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☐ FOR YOUR ACTION ☒ FOR YOUR INFORMATION

☐ AS REQUESTED ☒ AS DISCUSSED

MESSAGE: Here is the background material from the Briefing Books for the Vice President and the Secretary. I hope that it is helpful. Please contact me if you have any questions.

GCC-9
HEALTH COMMITTEE
ISSUE PAPER

HIV/AIDS EPIDEMIC IN RUSSIA AND APPROPRIATE RESPONSES

BACKGROUND:

Reports from Russia indicate that HIV/AIDS is increasing in the country and has the potential to become a major health problem. The HIV epidemic may also contribute to the already high incidence of tuberculosis (TB), since individuals with compromised immune function are more susceptible to opportunistic infections such as TB [see TB Issue Paper, **Tab F**]. The U.S. should open the dialogue on this issue at the GCC Health Committee Meeting with a view to identifying ways the U.S. and others can be helpful. Because of sensitivities in the Russian government about its lack of resources to address the growing problem and the related "embarrassment factor," we need to handle this issue with care.

HIV/AIDS IN RUSSIA:

The first case of AIDS in Russia was diagnosed in 1986 in a health worker returning from Africa. From 1987 to 1995, the epidemic spread slowly, with only 100 - 200 new infections officially reported each year (it is estimated that only 10% of the actual cases are officially registered). The primary mode of transmission was sexual and some hospital-based infections. During this time period, the Health Ministry monitored the spread of HIV through widespread testing and identification of HIV-positive individuals and contacts.

With the increase in drug abuse and commercial sex after the fall of the Soviet Union , there was a dramatic increase in sexually transmitted diseases (STDs) and new HIV infections. The number of cases and rates of syphilis, for instance, increased over 60-fold from the mid-80's to 1996. HIV infections have escalated to 1,495 new cases reported in 1996 and 2,223 cases reported in the first six months of 1997; and, of these new infections, 62% were seen in injecting drug users. In St. Petersburg alone, there are 90,000 registered drug addicts. Because drug use and commercial sex are viewed as a police matter, it has been difficult for the Health Ministry's current STD and HIV/AIDS control efforts to reach these populations. It is now estimated that there are between 10,000 and 100,000 HIV infected persons in Russia with 800,000 to 1,000,000 infections projected by the year 2000. Thus far, spread of HIV through HIV-infected blood transfusions or blood products is reported as a very minor contributor.

THE PROBLEM:

The Russian Federation is facing an HIV crisis. After several years of low spread, outbreaks of HIV are occurring primarily among injecting drug users in several regions/cities. This explosion of HIV cases among drug users could spread rapidly to Russia's general population if appropriate measures are not taken soon.

A serious constraint to successfully slowing the spread of the epidemic is both the absence of effective programs focused on drug users, commercial sex workers and other vulnerable groups, and of a longer term strategy to address the epidemic in the general population. At the same time, health and social services are facing serious resource constraints and have very limited funds to invest in such new programs.

RECOMMENDED APPROACH TO ADDRESS THE PROBLEM:

Based on world-wide experience, in order to slow the spread of the HIV/AIDS epidemic, the following three stage approach is recommended:

Immediate:

Raise awareness among Russian policy makers and financial authorities of the potential severity of the epidemic thus gaining political and national commitment to develop and support a comprehensive strategy.

Short term (3-6 months):

Assist Russian public health officials in developing their own comprehensive HIV/AIDS Prevention Strategy by identifying the most cost-effective means to control the epidemic and stop the transmission of HIV.

Long term:

Provide technical assistance to effectively implement this strategy in the following:

- Development of mass media and behavior change campaigns
- Condom social marketing
- STD prevention and treatment
- Assurance of blood safety
- Strengthening epidemiological surveillance, including methods to monitor the general epidemic and to assist in identifying high-risk groups
- Strengthening laboratory testing capacity for HIV, STD, and TB
- Treatment of opportunistic and/or secondary infections such as TB

- Collaboration on vaccine research and development

ISSUES:

- Political and public sensitivities may exist regarding the level of government involvement in prevention activities to reach "marginalized" populations (intravenous drug users and commercial sex workers) exhibiting high rates of HIV infection.

- Political and public sensitivities may exist regarding the acceptable level of "explicit" material which can be used in HIV/AIDS national media campaigns for the general population.

- Financial resources within Russia for the health sector are scarce. Future U.S. funding to support HIV/AIDS activities is uncertain.

- Several technical challenges exist in providing assistance, including:

  - Lack of accurate and reliable information on the extent of HIV infection

  - HIV/AIDS and STD prevention and control programs are currently independent, making a coordinated response difficult (STD treatment can reduce HIV transmission rates by 40%)

  - Intravenous drug users and commercial sex workers are reluctant to seek assistance because of likely discrimination and possible prosecution

  - Local government medical facilities are unprepared to effectively control the spread of the epidemic

  - Neither the sensitivity and accuracy of test kits now in use nor the availability and proper use of quality test kits are fully known

  - Protocols and procedures to ensure a safe blood supply need improvement

USG RESPONSE:

- USAID/Moscow is presently reviewing the information available on HIV/AIDS and the existing range of HIV/AIDS prevention activities in Russia. Based on this information and the availability of funding, USAID is prepared, in collaboration with DHHS, to support a technical team to work with Russian counterparts to develop an HIV/AIDS prevention strategy.

- USAID participates as a member of the United Nations "in country" coordinating committee (UNAIDS Theme Group) established in fall 1996 in Russia to address HIV/AIDS. Currently, the committee is focused on assisting the Russian Government to develop activities focused on establishing political and public awareness and commitment to HIV/AIDS control and prevention and to promote the implementation of WHO/UNAIDS recommendations on STD prevention and care.

- Depending on the availability of funding, the USG is prepared to provide technical assistance in the following areas:

  - Development of mass media and behavior change campaigns
  - Condom social marketing
  - STD prevention and treatment
  - Assuring blood safety
  - Strengthening epidemiological surveillance and laboratory testing capacity
  - Treatment of opportunistic an/or secondary infections such as TB
  - Collaboration on vaccine research and development

RECOMMENDED ACTIONS FOR GCC

Secretary Shalala and Minister Dmitrieva:

- In the upcoming Health Committee review (scheduled for 9/21/97), it is recommended that the Secretary open the dialogue with the Minister regarding the HIV/AIDS epidemic both during the Health Committee Meeting and in side-bar conversation. Draft talking points are attached.

The Vice President:

- The Vice President, in remarking on tuberculosis, could make the connection to HIV/AIDS as a major co-factor (see draft talking points for the Vice President). In light of Russian sensitivities, this has been decided upon as a reasonable approach.

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Gore-Chernomyrdin Health Committee -- Prevention and Control of Infectious Diseases Priority Area

I. PRIORITY AREA FOCUS

Committee objectives in this area include the enhancement of efforts to carry out training, epidemiologic studies and applied research in infectious diseases. Activities in this area have focused on bilateral exchanges of scientists, capacity building through training and provision of computer programs, and joint scientific studies and publications. Significant collaborations occurred during the recent epidemic of diphtheria which helped to reduce transmission and facilitate control efforts. At the July 1996 GCHC meeting a decision was made to include emerging and re-emerging diseases within the scope of this area. It was recently decided to expand collaboration on STDs in this priority area due to the ongoing true epidemic of syphilis and gonorrhea and their increasing rates in the Russian Federation.

II. ACCOMPLISHMENTS SINCE LAST GC-HC MEETING

Diphtheria

- Collaborations continued in response to the diphtheria epidemic, primarily aimed at capturing lessons learned and completing studies already in progress. A joint meeting was held 4-6 June 1997 in Novgorod entitled "Diphtheria Control in the Russian Federation: Lessons Learned and Current Issues." More than 100 participants from Russia and other countries attended.

- As follow-up to the conference, in January and February a team of two CDC epidemiologists visited three oblasts involved in collaborative projects to review surveillance results and complete collection of data on a study of the effectiveness of (Russian) diphtheria toxoid against carriage of diphtheria among school children. They also initiated a study of the relative effectiveness of 1, 2 or 3 doses of diphtheria toxoid among high-risk adults 40-49 years old. Analysis of the effectiveness of the booster dose at the age of school entry was completed. A strongly protective effect from the booster dose was found among children aged 6-8 years; the risk of disease was increased 10-fold among children whose time from last booster was 5 years or greater.

- Analysis is continuing on two other studies, the relative effectiveness of 1, 2 or 3 doses among high-risk group adults 40-49 years, and the effectiveness of diphtheria vaccine on carriage among school children. Reported adult coverage with one dose was high in all three regions studied, with an overall coverage of 88%. These and other results from this collaboration are planned for publication

in 1998 in a supplement to the *Journal of Infectious Diseases*.

- Surveillance data in selected study areas documented a continued decrease in the epidemic; reported cases in the first quarter of 1997 were 69% below that of the first quarter of 1996. The incidence among women continued to be much higher than in men.

Hospital Infection Control

- The American International Health Alliance (AIHA), the Society for Health Care Epidemiology of America, and CDC have worked with the Ministry of Health on an initiative to improve the quality and efficiency of health care services by establishing model regional infection control training centers; assisting Ministry officials in reviewing existing policies and regulations; developing new guidelines and clinical protocols for hospital infection control programs; developing and introducing, with the Ministry of Health, a standard protocol for infection control surveys based on the International Hospital Infection Prevention and Quality Assessment Program; and upgrading the level of microbiological laboratory services.

- A basic infection control refresher course has been developed and been conducted in conjunction with Ministry of Health seminars. Training of trainers has been developed and initiated in January 1997, with follow-up in May and a final seminar planned for October 1997 at CDC in Atlanta. A basic infection control manual was published and is being distributed to hospital epidemiologists, and a complete set of teaching slides and educational materials has been developed, to be used in the Infection Control Training Centers. Site visits by CDC experts to partner hospitals to assess the practical implementation of knowledge and skills learned are planned for November-December, 1997 (see additional materials from AIHA following this section).

Emerging and Re-Emerging Infectious Diseases

- Five projects are underway in the new sub-area of emerging and re-emerging infectious diseases in collaboration with the U.S. National Academy of Sciences, Russian, and CDC scientists. These involve collaborations with scientists from Russian former biological warfare facilities, with each study involving joint investigations and personnel exchanges with CDC staff. Each of these collaborative studies began in June, 1997; and, they are scheduled to end in September, 1998. Funding is being provided through grants from the National Academy of Sciences, and personnel and information exchanges have already begun. Extended visits by Russian scientists to CDC and other U.S. laboratories is anticipated, as are visits by CDC and other U.S. scientists to the Russian

collaborating laboratories. The individual studies are described below:

- A project on hepatitis C virus attempts to determine the prevalence and genotype distribution of the virus in Western Siberia.

- Investigation of the epidemiology of hantaviruses causing hemorrhagic fever with renal syndrome in Western Siberia.

- Sequence analysis of monkeypox virus, including collaborative examination of isolates from the recent sustained human-to-human transmission of this virus in the former Zaire.

- Collaborative attempt to develop improved diagnostic tests for a liver fluke, *Opisthorchis felineus*, which is highly endemic in Siberia.

- Study of the antigenic variation and antibiotic sensitivity patterns of a large collection of tuberculosis isolates collected over several years.

STDs

- (See separate report under **Tab N.**)

Emerging Infectious Diseases Research

- A workshop was held in December 1996 on Emerging and Re-emerging Infectious Diseases, supported with funding by the Civilian Research and Development Foundation (CRDF), the NIH Office of AIDS Research, and the Russian Ministry of Science, and organized by the new Russian HIV Vaccine Research and Development Program, and colleagues at the National Institute on Drug Abuse (NIDA) and the National Institute on Allergy and Infectious Diseases (NIAID). As a follow-up to the workshop, Dr. Kozlov, director of the Russian HIV Vaccine R&D Program, was invited to make a presentation on Russian plans at the NIH AIDS vaccine conference in May 1997. [The HIV Vaccine R&D Program is the first in the new program called "Vaccines for New Generations," namely vaccines for EREIDs -- supported by the Russian Ministry of Science.] The Russians expressed a desire to complement and assist U.S. and international efforts in this area. Russian colleagues have advised that results of this interaction provided significant input for the Denver G-8 Summit regarding international cooperation in vaccine development, which in turn played a decisive role in allocating GOR funds for the Russian Vaccine R&D Program.

- During the December 1996 workshop (see above), five applications for research support were developed by teams of Russian and American scientists for

submission to the NIH/CRDF Biomedical and Behavioral Sciences Program. Of these five applications, the following three will be awarded, for a total commitment of at least $120,000 by NIH and CRDF:

- "Genetic Diversity and Immune Cross-Protection Among Avian Influenza Viruses: Preparation for the Next Pandemic" -- Ivanovsky Institute of Virology, Moscow, and St. Jude Children's Research Hospital, Memphis, Tennessee

- "Sequencing and Analysis of the Genome of Monkeypox Virus Pathogenic for Humans" -- State Research Center of Virology and Biotechnology, "Vector," Novosibirsk, and NIH/National Institute of Allergy and Infectious Diseases (NIAID), Bethesda, Maryland

- "Development of a Method for the Genetic Manipulation of Filoviruses, an Emerging Human Pathogen" -- "Vector," Novosibirsk, and NIH/NIAID, Bethesda, Maryland

FDA Activity

- Consultation continued in the vaccine/biological products area, with the participation of an FDA senior regulator/scientist at a meeting convened in St. Petersburg in June, 1997 on "The Future in Vaccine Technology in Russia." This meeting was attended by regulators and industry from the U.S., Russia, and Europe, and included representation by WHO. Discussions focused on the need for vaccine manufacturers to have manufacturing facilities which meet current Good Manufacturing Practices and for regulatory authorities to have adequate personnel, equipment and resources to adequately control vaccines. In related activities, FDA continues to share FDA policy and guidance documents as they are developed with the Russian Control Authorities.

- In addition, FDA, in conjunction with the USDA, conducted a workshop in Moscow for representatives of the Russian government and the food industry on food health and safety requirements (including controls for preventing infectious diseases) necessary for Russia to export food to the U.S. This three-day workshop was held in July 1997 and attended by approximately 100 Russian industry and government representatives (see separate report for FDA regulatory activities under **Tab V**).

III. ISSUES AND PROBLEMS

- Following discussions with various HHS experts and others, it was suggested that the Secretary attempt to open a dialogue with her Russian counterparts on the topic of HIV and AIDS. It appears that the Russian Federation is now facing an HIV crisis. After several years of low spread, outbreaks of HIV are occurring primarily among injecting drug users in several regions/cities. This explosion of HIV cases among drug users could spread rapidly to Russia's general population, if appropriate measures are not taken.

- Tentative agreement has been reached among concerned U.S. agencies that the U.S. side could assist Russia in policy and program development and review, with special emphasis on control of sexually transmitted diseases; updating the blood safety policy; monitoring the blood supply and blood-borne diseases; training in the incorporation of new tests for the quality control of plasma fractionation products (pending available resources); HIV education and prevention strategies; and research investigations towards vaccine development and related issues. Actual implementation of control programs was thought to be beyond the scope of U.S. involvement in terms of both personnel requirements and resource issues.

IV. OPPORTUNITIES FOR THE FUTURE

- The suggestion has been made that Hepatitis B and C could be an area for fruitful future collaborations, including, in the immediate term (and pending available resources): a workshop on viral hepatitis to discuss the available diagnostics for Hepatitis B and C; research in new viral hepatitis; and WHO's recommendation on integration of Hepatitis B vaccination into the vaccine schedule. Recent Russian seroprevalence data indicates that the prevalence of chronic Hepatitis B virus infection increases significantly from West to East and North to South within Russia. The prevalence of Hepatitis C infection varies throughout the region, ranging from 0.5% to 5.5% in the general adult population.

- In order to insure that the collaborative U.S.-Russian EREIDs research process, begun at the December 1996 meeting, is reinforced and continued, a follow-up meeting is being planned for May 1998, concurrent with the Annual International Conference on AIDS, Cancer, and Related Problems, which takes place in St. Petersburg and which is directed by the Russian HIV Vaccine R&D Program organizer of the earlier meeting. Partial support for the follow-up U.S.-Russian EREIDS meeting will come from the Russian HIV Vaccine R&D Program.

- WHO has invited Dr. Kozlov and St. Petersburg to become the first former Soviet Union country (FSU) site to participate in WHO's Multi-City Study of Drug

Abuse and AIDS. This effort would be partially supported by NIDA. This city will also be the site for a workshop on "Prevention of HIV and Infectious Diseases Among Drug Abusers" (see separate report under Health Education and Promotion Section, **Tab L, p.7**). Regarding AIDS, a special session dealing with AIDS research in the NIS is being planned for the 1998 World AIDS conference in Geneva and is being organized by Dr. Kozlov. In addition to dealing with research in the NIS, this session will highlight ongoing cooperative research efforts with the U.S.

- Based on the information currently being compiled on the HIV/AIDS situation and the existing range of HIV/AIDS prevention activities in Russia, USAID is prepared, in collaboration with HHS, to support a technical team to work with Russian counterparts to develop an HIV/AIDS prevention strategy.

V. DELIVERABLES: None at present

VI. ISSUES TO RAISE AT THE HEALTH COMMITTEE MEETING

- Establishment of open dialogue on HIV/STDs issue. A priority should be developing an HIV/AIDS prevention strategy, including strengthening epidemiologic surveillance and laboratory testing capacity, using up-to-date procedures and equipment, and ensuring safety of the blood supply. HIV/AIDS should, for now, be targeted within the broader spectrum of STDs and other infectious diseases.

- Discuss proposal to consolidate the currently separate area of tuberculosis into the general Infectious Diseases Priority Area, unless a more productive relationship can be established with the Russian Area Lead (see TB Issue Paper, **Tab F**).

- By reference to the recently initiated Soros-funded effort and CDC contacts with interested officials, make the point that DOTS pilot efforts at the oblast and krai levels are a cost-effective approach to the problem.

- Discuss the recommendation from the Russia-U.S. Workshop on EREIDs Research (December 1996) that consideration be given to establish a formal U.S.-Russia panel on EREID Research under the auspices of the GCC Health Committee.

VII. ISSUES FOR GORE-CHERNOMYRDIN LEVEL

[HIV/AIDS: see Issue Paper, **Tab E**]

VIII. AREA LEADS

U.S.

James Leduc, M.D.
Associate Director for Global Health
National Center for Infectious Disease
Centers for Disease Control and Prevention

Elaine Esber, M.D.
Associate Director for Medical & International Affairs
Center for Biologics, Evaluation and Research
Food and Drug Administration

Russia

Mikhail I. Narkevich
Deputy Director of the Department of Preventive Medicine
Ministry of Health

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Gore-Chernomyrdin Health Committee -- Sub-Area of STDs (under Priority Areas of Health Education and Promotion and Prevention and Control of Infectious Disease)

I. SUB-AREA FOCUS

Sexually transmitted Diseases (STDs) were selected as a priority subarea for collaboration because of the ongoing true epidemic of syphilis and gonorrhea and their increasing rates in the Russian Federation (RF). Figures 1 and 2 below show the trends in syphilis rates and numbers of cases for 1990-1996 (GOSKOMSTAT of the RF, 1996). The syphilis rate has increased approximately 40-fold between 1988 and 1995, with the increase occurring earlier and more markedly in younger people (the peak age stratum remains 20-29 years with around one-half of all cases each year). In males there was a fifty-fold increase in cases of syphilis in 18-19-year olds, and a 39-fold increase among 15-17-year-olds. For females, the respective increases were 35 and 46-fold.

Figure 1

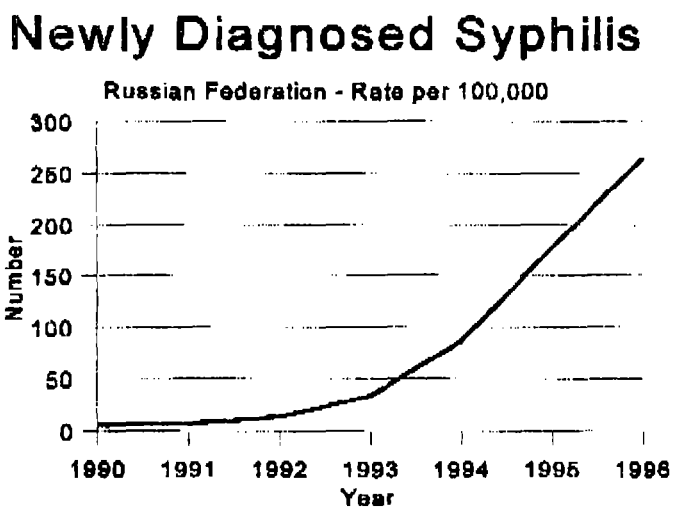
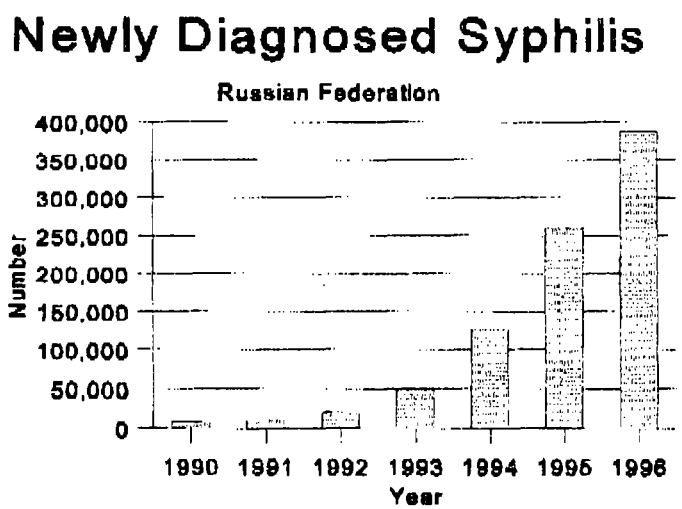


Figure 2



The rapid increase in syphilis rates in children, including the rates for congenital syphilis, is alarming. The number of cases of congenital syphilis in both sexes continues to grow. Congenital syphilis accounted for approximately 35% and sexual transmission accounted for an estimated 65% of syphilis cases among children aged 14 years and under in 1994. From 1990 to 1995, syphilis rates for children (under 14 years old) increased 20.9 times.

Since 1991, the reported incidence for gonorrhea has increased significantly. The annual increase from 1991 to

1993 was approximately 30% (228.1 per 100,000 in 1993). Infections caused by anti-microbial resistant gonococci and gonorrhea among children have become an increasing problem. Gonorrhea was registered in 2,675 children under 14 years of age in 1994, accounting to 6.2 per 100,000 children of the same age. The rate increased in 1995 and reached 7.5 (total of 2,950 cases).

With these high rates of syphilis and gonorrhea, one can only speculate about their impact on the future of HIV transmission in the country. Furthermore, an explosion of HIV cases among drug abusers in the RF, especially in the northwestern regions of the country (Kaliningrad, St. Petersburg), could spread very rapidly to Russia's general population, if measures are not taken soon.

It is the intention of the newly emerging STD working group to bring together governmental and non-governmental institutions in both Russia and USA, World Health Organization (WHO) and its Regional Office for Europe, UN agencies (UNAIDS, UNICEF), and the private sector. These agencies/organizations will collaborate in activities leading to improving STD prevention programs, diagnostic and treatment guidelines, and health education and promotion programs; training in epidemiology, laboratory research and surveillance; development of the Federal Program on STD Control and Prevention of the Ministry of Health of the RF; the exchange of information, expertise and literature on common problems related to STD/HIV and their control and prevention programs.

The STD working group will initiate this cross-cutting and interdisciplinary effort under the GCC Health Committee Priority Areas of Health Education and Promotion, and Prevention and Control of Infectious Diseases.

II. ACCOMPLISHMENTS SINCE LAST GC-HC MEETING

The subarea of STDs was proposed in May 1997. The GCC Health Committee STD working group has proposed the activities specified in Section IV, "Opportunities for the Future," for the short- and long-term.

- Preliminary discussions were undertaken with Dr. Lilian I. Tikhonova, Chief Specialist in STDs at the MOH of the RF and Dr. Konstantin K. Borisenko, President of the Russian Association Against STDs "SANAM" (NGO) and Professor, Russian Research Institute of Dermatology and Venerology, in June, 1997, regarding planning the Joint U.S.-Russia Workshop on STD Control and Prevention to develop a strategic plan for the future GCC collaboration.

- CDC guidelines for STD treatment, congenital syphilis, chlamydia and pelvic inflammatory disease (PID), clinical management of STDs, case definitions for STDs were distributed to Russian counterparts in June, 1997.

Current Activities:

- Dr. Anna Shakarishvili and 1-2 colleagues from CDC plan to visit Moscow in October, 1997, to begin planning the STD workshop. The target date for this USAID-sponsored workshop would be the end of January, 1998.

- Translation from English to Russian of the CDC guidelines on treatment of STDs has begun in Moscow (initiated by Dr. Borisenko). The STD working group plans to initiate translation and modification (if applicable) of CDC guidelines for PID, chlamydia, congenital syphilis, clinical management of STDs and case-definitions for STDs. These materials will be distributed at the above-mentioned workshop in Moscow.

- Presentations on epidemics of STD/HIV in RF and efficient strategies to be implemented for primary and secondary prevention of STD/HIV are planned to be given via teleconferencing from Moscow at the 13th International Conference of the American International Health Alliance (AIHA), October 6-8, 1997, Atlanta, GA.

- Dr. Anna Shakarishvili will present "STDs Among Russian Women" (results of the 1996 USAID/CDC supported Women's Reproductive Health Survey conducted in Ekaterinburg, Ivanovo and Perm) at the International Congress on STDs in Seville, Spain on October 20, 1997.

III. ISSUES AND PROBLEMS

The key issue facing this priority subarea is the restricted funding support on both sides for many potentially worthwhile joint efforts and activities. We believe that the leadership of MOH, Association "SANAM" and other institutions in the RF may provide a positive and encouraging commitment to joint activities. The present leadership in RF requests assistance and clearly understands the need for the improvement in STD/HIV control and prevention efforts on various levels (national, oblast, regional) in the basic health education/promotion and medical education infrastructures, laboratory capacity building, etc.

IV. OPPORTUNITIES FOR THE FUTURE

The following proposed joint activities have been identified pending availability of funding:

1. Development of a Strategic Plan (approved under the USAID/Moscow-OIRH/PHS Core Support Agreement for the FY 1997 "bridge period", June 1997 - April 1998):

Initiate discussions with Russian colleagues, UN agencies and WHO regarding desirability to collaborate on development of an STD strategic plan, with particular reference to reducing incidence of STDs as a strategy for prevention of transmission of HIV and with particular relation to broader interest in women's and adolescent health. The workshop planned for January 1998 (mentioned above) will be the first step in this development. Workshop participants would include from the Russian side: MOH, representatives of the Ministries of Justice and Education; Association "SANAM" and other Russian non-governmental organizations; research institutes; Russian HIV/AIDS Center, health professionals working at the various levels of the health care (oblast, krai, city) (these would be from geographically representative and high morbidity oblasts/regions), representatives of the Federal Program of HIV/AIDS, USAID women's reproductive health and family planning clinics, and other agencies/institutions; from the U.S. side: USAID - Moscow, CDC, AVSC, JHIEPGO, AIHA, Magee Women's Care International, ASHA; other agencies and organizations: WHO and its Regional Office for Europe; UNAIDS; UNDP; UNFPA; UNICEF.

The workshop consisting of a working conference and several working group planning sessions would address the following:

- exchange baseline information on existing STD and HIV problems, national efforts to control and prevent STDs and HIV infection in respective countries, policy issues, etc.;

- exchange information on prevalent etiology of STDs and HIV, available laboratory resources, existing STD treatment guidelines, legal aspects related to STD/HIV control, prevention and treatment in the U.S. and the Russian Federation;

- specify details of a strategic plan for a cooperative program between Russia and U.S. which will delineate exact steps to be followed;

- discuss the following within working group sessions: policy changes that could effectively reduce STDs and their sequelae in Russia; possibility of development of a policy document that later would be distributed and piloted at different levels;

potential document implementation strategies; discuss the possibility to assist Russians in planning the process of integration of HIV and STD control programs nation-, region- and other administrative territory wide; discuss the urgent need for enhancing the linkage between information on HIV occurrence and STD occurrence (discussion on the federal level should be of primary importance!); discuss the possibility of assisting the Ministry of Health of the Russian Federation in the process of development of a Federal Targeted Program (FTP) on prevention and control of STD in the RF; discuss strengthening STD laboratory capacity and improvement of diagnostic and treatment guidelines in the RF; discuss health education and promotion issues related to STD/HIV.

The summary of the workshop will be highlighted in the Russian journal "Sexually Transmitted Diseases" (Association "SANAM"), MOH press releases and other Russian and American journals. Joint publications are planned to highlight results of the workshop and a strategic plan for USA/Russia collaboration in STD/HIV control and prevention.

2. STD Russian Study Tour to USA (proposed for FY 1998):

Provide an opportunity for six Russian colleagues working in the field of STD/HIV (two working on a national level; four - on a regional/oblast level) to visit CDC, state health departments and STD clinics for four weeks. The study tour for the Russian professionals would be focused on: the roles and responsibilities of U.S. state- and other level health regulatory agencies and strategy development for implementation; the work of the National Center of HIV, STD and TB Prevention, and state STD and HIV control programs.

3. Strategic Planning Conference and Training on Local-level STD Control (proposed for FY 1999):

Convene a one-week planning conference and training on organization and development of local STD and HIV prevention programs. Principles of multi-sector collaboration and coordination for delivery of STD/HIV programs on various levels (federal, oblast, region, city) would be discussed. Outreach work using practical examples of U.S. domestic STD/HIV prevention and control programs with a special focus on ways to work with adolescents, prostitutes, street youth, homeless would be discussed. In addition, the feasibility of implementing one or two local STD/HIV community-based intervention programs in collaboration with one or two state STD/HIV programs would be discussed.

4. Health education and promotion (proposed for FY 1999):

Convene a one-week workshop on current health education and promotion programs and strategies relevant to STD/HIV prevention in the Russian Federation and the U.S.; what programs work, and do not work and why, what are the indicators that indicate effectiveness, and what research is needed. The U.S. side can share our community coalitions' experience in conducting community assessments, developing broader coalitions, developing and implementing interventions, and establishing plans for impact evaluation. And, a plan could be developed for comprehensive sex education and health promotion programs for the following groups of population:

- School children and adolescents. Discussions will cover: programs that include health and sex education covering STD/HIV, contraception, teen pregnancy, tobacco, drug and alcohol use, violence prevention, health services, nutrition, physical education, counseling/psychological and social services, parents/community/peers involvement; the use of specially trained health educators, and pilot projects using peer education in schools;

- Street and out-of-school youth. Discussions will cover: peer education programs; the use of specially trained outreach workers to find these groups of youth and children; how to establish their trust and begin careful work explaining risks of STD, AIDS, and pregnancy; promoting strategies to reduce these risks;

- Medical care centers' and clinic attendees. Voluntary partner notification linked with health education should be a major focus. These programs may be best carried out by trained health advisers rather than doctors and nurses. Training of such should be a subject for discussions;

- High risk-groups. (people who work as prostitutes, the homeless, refugees/migrants, men who have sex with men, alcoholics, drug users). Organization of outreach work, education campaigns and peer education should be of a special focus. In general this work must be seen to be independent of the state and in particular the criminal justice system. It may be appropriate to suggest more active involvement of non-governmental institutions and organizations of justice.

5. Strengthening STD Laboratory Capacity:

Initiate discussion between CDC and Russia to develop a plan to provide laboratory training in STDs for public health authorities in Russia.

- Chlamydia and associated complications: Training in new laboratory, epidemiology, surveillance, and screening methods. CDC would provide training in these laboratory methods as well as help to determine the prevalence of chlamydial infections in various populations through the use of screening using non-invasive specimens such as urine.

- Rapid testing for syphilis: training in rapid diagnostic test, reagent manufacture and quality control.

6. <u>Other possible activities</u>:

- Work with the MOH on establishment of the Federal Program on STD Control and Prevention, its piloting in selected regions of the RF and implementation nation-, oblast-, or city-wide (with special emphasis on regions with the highest rates of HIV and STDs, such as Kaliningrad, St. Petersburg).

- Work with the existing system of women's family planning, reproductive health and other clinics (fourteen USAID-supported family planning clinics operating in six Russian oblasts. Magee Women's Care International/AIHA women's clinics and health education centers, AVSC center in Moscow). The objective of the collaboration would be to train physicians, nurses and other health care providers in clinical management, diagnosis and treatment of STDs; training in health education and promotion for health educators, physicians and other care providers; development of community-based STD control and prevention programs.

- Rapid assessment of STD control and prevention programs in selected areas of the RF and collaboration on their improvement.

- Development of STD treatment and diagnosis protocols and training curricula for physicians, nurses, health educators, counselors that may be adaptable to Russia.

V. DELIVERABLES: None at this time.

VI. ISSUES TO RAISE AT THE HEALTH COMMITTEE MEETING

- It would be appropriate for the Russian side to update the Committee on the current STD/HIV situation with a special emphasis on rates and trends among children, adolescents, drug users and women.

- Cooperation on the establishment of a Federal Targeted Program on prevention

and control of STDs in the Russian Federation.

- Discuss and agree on overall plan for future areas of collaboration and cooperation with RF within the framework of GCC (e.g. lab support), development of STD treatment and diagnosis protocols, etc. as outlined above.

VII. ISSUES FOR GORE-CHERNOMYRDIN LEVEL

- It would be appropriate for the Russian side to update the Commission on the current STD/HIV situation, with a special emphasis on rates and trends among children, adolescents, drug users and women, and advise of our intent to cooperate. We will encourage our Russian colleagues to include this in the Minister's remarks.

- Given the increasing problem with STDs and HIV, it is more than timely to discuss the need to establish a Federal Program on Prevention and Control of STDs in the Russian Federation.

- Development of domestic production of high-quality pharmaceuticals and medical supplies (test kits, etc.) and expansion of laboratory capacity are critical. This is an interagency, multi-sectoral issue which needs to engage BDC, DOC, and private industry.

VIII. SUBAREA LEADS

U.S.

Anna Shakarishvili, MD
Division of Adolescent and School Health
National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention

Russia

Lilian I. Tikhonova, MD
Chief Specialist
Ministry of Health

Konstantin K. Borisenko, MD, PhD
President
Russian Association Against STDs "SANAM" and
Russian Research Institute of Dermatology and Venerology

N:\bilat\rus\6lu\bb\6O2std

DRAFT

Russia file

DRUG ABUSE-RELATED HIV IN THE COMMONWEALTH OF INDEPENDENT STATES: EPIDEMIOLOGY AND PREVENTION RESEARCH ISSUES

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Division of Epidemiology and Prevention Research
Community Research Branch
Rockville, Maryland

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Director, Russian Association Against AIDS
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YURI KOBYSCHA
Deputy Minister for AIDS and Drugs
Ministry of Health
Kiev, Ukraine

L.P. TITOV
Director, Institute of Epidemiology and Microbiology
Ministry of Health
Minsk, Belarus

June, 1997 NIDA Community Epidemiology Work Group Meeting
Washington, D.C.

8/28/97

DRUG ABUSE-RELATED HIV IN MEMBERS OF THE COMMONWEALTH OF INDEPENDENT STATES: EPIDEMIOLOGY AND PREVENTION RESEARCH ISSUES

INTRODUCTION

The following discussion deals with the increase in HIV cases in members of the Commonwealth of Independent States (CIS) and especially with the very recent upsurge in cases among injecting drug users (IDUs). It is important to note that much of the data presented have only been recently made available and they describe a pattern of precipitous increase in HIV which has implications not only for the CIS but for the U.S. and the rest of the world as well--both because of the rate of increase and also because of the number of HIV strains involved. The discussion also deals with the National Institute on Drug Abuse's Division of Epidemiology and Prevention Research's efforts already underway to work with the CIS in drug abuse and HIV/AIDS research. The CIS countries covered in this report are Russia, Ukraine, and Belarus. Because there are firmer data on HIV cases than AIDS cases in these countries, this report will focus primarily on HIV.

INJECTING DRUG USERS

Russia

According to Russian police estimates, there are at least 600,000 injecting drug users (IDUs) in Russia and 150,000-300,000 IDUs in St. Petersburg. There are about 4000 IDUs who are registered at the St. Petersburg drug abuse center (Kozlov, 1997).

Ukraine

In Ukraine, there are an estimated 60,000 IDUs (Kozlov and Kobyscha, 1997).

Belarus

IDU estimates for Belarus are pending at the time of this report. Nonetheless, the city of Svetlogorsk, which has the highest rate of HIV infection among IDUs, has at least 3500 IDUs (Kozlov and Titov, 1997).

DRUG ABUSE-RELATED HIV

Russia

Between 1987 and 1995, 1062 cases of HIV infection were diagnosed in Russia. In that period, 3 cases were attributed to injecting drug use and those were only diagnosed in 1995 (Kozlov, 1997).

In 1996, **1526** new HIV cases were diagnosed, comprising more new cases in that one year than were diagnosed in the ten year period preceding (Kozlov, 1997). Russian officials estimate that reported figures underestimate all infections by 90% (Specter, 1997). **Seventy percent** of the new cases in 1996 were among **IDUs.** Between January and April, 1997, there were 779 new HIV cases; 70% were IDUs. From 1987 through July 1, 1997, there had been a total of 4830 HIV cases diagnosed in Russia and more than 90% were IDUs (Russian Ministry of Health, 1997). Given the underestimation of cases, Russian officials say that there could be 100,000 people in Russian infected with HIV by the end of 1997. By the year 2000, this number could be 800,000 (Specter, 1997).

Within Russia, the Volga region (central Russia, which is comprised of 11 territories), had 379 cases of HIV reported in January, 1997. Two hundred twenty three were reported in Niznii Novgorod and 217 of these were IDUs. In the Saratov district, 121 HIV cases were reported and ALL were IDUs (Kozlov, 1997).

In Kaliningrad, Russia's non-contiguous territory on the Baltic Sea, there were 21 cases of HIV between 1987 and 1995. In 1996, there were 607 cases and 81% were IDUs. As of May 1, 1997, there were 415 new cases (Kozlov, 1997).

Ukraine

Between 1987 and 1994, ~~398~~ 483 cases of HIV infection were identified in Ukraine (Doctors Without Borders, 1996). In 1995, there were 1490 new cases. In **1996**, there were **17,000** new cases and **70%** of these were IDUs. Additionally, 3000 were prisoners (Kozlov and Kobyscha, 1997).

Belarus

Between 1987 and 1995, 113 HIV cases were diagnosed in Belarus and none appear to have been IDU related. In 1996, **1021** new cases were diagnosed and **72%** were **IDU related**. Between January and June, 1996, 17 HIV cases were reported but, between July and December, 970 cases (95% for the entire year) were reported. In Belarus for 1996, 811 (84%) of the HIV cases appeared in Svetlogorsk; 85% of these were IDUs and teenagers accounted for 72% of all cases (Kozlov and Titov, 1997). Despite years of testing, no cases were detected in Svetlogorsk before 1996. The rate of infection for this city of 73,000, which has 3500 drug users, is equal to that of New York City (Hockstater, 1996).

HIV Subtypes

In the U.S., IDUs are primarily infected with HIV subtype B. The picture in the CIS, however, is more disparate. IDUs in Belarus are primarily infected with subtype C and, in Ukraine, subtypes A, B, and C are prominent. A number of subtypes are found in Russian IDUs, with concentrations of A and C in the Volga Region and B in Kaliningrad (Kozlov, 1997). With the wider range of HIV subtypes in the CIS, it is important for the CIS, U.S., and the rest of the world to learn as much as possible in order to help reduce the spread of these subtypes both within the CIS and to other countries. NIDA's Division of Epidemiology and Prevention Research (NIDA/DEPR) efforts in this area are discussed below.

Epidemiology and Prevention Research Issues

If the Russian HIV infection rate continues its present course, it may cost $5 billion to treat Russian AIDS patients in the year 2000. This is as compared with the total present Russian health budget, which is $10 billion (Specter, 1997). Similar scenarios are possible for Ukraine and Belarus. Prevention efforts are thus essential.

In the CIS, HIV/AIDS prevention is in its infant stage and such strategies as needle exchange for IDUs are problematic because of the general paucity of syringes even for medical purposes. This lack of syringes is linked both to the current economic situation and to the previous Soviet policy of production of glass syringes which were meant to be reused (Hartsock, 1996) and has public health implications which include but go beyond drug users.

Respecting prevention, two critical research needs are (1) to better document the epidemiology of HIV in drug using populations and, using improved epidemiologic data, (2) to develop effective public health prevention efforts which reflect both the heterogeneity of HIV subtypes and also the disparate demographic composition of the populations at risk for HIV across the CIS. Furthermore, prevention efforts need to reach as many high risk persons as possible and, because of present financial constraints, for the lowest reasonable costs. Community-based prevention research efforts are essential in meeting these needs.

NIDA/DEPR's Accomplishments in Assisting the Commonwealth of Independent States in HIV/AIDS

Concerning the high association of drug abuse with HIV/AIDS in the CIS, NIDA/DEPR has had the lead role in working with CIS researchers to deal with this association. Efforts have been ongoing by some NIDA/DEPR staff for over 15 years to develop cooperative research efforts with the former Soviet Union and the present CIS. These efforts have reached a critical mass in the past year with the following having taken and/or presently taking place:

The first three authors of this report, in conjunction with colleagues at the National Institute on Allergy and Infectious Diseases (NIAID), developed and held in St. Petersburg in December 1996, the first U.S.-CIS meeting on emerging and reemerging infectious diseases (EREIDs), with special emphasis on HIV/AIDS. This meeting was supported by the Civilian Research and Development Foundation (CRDF) for the Former Soviet Union, which was established by legislation from then Senator Al Gore in 1992. The meeting was also supported by the NIH Office of AIDS Research and by the Russian Ministry of Science. The express purpose of the meeting was to develop U.S.-CIS cooperative research teams and related grant applications to the CRDF and NIH. The St. Petersburg meeting and the cooperative process coming out of it were very successful, were officially designated part of the Vice President Gore/Premier Chernomyrdin accords for closer cooperation between the U.S. and CIS and were included, as a model for cooperation, in the Gore/Chernomyrdin Commission meeting of February, 1997.

The first three authors of this report and colleagues at Yale University are also working on a molecular epidemiologic and prevention study of HIV in drug users in the CIS. Such research is important both for better understanding and preventing HIV in the CIS and also because, with more open borders, not only drugs move back and forth but also related problems such as HIV/AIDS. Again, with the wider range of HIV subtypes in the CIS, it is important for the U.S. and the rest of the world to learn as much as possible in order to help reduce the spread of these subtypes. Improved knowledge of subtypes has implications both for HIV vaccine development and for other interventions related to drug users.

In this respect, co-author Dr. Andrei Kozlov has also been named head, by the Minister of Science of the new Russian HIV Vaccine Research and Development Program. Efforts are underway with Dr. Kozlov and NIDA/DEPR staff to insure that drug using populations benefit from vaccine development and also by other intervention research such as that on outreach and needle exchange. Dr. Kozlov played an important role in initiating the first Russian needle exchange program and has also played a leadership role in developing AIDS legislation for the Commonwealth of Independent States.

In a related manner, NIDA/DEPR, NIAID, and Yale University are working with Dr. Kozlov to develop the first HIVNET site in the CIS. The HIVNET is a cooperative program based primarily on information/data sharing on HIV vaccine development but it also shares information on other HIV prevention measures.

Joint NIDA/DEPR, Yale, and Russian efforts are presently underway to assess epidemiologic and prevention implications of needle exchange and other forms of outreach in Russia. Additionally, Dr. Kozlov has been invited to participate in the WHO Multi-City Study of Drug Abuse and AIDS. NIDA/DEPR helps support this project.

A follow-up conference to succeed the December, 1996 St. Petersburg EREIDs meeting is being planned for the spring of 1998. Support has been offered by the Russian HIV Vaccine Research and Development Program, which, again is supported by the Russian Ministry of Science.

Furthermore, a special session dealing with AIDS research efforts in the Commonwealth of Independent States (CIS) is being planned by Dr. Kozlov for the 1998 World AIDS Conference in Geneva. U.S.-CIS cooperative research efforts will spotlighted.

Conclusion

The rapid growth of drug abuse-related HIV in the CIS has resulted in the need for important epidemiologic and prevention research efforts in order to guide interventions which are both effective and economically feasible. NIDA's Division of Epidemiology and Prevention Research has had the foresight to anticipate these needs and has been working with in the CIS to develop cooperative research projects which are of benefit to both the CIS and the U.S. and to the rest of the world as well.

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National Institutes of Health
National Institute on Drug Abuse
Division of Epidemiology and Prevention Research
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FACSIMILE MESSAGE COVER SHEET

Date: September 19, 1997

Following are 4 pages including this cover. If any part of this message is received poorly or missing please call us immediately on the number listed below.

To: Name: Ms. Sandra Thurman, Director
Organization: National Office of AIDS Policy
FAX Tel No.: (202) 632-1096
Tel No.: (202) 632-1090

From: Name: Dr. Peter Hartsock
FAX Tel No.: (301) 480-4544
Tel No.: (301) 443-6720

ATTENTION: SARAH

Please see attached.

September 19, 1997

NOTE TO SANDY THURMAN FROM PETER HARTSOCK

Re: 1. Russia; 2. European Union

Andrei Kozlov and I enjoyed meeting with you this past Tuesday. Thanks again for your hospitality.

Two items:

- This past Wednesday, at Bob Gallo's conference in Baltimore, Andrei had a special meeting with **Dr. Lars Kallings, Secretary General of the International AIDS Society** (which is sponsoring the 1998 Geneva World AIDS Conference) and one of Andrei's principal supporters. Dr. Kallings **reconfirmed his support for a special session at Geneva dealing with AIDS in the former Soviet Union and spotlighting international cooperation, including that between the U.S. and Russia.** I will keep you briefed on developments.

- I have been working for some years with the **European Union Concerted Action on AIDS** to insure that U.S. and EU research efforts complement each other.

  The EU has invited me over (see attached letter) to assess current research efforts and plan for future work--especially joint EU-U.S. efforts.

  Two Action Items:

  1. Is there any information which you would like from the EU Concerted Action on AIDS?

  2. Is there any message which you like for me to deliver to the EU from you?

Thanks again. Take care of yourself. Best wishes.

research for man and environment
RIJKSINSTITUUT VOOR VOLKSGEZONDHEID EN MILIEU
NATIONAL INSTITUTE OF PUBLIC HEALTH AND THE ENVIRONMENT

Bilthoven, 29 July 1997

Dr. P.I. Hartsock
Div. of Epidemiology & Prevention Research
Nat. Institutes of Health
Room 9A-53, 5600 Fishers Lane
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USA

EC Concerted Action

Multinational Scenario Analysis Concerning Epidemiological Social and Economic Impacts of HIV/AIDS on Society

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Phone: +31 (0)30-274 3074
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Re: plenary meeting October '97
nº: 285/97.VTV.HJBZ
e-mail: BJM.Zuidema@rivm.nl
Hans.Jager@rivm.nl

Dear Peter,

The 'Yearly Plenary Meeting 1997' of the European Union (EU) Concerted Action (CA) on Multinational AIDS Scenarios will be held from 1st-3rd October 1997 at the National Institute of Public Health and the Environment (RIVM) in Bilthoven, the Netherlands. The objectives for this last meeting under the current contract with the European Commission (EC) are:
- to present the final results on the HIV/AIDS impact scenarios (reference scenario and alternative scenarios) for the European Union,
- to intensify the cooperation and the exchange of ideas with the SIMS coordinated USA research project on 'Policy Modelling for Better Decisions: AIDS and Drug Abuse',
- to formulate the conclusions and recommendations of the CA referring to the project related publications and reports,
- to discuss possibilities for further cooperation and concertation.

We would like to invite you to attend this meeting. With a view to the objectives of the meeting we will highly appreciate your participation as an expert on the coordination and management of extensive research programmes in the public health field .

According to EC rules we are able to reimburse your expenses (economy flight ticket or train ticket for the main part of your travel). We will take care of your travel arrangements and hotel accommodation according to your specification on the *Registration Form* and *Flight and Hotel Reservation Form* enclosed. We will pay the costs of the hotel room and breakfast. In addition you will receive a daily allowance, which should cover all other expenses (train from/to airport, taxi, shuttle, coffee, telephone calls, meals etc.).

onderzoek in dienst
van mens en milieu

Please be so kind to fax us the completed forms before 20 August.

If there are any questions about administrative and technical matters contact Brigitta Zuidema and for questions concerning the contents of the meeting please contact either the coordinator of your Working Group or me.

We look forward to seeing you in October.

Yours sincerely,

Dr J.C. Jager
EU Project Leader

Enclosure:
- Registration Form
- Flight and Hotel Reservation Form

АССОЦИАЦИЯ ПРОТИВ ВИЧ/СПИД

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N 466 от 14.11.1997г.

Ms. Sandy Thurman
Director,
Office of the National AIDS Policy

Dear Sandy,

I am writing to bring you up to date on AIDS-related issues in Russia.

To begin, I should inform you that, at the September Gore/Chernomyrdin Health Committee meeting, Science Minister Vladimir Fortov was prepared to speak with Vice President Gore concerning the Russian HIV Vaccine Research and Development Program and possibilities for US cooperation. Unfortunately, this conversation never took place, which is a shame, particularly in respect to the accomplishments of the G8 Summit this past June and the great interest which there is in my country.

I wanted to reaffirm, however, that Minister Fortov remains hopeful about meeting with Vice President Gore and would be willing to come to Washington to brief Mr.Gore, yourself, and others such as the White House Office of Science and Technology Policy regarding cooperative Russian-U.S. efforts in vaccine development and in other areas of AIDS research.

I wanted to let you know that I am continuing to build collaboration with the U.S. Regarding vaccine research, I am working with Dr.Robert Gallo, who has just discovered a major new chemokine, which has major implications for a vaccine. In other areas of AIDS research , including the epidemiology and prevention of drug abuse-related HIV, I am working with Yale's DR.Michael Merson and his colleagues, who will be coming to St.Petersburg next month.

Later this month, I will be in Washington and would like to brief you on latest developments. Additionally, I would like to formally invite you to participate in my May,1998 Conference on AIDS and Related Problems. This is the biggest such meeting in the Commonwealth of Independent States (CIS) and we have large international participation, including America, UNAIDS and the International AIDS Society. Major emphasis is being placed on cooperative efforts with the U.S.

During the conference the special award is usually presented for international leadership in dealing with HIV/AIDS (Kalinka Award). The former award winners were Dr.Robert Gallo (1996) and Professor Lars Kallings, Secretary General of IAS (1997). This year several international experts have recommended us your name for the important achievements in preparation of the Denver G-8 announcement on the development of HIV vaccine. The conditions of the award specify that the winner of

the award should be present at the opening ceremony of the Conference. Please let me know as soon as possible if you are able to accept this invitation and the Kalinka Award so that I may inform the Award Committee and we can begin the appropriate plans.

Additionally, we are planning a special session on AIDS in the CIS for the 1998 World AIDS Conference in Geneva where we would like to showcase Russian-U.S. cooperation. We would be honored if you would participate in this session.

I would like also to discuss with you some new ideas to boost Russia-US collaboration in the field of HIV vaccine development.

Best regards,

Sincerely,

Andrei Kozlov, Ph.D.
Coordinator,
Russian HIV Vaccine Project