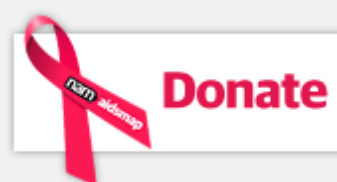




Thursday 2nd August 2012

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Our conference news – tell us what you thought!

This is our final conference bulletin from [AIDS 2012](#), the 19th International AIDS Conference. We hope you've found our coverage of this huge conference useful.

We are still publishing news from the conference, so to keep an eye on what's new and to look back at what's been reported, go to www.aidsmap.com/aids2012. There you can find [all our news](#), news from other sources, selected [tweets](#) about the conference, and [our blogposts](#).

You can also find all the [conference bulletins](#) on our website, where you can read them or download PDF versions in English, French, Spanish, Portuguese, Italian and Russian.

We'd be very grateful if you could spare a few minutes to send us your feedback on our reporting from the conference, by completing [a short online survey](#).

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Stay up to date!

We report on HIV and related news all year round, so if you don't already receive [our regular email bulletins](#), we recommend you sign up! Our regular bulletins start again next week.

You can also keep up to date by downloading the free [aidsmap news iPhone app](#), following us on [Twitter](#) or [Facebook](#), or [contact us](#) to find out about subscribing to our quarterly publication [HIV treatment update](#).

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A roadmap to changing HIV prevention



Nelly Mugo of the University of Nairobi. © IAS/Ryan Rayburn - Commercialimage.net

[There were important discussions at the conference about the implementation of effective HIV prevention strategies.](#)

In recent years there has been a wealth of dramatic data on the efficacy of new HIV prevention methods, including male circumcision, pre-exposure prophylaxis and treatment as prevention.

At a plenary session, delegates heard three key points for implementation – use data on new infections and prevalence to identify the populations most at risk; carefully choose and prioritise interventions that work in those populations; and deliver them at large enough scale to achieve high impact.

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Generic drugs could mean big savings for richer countries



Rochelle Walensky of Harvard Medical School. © IAS/Deborah W. Campos - Commercialimage.net

The use of generic drug formulations could reduce expenditure on HIV therapy in the US by \$920 million each year, a new analysis shows.

A preferred **first-line** treatment option is **Atripla** (efavirenz combined with tenofovir and FTC). This is a patented medication.

However, the patent on **efavirenz** expires next year, as does the patent for **3TC** (lamivudine, *Epivir*), which is similar to **FTC** (emtricitabine, *Emtriva*) in terms of efficacy and **side-effects**.

Researchers calculated that the use of generic forms of efavirenz and 3TC combined with **tenofovir** (*Viread*), could save \$4000 per person per year, with a cumulative annual saving of \$920 million.

The results of this analysis will be looked at with interest as the cost of treating HIV is a growing concern, even in richer countries.

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New boosting agent equivalent to ritonavir

The new boosting drug **cobicistat** is equivalent to **ritonavir** (*Norvir*) when used to enhance levels of **atazanavir** (*Reyataz*), results of a study presented to the Washington conference show.

The potency of several anti-HIV drugs, including most protease inhibitors, is **enhanced** by taking a small boosting dose of the protease inhibitor **ritonavir**.

Until recently, ritonavir was the only available boosting agent.

However, a new drug called **cobicistat** has now been developed. Unlike ritonavir it has no activity against HIV.

Researchers compared the outcomes of people taking **first-line HIV treatment** based on **atazanavir** according to whether the protease inhibitor was taken in combination with **cobicistat** or **ritonavir**.

After 48 weeks of treatment, study participants taking the **cobicistat** booster were just as likely as those treated with **ritonavir** to have an undetectable **viral load** (85 vs 87%).

CD4 cell count increases were also comparable for the two agents, as was the frequency of

side-effects.

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HIV in female sex workers



Cheryl Overs, Monash University. © IAS/Steve Shapiro - Commercialimage.net

Researchers have found that female sex workers have 14 times the risk of having HIV compared to other women.

They looked at prevalence data from 50 countries and found that, compared to women of the same age, female sex workers were 14 times more likely to be infected with HIV.

But this is only a partial picture of the epidemic. There was no information on HIV prevalence in female sex workers for some countries with serious epidemics.

Researchers believe that their findings underline the importance of prevention initiatives targeted at sex workers. They calculated that these would not only protect the health of sex workers, but also cut HIV transmission rates by up to one third.

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Integrase inhibitors go head to head

The experimental integrase inhibitor **elvitegravir** is equivalent to **raltegravir** (*Isentress*), the only approved drug in this class, new research shows.

A possible advantage of **elvitegravir** is that it is taken once daily. In contrast, **raltegravir** is one of the few antiretrovirals that needs to be taken twice a day.

Researchers compared the safety and effectiveness of the two drugs over two years. People in the study had previous experience of HIV treatment.

Rates of viral suppression were comparable, as were CD4 cell count increases and the

frequency of side-effects.

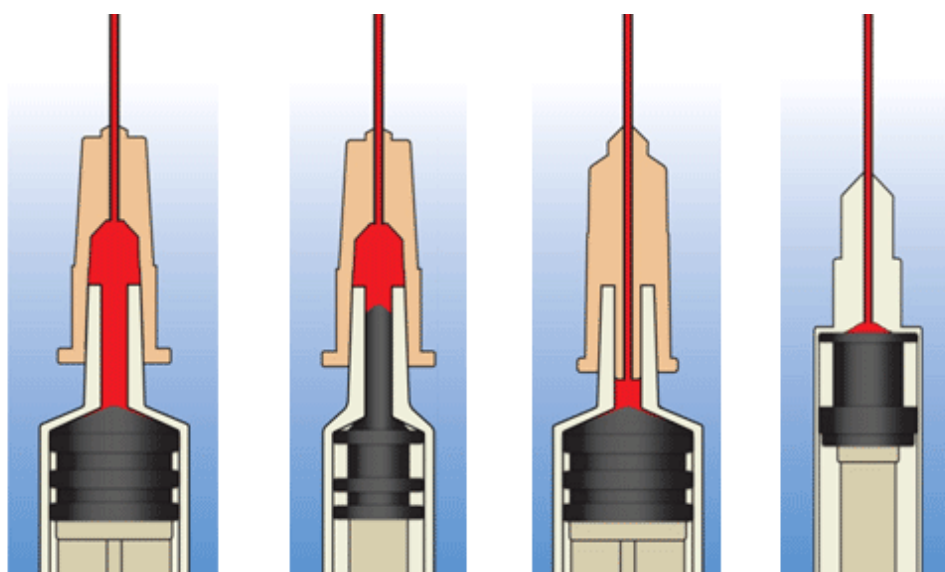
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Reducing HIV infections in injecting drug users



An image from the presentation of William Zule, illustrating how syringe design can affect the amount of blood collected and transmitted when sharing needles.

Delegates at the conference heard that it is possible to reduce the rate of new HIV infections in injecting drug users (IDUs).

Approximately 30% of all HIV infections are in injecting drug users. However, this population is often marginalised, stigmatised and criminalised. This can make prevention work with IDUs much harder.

Delegates heard that needle-exchange programmes can significantly reduce the sharing of syringes and needles.

In Tajikistan, this achieved a fall in new cases of hepatitis C and the stabilisation of HIV incidence. The cost-effectiveness of needle-exchange programmes was emphasised.

Nevertheless, a Chinese study showed that it was often difficult to retain drug users in methadone treatment programmes, often because of arrest.

Peer-support initiatives were found to have a positive effect on risk behaviour in Vietnam and Thailand.

There was also hope that a new type of syringe with less space for blood might help reduce the risk of transmission.

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HIV and stigma



Maria Ekstrand of the University of California San Francisco. © IAS/Deborah W. Campos - Commercialimage.net

A large number of healthcare workers stigmatise patients with HIV and have misconceptions about how the virus can be transmitted, several studies presented to the Washington conference show.

Research conducted in India revealed that 70% of healthcare workers blamed patients for their HIV infection, and that **misconceptions about the risk of HIV transmission** from routine contact were widespread.

Other research conducted in China also found that many healthcare workers stigmatised their HIV-positive patients. However, investigators also found that it was possible to effectively address this stigma through education.

Ugandan research also showed that it was possible to change the attitudes of healthcare workers for the better, especially alongside the rolling out of an HIV treatment programme. Healthcare workers were encouraged by seeing improvements in their patients' health and realised it was no longer a 'death sentence'.

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HIV therapy for people taking anti-TB drugs

An 800mg daily dose of the integrase inhibitor raltegravir (*Isentress*) is a good alternative to the NNRTI efavirenz (*Sustiva*, also in *Atripla*) for people undergoing treatment for TB.

Therapy for TB works well in people with HIV, but there are **interactions** between some anti-HIV drugs and some of the drugs used to treat TB.

Earlier research had shown that an interaction between **raltegravir** and the key anti-TB drug **rifampicin** led to a reduction in raltegravir levels.

To overcome this interaction, researchers doubled the standard dose of raltegravir to 800mg each day.

They found that people treated with this dose were as likely as those taking HIV treatment based on **efavirenz** to suppress their viral load.

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TB vaccine for infants



Heather Jaspan. © IAS/Deborah W. Campos - Commercialimage.net

The BCG vaccine against TB may increase the susceptibility of infants to infection with HIV, according to the results of a study.

The vaccine is routinely given at birth to children in countries with a high TB prevalence, for example South Africa.

But researchers in South Africa found that the vaccine also leads to increased activation of **CD4 cells**, the target for HIV.

The investigators believe that their findings could have implications for the BCG vaccination of children at risk of HIV, for instance those being breastfed by a mother with HIV.

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More news on HIV and children



The conference also featured new research on several other areas of importance for children and adolescents:

- | [Early HIV diagnosis and treatment that preserves the health of adults is likely to keep children in school for longer](#), a Ugandan study shows, and results in less household poverty.
- | More evidence came from Malawi to show that [HIV testing at immunisation clinics is a good way to increase rates of HIV diagnosis in both infants and their mothers](#), at an early point during the breastfeeding period.
- | [Male partner involvement can increase the chances that mothers will test for HIV during pregnancy](#).

For all our news reports relating to children and families, visit the [dedicated page on our website](#).

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As a charity we rely on donations to continue our work and are so grateful for every gift we receive, no matter how big or small. Every single penny is put towards helping people with HIV, and those who support and care for them, access the vital information they need.

We believe passionately that independent, clear and evidence-based information lies at the heart of empowering people to make decisions about their health and live longer, healthier, happier lives.

Read about [how your support makes a difference](#) and if you can feel you can support our work with a donation, you can do so online at www.aidsmap.com/donate.

Thank you.

"I was diagnosed with HIV in early December at the age of 24... I initially couldn't bring myself to talk to even my closest friends or family about the diagnosis and aidsmap.com has helped me beyond belief and helped me to be able to talk to others in person."




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Two other official partners are providing coverage and analysis online, so you can have the fullest picture of the conference.

Clinical Care Options (CCO), will be providing audio highlights, capsule summaries and downloadable slidesets, while the **Kaiser Family Foundation** are providing webcasting from conference sessions.

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