other women, the major vaginal species had an insertion or deletion, not found in the major plasma species, that would result in a truncated gp120 protein. In one woman, phylogenetic analysis showed a distinct segregation of most vaginal and plasma quasispecies with only 3 minor plasma clones grouping with the 10 vaginal clones. Of 3 women tested repeatedly, 2 developed drug resistance mutations in plasma, but neither developed a simultaneous resistance mutation in the vagina. For each of 4 women, the HCV viral load was greater than the HIV viral load in plasma, but in vaginal lavages of 2 of the women, HIV viral loads were 3,000 and 33,000 copies/ lavage, while HCV RNA was undetectable.

Conclusion: The differences in gp120 genotypes, RNA quasispecies, drug resistance mutations, and comparative amounts of HIV and HCV suggest that selected HIV-1 variants are actively produced in the female genital tract.

Name and full address of contact author

E L L E R B R O C K

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Choice 1: Track/Category C6

Choice 2: Track/Category C 12

Serial No.

1 *Bordetella bronchiseptica* infection in HIV-infected persons.

2 Background: *Bordetella bronchiseptica* is a pleomorphic gram negative coccobacillus which is a common cause of respiratory tract infections in dogs and may also infect cats. Case reports of *B. bronchiseptica* pneumonia, septicemia, and wound infections in immunosuppressed people have been recognized.

Methods: To identify persons with culture-confirmed *B. bronchiseptica* infections, we searched computerized records of persons observed in over 100 medical clinics in 11 US cities from January 1990-July 1997 in the Adult and Adolescent Spectrum of HIV disease project. For identified cases of *B. bronchiseptica* infection, we abstracted medical records to determine the nature of the illness, CD4 count at the time of the illness, outcome, concurrent bacteriologic culture isolates, and pet ownership.

Results: Among 41,336 persons with a median of 13 months of follow time, 9 cases of *B. bronchiseptica* infection were identified, with no geographic clustering. Seven cases occurred in males; median age was 33 years (range, 24-37 years). Most (5/9) had *B. bronchiseptica* pneumonia, 2/9 had sinusitis, 1/9 had bronchitis, and 1/9 had sinusitis and pneumonia. CD4 count at the time of diagnosis ranged from 1-207 (median, 15 cells/ μ l); 7 patients recovered from the illness during which *B. bronchiseptica* infection was diagnosed, and 2 died during the illness. Among 6 isolates with antibiotic resistance testing available, all were resistant to cefazolin and 5/6 were resistant to ceftriaxone; all were sensitive to gentamicin, 5/5 tested were sensitive to tobramycin, and 4/4 tested were sensitive to trimethoprim/sulfamethoxazole. For 5 patients, *B. bronchiseptica* was the only organism isolated from the culture sample; 4 others had co-isolates including *Pneumocystis carinii*, viridans *Streptococcus*, *Candida albicans*, and *Staphylococcus aureus*. Two of the patients reported contact with pet dogs and one with pet cats before the illness; history of contact with pets was unavailable for the remaining 6 patients.

3 Conclusions: *Bordetella bronchiseptica* in HIV infected persons may cause a range of illness from mild to severe sinusitis, bronchitis, and pneumonia. Most infections occurred in persons with severe immunosuppression, and half of the persons had co-pathogens in the culture sample which yielded *B. bronchiseptica*. No clear association with contact with dogs or cats was evident, although data on contact with animals was missing from medical records of most patients.

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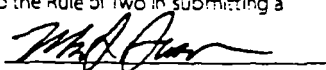
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Choice 1: Track/Category B39

Choice 2: Track/Category B35

Serial No.

Recent Patterns of Antiretroviral Prescriptions Among HIV-infected Patients in Care in the United States.

Background: Combination antiretroviral therapy is recommended for many HIV-infected and all AIDS patients.

Methods: Since information on recent patterns of antiretroviral prescriptions for patients in care reflects actual (not just recommended) practice, we analyzed data from the Adult and Adolescent Spectrum of HIV Disease Surveillance Initiative (ASD) to describe the frequency of prescriptions of 1 and not ≥ 2 (1T), 2 not ≥ 3 (2T), 3 not ≥ 4 (3T), and ≥ 4 (≥ 4 T) antiretroviral drugs among patients in care. ASD is a longitudinal medical record surveillance project at inpatient and outpatient medical facilities in 11 US cities (data from 9 are presented here).

Results: Of 3,648 patients prescribed at least one antiretroviral medication during the most recent 12 months of observation with ≥ 6 months observation in 1996 or later (including 2,538 [70%] with AIDS [1993 CDC definition]), 6.3% were prescribed 1T, 41.3% 2T, 43.9% 3T, and 8.5% ≥ 4 T. Of patients with AIDS or at least one viral load of $\geq 10,000$ during the year of observation ($n=3,105$), 5.7% were prescribed 1T, 38.3% 2T, 46.6% 3T, and 9.4% ≥ 4 T. The most common prescriptions were zidovudine (ZDV) (46.2%), stavudine (d4T) (19.9%), and didanosine (12.2%) for patients prescribed 1T ($n=312$ prescriptions), ZDV/lamivudine (3tC) (53.1%), d4T/3tC (25.4%), ZDV/zalcitabine (ddC) (3.5%) for patients prescribed 2T ($n=2,113$ prescriptions), and ZDV/3tC/indinavir (20.3%), d4T/3tC/indinavir (20.3%), ZDV/3tC/saquinavir (10.8%) for patients prescribed 3T ($n=2,417$ prescriptions).

Conclusions: Among patients with AIDS or a viral load $\geq 10,000$, a majority were prescribed ≥ 3 drug therapy but a significant minority were prescribed dual or monotherapy. Describing this latter group of patients and potential associated factors is important for future research.

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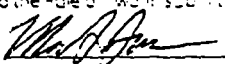
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Choice 2: Track/Category B 2 1

Serial No.

The Effect of Highly Active Antiretroviral Therapy (HAART) on Cervical Dysplasia and HPV Infection among HIV-infected Women

Objective: To investigate whether cervical dysplasia, and HPV persistence or acquisition are reduced among women after initiation of HAART.

Methods: Among HIV-infected women in the HER Study, 48 women who had initiated HAART were compared to 48 women with similar baseline CD4 count and HPV infection status who did not initiate HAART. Changes in Pap smear results and HPV status among women after 6 to 12 months of HAART were compared to changes among the comparison group of women taking no antiretroviral drugs. Presence of HPV was assessed by PCR using type-specific probes.

Results: Baseline CD4 counts for the HAART group (mean 210, range 0-681) were similar to those of the comparison group who were taking no antiretroviral drugs (mean 239, range 16-651). After 6 to 12 months, the HAART group showed increased CD4 count (mean CD4 change = 65 cell increase); the comparison group did not (mean CD4 change = 14 cell decrease) ($p = .003$). There was no difference between the two groups with respect to changes in pap smear results ($p = .49$), acquisition of HPV or persistence of HPV present at baseline ($p = .64$), changes in the number of HPV types present ($p = .71$), or changes in the amount of HPV present as measured by the strength of the HPV PCR signal ($p = .88$).

Conclusion: Improved immune status due to HAART, specifically increased CD4 count, appeared not to alter the course of HPV-related cervical disease in this small group of women followed for 6 to 12 months. Although significant differences may be seen with longer follow-up, these preliminary results suggest that HIV-infected women should continued to be followed closely for cervical cytologic abnormalities despite HAART-associated increase in CD4 count.

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Choice 2: Track/Category C 5 2

Serial No

Occupational Exposures Resulting in HIV Infection in Health Care Workers -- United States

2 Background: Although rare, occupational HIV transmission continues to occur in the health care setting, despite the availability of prevention guidelines. To help direct preventive efforts, we examined the circumstances surrounding occupational exposures resulting in HIV infection in health care workers (HCWs).

Methods: We reviewed cases of HCWs who had documented evidence of occupationally acquired HIV infection and were reported to CDC's national surveillance system from 1991 through 1997.

Results: Of 54 HCWs, there were 22 (41%) nurses, 5 (9%) physicians, 19 (35%) laboratory workers, 1 (2%) medical student, 1 (2%) maintenance worker and 6 (11%) other ancillary personnel. In 44 (81%) cases, the source patient was known to have clinical AIDS at the time of the HCW's occupational exposure. Percutaneous injuries occurred in 48 (89%) cases, of which 18 (38%) were related to sharps disposal (e.g., injured while placing sharps in disposal container, during clean-up, or because sharps were left in unusual locations), 5 (9%) involved unexpected patient movement during a procedure, and 4 (8%) involved needle recapping. Occupational exposures occurred in a hospital or clinic setting in 40 (75%) cases and in a hospice or patient's home in 3 (6%) cases. Of the 27 HCWs who had an occupational exposure after recommendations for post-exposure prophylaxis (PEP) first became available in 1990, 7 (28%) received PEP (all with zidovudine), which was initiated 30 minutes to 8 days following the exposure; the total duration of PEP ranged from 1 day to 8 weeks.

3 Conclusions: Because the highest frequency of HIV infection is related to percutaneous injuries, preventive efforts should focus on sharps disposal procedures and the use of safety devices. Furthermore, considerations should be given to the potential for occupational exposures outside of a hospital or clinic setting.

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1. *Journal of the American Medical Association*, 1997; 277: 1039-1043.

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Choice 1: Track/Category C 2 8

Choice 2: Track/Category C 7

Session _____

Communities at Risk— Estimating the Impact of the HIV Epidemic upon Adolescents and Young Adults at the Local Level

Background: Since HIV-infected persons who develop AIDS by age 25 tend to have been recently infected, trends in AIDS incidence among these young persons will closely parallel trends in HIV incidence. AIDS incidence data for persons aged 18-25 years can thus provide a population-based means of estimating recent patterns of HIV infection among adolescents and young adults. Moreover, communities with the greatest need for HIV preventive interventions can be identified by examining these data at the local level.

Methods: We analyzed AIDS surveillance and census data from all metropolitan statistical areas (MSAs) in the U.S. to calculate MSA-specific AIDS incidence rates for the 1-year periods July 1990-June 1991 and July 1995-June 1996. Our analysis included persons aged 18-25 years who were exposed to HIV through male-male sex, injecting drug use, or heterosexual contact. We excluded MSAs with < 10 AIDS cases in both evaluation periods. Data were adjusted for reporting delays, unreported HIV risks, and the 1993 change in the AIDS case definition.

Results: For the 58 MSAs included in our analysis, the median AIDS incidence rate in 1995/96 was 9.8 cases per 100,000 persons aged 18-25 years (range = 0.8-61.2). Some of the highest rates were in MSAs with populations < 500,000, such as Fort Pierce, FL (61.2), Jackson, MS (21.3), and Columbia, SC (18.9). Rates in these small MSAs were substantially higher than in nearly all MSAs with populations ≥ 1 million, including Washington, DC (13.8), Los Angeles, CA (8.6), and Chicago, IL (7.7). Between 1990/91 and 1995/96, AIDS incidence rates for young persons increased by > 25% in 15 (26%) of the 58 MSAs and decreased by > 25% in 21 (36%). MSAs in which rates increased by > 25% were significantly more likely than MSAs with decreases > 25% to have populations < 1 million persons (odds ratio [OR] = 3.6, 95% confidence interval [CI] = 2.0-6.6), and significantly more likely to have young persons with AIDS who were female (OR = 1.8, 95% CI = 1.3-2.6), black (OR = 4.4, 95% CI = 3.1-6.2), or exposed to HIV through heterosexual contact (OR = 2.1, 95% CI = 1.5-2.9).

Conclusions: The high AIDS incidence rates in most of the MSAs reflect persistently high levels of HIV infection among adolescents and young adults. Of particular concern, trends in AIDS rates during the 1990s indicate that the HIV epidemic continues to spread, most notably in small MSAs and among women, blacks, and heterosexual contacts. To halt this continued growth in the epidemic, HIV prevention activities must be expanded in all communities— those currently affected, those becoming affected, and those not yet affected.

Name and full address of contact author

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PAUL

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Choice 1: Track/Category C 6 Choice 2: Track/Category Serial No

TRENDS IN AIDS INCIDENCE AMONG BLACK PERSONS - UNITED STATES, 1990 -1996.

2 Objective: To describe national trends in estimated AIDS incidence rates among US blacks from 1990 through 1996.

Methods: We examined trends in the estimated number of black persons for whom AIDS-opportunistic illnesses (AIDS-OI's) were diagnosed during 1990-1996, based on AIDS cases reported to CDC through September 30, 1997. Data were adjusted for reporting delays, unreported risks, and AIDS-OI diagnosis dates were estimated for cases reported based only on the immunologic criteria. The 1990 and 1996 estimated census were used to estimate AIDS-OI incidence rates per 100,000 black population for 1990-1996, by gender, age, and transmission category.

Results: From 1990 to 1996, estimated AIDS-OI incidence rates declined among whites (from 12 to 11 per 100,000), increased among blacks (from 50 to 76 cases per 100,000) and Hispanics (from 28 to 32 cases per 100,000). During 1995 to 1996, the AIDS-OI rate among blacks declined from 77 to 76 cases per 100,000 black population; AIDS-OI rates decreased among black men (from 119 to 116) but increased among black women (from 44 to 46). Increases differed by age groups: AIDS-OI rates increased for the 40-49 age group (from 95 to 98) and the 50 and over age group (from 36 to 37) but remained stable for the 13-19 age group (2) and for the 30-39 age group (141). Rates declined slightly for other age groups. AIDS-OI rates increased for persons infected through heterosexual contact (from 22 to 24) and declined for pediatric exposure groups (from 6 to 5), men who have sex with men (from 65 to 62), and injecting-drug users (from 40 to 39).

3 Conclusions: AIDS-OI incidence rates increased steadily through 1995 and declined slightly in 1996, possibly reflecting delayed progression to AIDS among persons receiving combination antiretroviral therapy. However, this decrease in AIDS incidence among black persons is not uniform. Among black women, the ≥40 age groups, and persons infected through heterosexual contact, the increase may reflect ongoing HIV transmission, progression to AIDS in the large number black persons estimated to be HIV-infected or differences in access to new therapies.

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Choice 1: Track/Category C 9

Choice 2: Track/Category

Serial No.

Characteristics of HIV-Positive Health Care Workers Reported with Tuberculosis in the United States, 1993 to 1996

Background: Reports of tuberculosis (TB) cases in the United States (US), including information on HIV-status, are submitted annually to the CDC. In January 1993, expanded TB surveillance was implemented in the U.S. to improve monitoring and to target groups at risk of disease. HCWs were included because of numerous reports of nosocomial outbreaks in urban hospitals, many of which involved multidrug-resistant strains of *Mycobacterium tuberculosis*.

Methods: We analyzed surveillance data from the US for TB cases reported from 1993-1996, and compared demographic and clinical characteristics of HIV-positive (HIV[+]) health care workers (HCWs) to HIV[+] non-health care workers (n-HCWs).

Results: During the period from 1993 to 1996, 1,596 TB cases were reported among HCWs and 31,652 TB cases were reported among n-HCWs who were 20 to 49 years of age at diagnosis. Information on HIV-status was missing for a large proportion of HCWs (60.0%) and n-HCWs (53.9%). Among the TB cases with known HIV-status, 24.8% of HCWs and 41.5% of n-HCWs were HIV[+]. HIV[+] HCWs with TB were more likely to be female (33.5% vs 22.1%); white (22.8% vs 15.3%); and foreign-born (26.6% vs 14.9%), compared to HIV[+] n-HCWs. HIV[+] HCWs were less likely to have a previous diagnosis of TB (3.2% vs 4.8%), and more likely to be diagnosed with extra pulmonary TB only (24.7% vs 18.2%). In New York City, HIV[+] HCWs were more likely to be resistant to isoniazid and rifampin when compared to HIV[+] n-HCWs (24.3% vs 8.9%), whereas in the rest of the country, drug resistance was low among both groups (1.9 vs 3.0).

Conclusions: These data suggest that there are some differences between HIV-positive HCWs with TB and HIV-positive n-HCWs with TB with regard to demographics and clinical disease. Further studies are needed to determine risk factors for occupational transmission of TB among HIV-positive HCWs.

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Serial No.

Characteristics of Adult HIV-Infected Female Tuberculosis Patients, U.S., 1993-1996

Background: Beginning in 1993, information on HIV status at diagnosis of tuberculosis (TB) has been collected in the U.S. national TB surveillance system. The characteristics of women with TB and HIV co-infection are described below.

Methods: Data from U.S. National TB surveillance for 1993-1996 was analyzed. Verified female TB cases, 20 years and greater, with HIV status reported as either (-) or (+) were included in the analyses. California and Rhode Island reported no HIV information and thus are excluded from all analyses.

Results: HIV results were reported for 8263 of 23588 (35%) adult female TB patients. 29% (2421/8263) were reported as HIV (+). HIV (+) women were younger (37 years vs 45 years) and more likely to be black (72% vs 40%) than HIV (-) women. The percent (73%) of women with pulmonary TB did not differ between HIV (+) and (-); however, HIV (+) women were twice as likely to have both pulmonary and extra-pulmonary disease than HIV (-) women (11% vs 5%). Among women with pulmonary disease, HIV (+) women were less likely to have an abnormal chest radiograph (CXR) (87% vs 96%). Of those with abnormal CXRs, 16% of HIV (+) and 32% of HIV (-) women had cavitary disease. HIV (+) women were both more likely to be dead at the time of TB diagnosis (6% vs 1%) and to die while on TB therapy (31% vs 5%) than HIV (-) women. 6% of HIV (+) women and 2% of HIV (-) women were resistant to at least INH and rifampin. HIV (+) women were 5 times (10% vs 2%) as likely to be resistant to rifampin only compared to HIV (-) women.

Conclusion: Reporting of HIV results among women in the National TB surveillance system remains low. However, among those with reported HIV status, HIV prevalence is high. HIV (+) women are less likely to have abnormal CXRs and cavitary disease, making diagnosis more difficult. Furthermore, drug resistance to the two most effective TB medications among HIV (+) women is greater than among HIV (-) women, complicating treatment.

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Choice 2: Track/Category C 3 3

Serial No.

1 Preventability of Occupational Exposures Resulting in Human Immunodeficiency Virus (HIV) Postexposure Prophylaxis.

Background: Although postexposure prophylaxis (PEP) is an important element in workplace safety, preventing blood exposures is the primary means of preventing occupationally acquired HIV infection.

Objective: To evaluate the preventability of exposures for which HIV PEP was prescribed.

Method: We assessed the circumstances of exposures resulting in HIV PEP reported to the National Surveillance System for Hospital Health Care Workers (NaSH).

Results: During June 1995-September 1997, the six hospitals in NaSH reported 1710 exposures to blood/bloody fluids; 245 (14%) resulted in the exposed health care worker (HCW) taking HIV PEP. These exposures included 218 (89%) percutaneous injuries (PIs), 19 (8%) mucous membrane exposures, 6 (2%) skin exposures, and two (1%) bites. The PIs involved 153 hollow-bore needles, 29 suture needles, 17 scalpels, and 19 other sharps. At least 108 (50%) PIs could be classified as potentially preventable as follows: 65 occurred during or after disposal (i.e., while placing the device in the disposal container, while in transit to container, during clean-up, or because the device was left in an unusual location), 38 during or immediately after the use of hollow-bore needles that could be replaced by available safety devices, and five during recapping. The mucous membrane exposures included three exposures to mouth and eyes and 16 to eyes only. In 15 (79%) exposures, eye protection was not used. Five skin exposures involved hands, and gloves were used in three (60%).

Conclusion: At least 126 (51%) of the occupational exposures that resulted in the use of PEP could have been prevented by the use of appropriate work practices, including barriers and safety devices, by HCWs. Preventing these exposures would result in the prevention of 1) occupationally acquired infections, 2) possible adverse effects related to PEP, and 3) emotional distress to exposed HCWs, and also result in cost-savings.

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Choice 2: Track/Category C 4 9

Serial No.

1 Use of Crack Cocaine After HIV Diagnosis and Impact on Condom Use

Objective: To characterize the level of crack cocaine use after HIV diagnosis, and the level of condom use among HIV+ persons who continue to use crack.

Methods: Analysis of personal interviews with subjects ≥ 18 years of age reported with HIV or AIDS to 12 state and local health departments from June 1990 through October 1997.

Results: Of 18,095 persons interviewed, 5,214 (29%) had ever used crack. Among crack users, 3,306 (65%) had used crack since being diagnosed with HIV. Women were more likely than men (69% vs. 63%, $p=.001$) and Black persons were more likely than persons of other races (69% vs. 58%, $p=.001$) to have used crack since HIV was diagnosed. Logistic regression analysis of crack users who had been sexually active since HIV was diagnosed ($n=1,778$) showed that those who continued to use crack were more likely than those who did not to have unprotected sex (sex without condom) with steady partners (47% vs. 40%; adjusted odds ratio [AOR] 1.4, 95% confidence interval [CI] 1.1-1.8) and casual partners (46% vs. 36%; AOR 1.6, 95% CI 1.2-2.1), after controlling for age, race, gender, education, disease status (HIV vs. AIDS) and history of injected drug use.

Conclusions: Crack use can affect high-risk sexual behavior. Because many HIV-infected crack users continue both to use crack and have unprotected sex, sexual transmission of HIV by this group is likely. Prevention efforts should be focused on expanding drug treatment options for HIV infected crack users and increasing the use of condoms by this group to reduce sexual transmission of HIV.

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Serial No.

The Effect of a Theory-Based HIV Prevention Intervention on
Condom Use with Main Partners in Samples of U.S. Women

Objective: To evaluate the effect of a stages of behavior change intervention, delivered in clinics/facilities, on condom use with main partners among women at risk for or infected with HIV.

Methods: Data are from Project CARES (Comprehensive AIDS and Reproductive Health Education Study) funded by the U.S. Centers for Disease Control and Prevention. The goal of Project CARES was to implement and evaluate a behavior change intervention for women at risk for HIV, STDs, and unplanned pregnancies. Women at increased risk for HIV infection were recruited from drug treatment centers, housing projects and homeless shelters in Philadelphia (n=1289), and women living with HIV from hospital-based HIV clinics in Baltimore (n=322). The behavior change counseling intervention delivered by specially-trained peer paraprofessional counselors was based on the Transtheoretical Model of Behavior Change (Prochaska & DiClemente, 1983). Counselors assessed a woman's level of readiness to change her condom behavior and then tailored individual counseling sessions to her stage. Logistic regression analyses were performed.

Results: In the at risk sample, 6-month longitudinal follow-up data showed (adjusted odds ratios) that women exposed to individual counseling were twice as likely to report condom use with main partner at last sex (OR=2.0, p<.02) and always use of condoms (OR=2.02, p<.03), and less likely to report never use (OR=.32, p<.001), vs. women in the comparison sites. Among women infected with HIV, women in the intervention group were significantly more likely to move up a stage or remain consistent condom users (OR=2.62, p<.06) and less likely to relapse from consistent use (OR=.33, p<.04), than women in the comparison group.

Conclusion: HIV prevention interventions for women based on the TM can be effective for women with different risk profiles. The stage-tailored counseling helped to both increase consistent condom use and to prevent relapse among women further along the stage of change continuum. This intervention may be most feasible in communities where women at risk can be reached through family planning or other health and social service settings.

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Choice 1: Track/Category C 3 0

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Serial No

U.S. Women at Risk of HIV/STD: Who Wants and Who Uses Female
 Condoms

Objective: The female condom (FC) has been promoted as a woman-controlled alternative to the male condom. We assessed predictors of initial receptiveness to and subsequent use of the FC, focusing on method and relationship variables, among women from two U.S. urban STD clinics.

Method: Data are from women enrolled (7/95 - 7/97) in a cohort study of the effectiveness of MCs and FCs for prevention of STDs (n=824). Participants were given a baseline structured interview, an intervention promoting FC (with MC as backup), free barrier supplies of choice, and training on keeping a sexual diary. Diaries were reviewed and supplies replenished at six, monthly follow-up visits.

Results: Participants were 85% African American, median age 23, 52% employed, 65% had STD history, median lifetime number 6 sex partners. Using logistic regression analysis, controlling for five demographic variables, the major factors associated with being very interested in trying the FC, at baseline, were: strongly preferring features of female-control (OR=2.1), having four or more lifetime sex partners (OR=2.1), rejecting the idea that condoms are unnecessary in stable relationships (OR=1.7), inability to talk with partner about need for MCs (OR=2.2), having low MC self-efficacy (OR=2.8), and gender-polarized rather than shared decision making in the relationship (OR=2.3); a negative association with strongly disliking internal insertion features (OR=0.5) was found. The factors associated with using the FC more than once during follow up were: reporting high future likelihood of using an intravaginal barrier method (OR=3.0), relationship with main partner > six months (OR=2.0), absence of social norms supporting MC use (OR=1.7); a negative association with male-dominated decision making structure (OR=0.5) was found.

Conclusions: Women who reported difficulty negotiating MC use and valued woman-control features were initially receptive to the FC. Actually using the FC was most likely among women in long-term relationships and less likely among women reporting little decision making power. In both models, partner violence and MC indications (coercion, abandonment) were insignificant. The HIV prevention potential of the FC may be mediated by complex relationship factors such as the balance of decision making.

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Serial No

Evaluation of a School Condom Availability Program: Impact on Sexual Behavior and Condom Use

Background: In an effort to reduce unprotected sexual intercourse, 10 high schools in a U.S. city began making condoms available through vending machines, baskets in school clinics, or both. This study measured the number of condoms students obtained and the impact of condom availability on sexual behavior and condom use.

Methods: School-wide student surveys were administered in spring 1993 and in spring 1995, before and during the implementation of the condom availability program. These data were compared with data from nationally representative surveys administered at the same time.

Results: Students in the ten high schools obtained an average of 4.6 condoms per year, the vast majority from baskets and very few from vending machines. In two schools with both vending machines and baskets, students obtained more than 70 times as many condoms from baskets than from machines. Relative to the national samples, the percentage of students who had ever had sex remained the same after the program began (46% in 1993 vs. 42% in 1995); the percentage of students who had sex during the three months preceding the survey decreased significantly (32% of students in 1993 vs. 28% in 1995, $p=.02$); and the percentage of sexually experienced students who used a condom the last time they had sex decreased significantly (57% in 1993 vs. 51% in 1995, $p=.04$), particularly in the five schools with clinics and baskets of condoms (57% vs. 47%, $p=.005$).

Conclusions: Making condoms available in this city's high schools enabled students to obtain relatively large numbers of condoms, but did not increase condom use. One explanation for this finding is that condoms were already accessible to students; the school-based program created a substitution effect. In addition, school condom availability may not have addressed the barriers to condom use.

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Choice 1:Track/Category C 4 5 Choice 2:Track/Category B 6 1 Serial No

Home Collection for HIV Testing in the United States: the First Year

Background: In mid-1996, two commercial products were approved in the U.S. which allow persons to obtain their own dried-blood spot sample for anonymous HIV testing, mail it to a laboratory, and receive results over the telephone. Information is collected about users to help assess the public health impact of home HIV testing.

Objective: To characterize users of HIV home test collection systems.

Methods: Aggregate data provided by both home collection kit sponsors were analyzed to determine the number of users and HIV prevalence. We also analyzed demographic and HIV risk information provided voluntarily by users during telephone counseling, and the information recorded in the call log used by telephone counselors to describe post-test counseling interactions.

Results: During the first year of availability, 174,316 persons used home collection HIV test kits: 0.9% tested positive, and 97% called for their results. Demographic and behavioral information was provided by 54,850 (31%) of users of one kit but only 20,750 (22%) of users of the other kit. Of respondents, 62% were male, 38% female; 57% had not tested before; 80% were heterosexual (4% of whom had injected drugs) and 20% were men with male partners (7% of whom had injected drugs). Of those testing positive, 38% were bisexual men, 28% homosexual men, 24% heterosexuals, and 11% had injected drugs. HIV prevalence among home users was comparable to that in persons tested at public health sites, and was higher among African American (2.7%) and Hispanic (2.2%) users than whites (0.7%). Counselors documented that 65% of HIV-positive clients were referred for care, 23% planned to use their existing sources of care, and 5% hung up without counseling.

Conclusion: HIV prevalence among home collection users is similar to that among persons at public testing sites which serve high-risk persons. Many users have not tested before, suggesting that home collection is being used by persons at risk who may not access other testing opportunities. Studies are continuing to determine the utility and potential public health impact of this new method for consumer-controlled HIV testing.

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Serial No.

Occupational Exposures Resulting in HIV Infection in Health Care Workers -- United States

2 Background: Although rare, occupational HIV transmission continues to occur in the health care setting, despite the availability of prevention guidelines. To help direct preventive efforts, we examined the circumstances surrounding occupational exposures resulting in HIV infection in health care workers (HCWs).

Methods: We reviewed cases of HCWs who had documented evidence of occupationally acquired HIV infection and were reported to CDC's national surveillance system from 1991 through 1997.

Results: Of 54 HCWs, there were 22 (41%) nurses, 5 (9%) physicians, 19 (35%) laboratory workers, 1 (2%) medical student, 1 (2%) maintenance worker and 6 (11%) other ancillary personnel. In 44 (81%) cases, the source patient was known to have clinical AIDS at the time of the HCW's occupational exposure.

Percutaneous injuries occurred in 48 (89%) cases, of which 18 (38%) were related to sharps disposal (e.g., injured while placing sharps in disposal container, during clean-up, or because sharps were left in unusual locations), 5 (9%) involved unexpected patient movement during a procedure, and 4 (8%) involved needle recapping. Occupational exposures occurred in a hospital or clinic setting in 40 (75%) cases and in a hospice or patient's home in 3 (6%) cases. Of the 27 HCWs who had an occupational exposure after recommendations for post-exposure prophylaxis (PEP) first became available in 1990, 7 (28%) received PEP (all with zidovudine), which was initiated 30 minutes to 8 days following the exposure; the total duration of PEP ranged from 1 day to 8 weeks.

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Conclusions: Because the highest frequency of HIV infection is related to percutaneous injuries, preventive efforts should focus on sharps disposal procedures and the use of safety devices. Furthermore, considerations should be given to the potential for occupational exposures outside of a hospital or clinic setting.

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June 28-July 3 1998

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Track Category will indicate how choices for track category codes (e.g. A1-D12)

Choice 1 Track Category **B 2 C**

Choice 2 Track Category **A 2 4**

Choice 3

Mechanisms of HIV Transmission through Epithelial Cell Barriers

Objectives: Previous studies have shown that HIV can be transcytosed across epithelial cell line barriers; however, there is no information concerning primary epithelial cells. Our objectives were to determine if primary epithelial cells have the ability to harbor and transmit HIV and to determine if primary epithelial cells can transcytose HIV.

Methods: For HIV transmission, primary prostate epithelial cells (PrEC) and two epithelial cervical carcinoma cell lines, ME-180 and CaSKI, were inoculated with HIV and washed. Various concentrations of resting or activated CD8-depleted PBMCs were added before or after the epithelial cells were trypsinized. Supernatants were monitored every 2 days for HIV expression using a p24 ELISA. DNA PCR was performed on the post-trypsinized epithelial cells to evaluate proviral integration. For HIV transcytosis, the epithelial cells were cultured on 0.4 µm transwell filters until confluent (day 7). Cell-free HIV (LAI; MOI 1001) or cell-associated (18 hours, TNFα-induced OM10.1 cell line) HIV was added to the apical side. The basolateral medium was sampled for HIV p24.

Results: Without trypsinization, HIV was recovered by day 3 from ME-180 and CaSKI cell lines and by day 7 from the PrEC cells by activated PBMCs but not by resting PBMCs. For all epithelial cells, at least 5×10^5 activated PBMCs (2 PBMCs to 1 epithelial cell) were required for HIV recovery. Trypsinization of the epithelial cells resulted in a loss of recoverable HIV from PrEC, but not ME-180 and CaSKI cells, even though all transiently had provirus. We next explored HIV transcytosis. PrEC developed a tight-junction monolayer as seen by high transepithelial resistance ($433 \Omega \times \text{cm}^2$). CaSKI cells developed a moderate tight-junction monolayer ($50 \Omega \times \text{cm}^2$), while the ME-180 cells failed to make a tight-junction monolayer. Consequently, cell-free HIV was readily transcytosed through ME-180 cells by 1 hour and through CaSKI cells by 2 hours. Cell-associated virus began to transcytose through ME-180 and CaSKI cells by 24 hours. Importantly, PrEC did not transcytose cell-free or cell-associated HIV.

Conclusions: Both primary and immortalized epithelial cells have the capacity to transiently sequester HIV, but primary (PrEC) cells are incapable of transmission. Further, formation of a tight-junction monolayer by PrEC did not allow transcytosis of cell-free or cell-associated HIV. Collectively, these data suggest that the in vivo mucosal epithelial barrier protects against HIV transmission, and that factors, such as STDs, affecting the integrity of transepithelial tight-junctions may allow viral entry and thus have implications for sexual transmission.

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Abstract Option 1 ☒ Abstract Option 2 ☐

Location of research or project: country

Community organisation

UNITED STATES

Track/Category: Indicate two choices for track/category codes (e.g. A5 D12)

Choice 1: Track/Category C 2 8

Choice 2: Track/Category C 7

Session

Communities at Risk— Estimating the Impact of the HIV Epidemic upon Adolescents and Young Adults at the Local Level

Background: Since HIV-infected persons who develop AIDS by age 25 tend to have been recently infected, trends in AIDS incidence among these young persons will closely parallel trends in HIV incidence. AIDS incidence data for persons aged 18-25 years can thus provide a population-based means of estimating recent patterns of HIV infection among adolescents and young adults. Moreover, communities with the greatest need for HIV preventive interventions can be identified by examining these data at the local level.

Methods: We analyzed AIDS surveillance and census data from all metropolitan statistical areas (MSAs) in the U.S. to calculate MSA-specific AIDS incidence rates for the 1-year periods July 1990-June 1991 and July 1995-June 1996. Our analysis included persons aged 18-25 years who were exposed to HIV through male-male sex, injecting drug use, or heterosexual contact. We excluded MSAs with < 10 AIDS cases in both evaluation periods. Data were adjusted for reporting delays, unreported HIV risks, and the 1993 change in the AIDS case definition.

Results: For the 58 MSAs included in our analysis, the median AIDS incidence rate in 1995/96 was 9.8 cases per 100,000 persons aged 18-25 years (range = 0.8-61.2). Some of the highest rates were in MSAs with populations < 500,000, such as Fort Pierce, FL (61.2), Jackson, MS (21.3), and Columbia, SC (18.9). Rates in these small MSAs were substantially higher than in nearly all MSAs with populations ≥ 1 million, including Washington, DC (13.8), Los Angeles, CA (8.6), and Chicago, IL (7.7). Between 1990/91 and 1995/96, AIDS incidence rates for young persons increased by > 25% in 15 (26%) of the 58 MSAs and decreased by > 25% in 21 (36%). MSAs in which rates increased by > 25% were significantly more likely than MSAs with decreases > 25% to have populations < 1 million persons (odds ratio [OR] = 3.6, 95% confidence interval [CI] = 2.0-6.6), and significantly more likely to have young persons with AIDS who were female (OR = 1.8, 95% CI = 1.3-2.6), black (OR = 4.4, 95% CI = 3.1-6.2), or exposed to HIV through heterosexual contact (OR = 2.1, 95% CI = 1.5-2.9).

Conclusions: The high AIDS incidence rates in most of the MSAs reflect persistently high levels of HIV infection among adolescents and young adults. Of particular concern, trends in AIDS rates during the 1990s indicate that the HIV epidemic continues to spread, most notably in small MSAs and among women, blacks, and heterosexual contacts. To halt this continued growth in the epidemic, HIV prevention activities must be expanded in all communities— those currently affected, those becoming affected, and those not yet affected.

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Paul Dinning

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Choice 1: Track/Category C 6 Choice 2: Track/Category Serial No

TRENDS IN AIDS INCIDENCE AMONG BLACK PERSONS - UNITED STATES, 1990 -1996.

2 Objective: To describe national trends in estimated AIDS incidence rates among US blacks from 1990 through 1996.

Methods: We examined trends in the estimated number of black persons for whom AIDS-opportunistic illnesses (AIDS-OI's) were diagnosed during 1990-1996, based on AIDS cases reported to CDC through September 30, 1997. Data were adjusted for reporting delays, unreported risks, and AIDS-OI diagnosis dates were estimated for cases reported based only on the immunologic criteria. The 1990 and 1996 estimated census were used to estimate AIDS-OI incidence rates per 100,000 black population for 1990-1996, by gender, age, and transmission category.

Results: From 1990 to 1996, estimated AIDS-OI incidence rates declined among whites (from 12 to 11 per 100,000), increased among blacks (from 50 to 76 cases per 100,000) and Hispanics (from 28 to 32 cases per 100,000). During 1995 to 1996, the AIDS-OI rate among blacks declined from 77 to 76 cases per 100,000 black population; AIDS-OI rates decreased among black men (from 119 to 116) but increased among black women (from 44 to 46). Increases differed by age groups: AIDS-OI rates increased for the 40-49 age group (from 95 to 98) and the 50 and over age group (from 36 to 37) but remained stable for the 13-19 age group (2) and for the 30-39 age group (141). Rates declined slightly for other age groups. AIDS-OI rates increased for persons infected through heterosexual contact (from 22 to 24) and declined for pediatric exposure groups (from 6 to 5), men who have sex with men (from 65 to 62), and injecting-drug users (from 40 to 39).

3 Conclusions: AIDS-OI incidence rates increased steadily through 1995 and declined slightly in 1996, possibly reflecting delayed progression to AIDS among persons receiving combination antiretroviral therapy. However, this decrease in AIDS incidence among black persons is not uniform. Among black women, the ≥40 age groups, and persons infected through heterosexual contact, the increase may reflect ongoing HIV transmission, progression to AIDS in the large number black persons estimated to be HIV-infected or differences in access to new therapies.

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