



**AIDS  
2012**

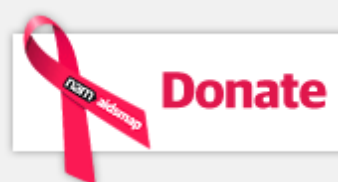
**XIX INTERNATIONAL AIDS  
CONFERENCE JULY 22 - 27  
WASHINGTON DC USA**



**Tuesday 24th July 2012**

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## HIV diagnosis and health monitoring at point of care



Chewe Luo, UNICEF.

UNITAID, the international fund set up to help countries purchase HIV and TB drugs, is to spend \$140 million to speed up and expand the supply of point of care tests for viral load, CD4 counting and early infant diagnosis of HIV infection.

At present many people with HIV in low- and middle-income countries do not have access to these tests because they are expensive and need to be done in high-tech laboratories. Blood samples must be sent away for testing, and the patient may never return to get the results. **Point-of-care diagnostics** will bring these tests out of the centralised laboratory and get them to the patient so they can get their results immediately.

It is hoped that greater availability of these tests at the point of care will help to diagnose HIV infection in more infants and children, so that they can receive **treatment** as early as possible. The tests will also support treatment for mothers, reducing the risk of **mother-to-child HIV transmission** and keeping mothers alive.

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## HIV and gay men



One of the big themes of this year's conference is the ongoing HIV epidemic in gay and other men who have sex with men (MSM).

[Findings of a US study reported to the conference](#) showed that the rate of new infections among black MSM in six large American cities was similar to that seen in African countries hardest hit with HIV.

A total of 1553 black MSM were recruited to the study, of whom 1168 knew they were HIV negative (174 were already HIV positive and 165 were found to be positive when they were tested on entering the study).

Each year, 3% of those who were HIV negative became infected with HIV. For men aged under 30, the rate was 6%. HIV transmission rates were also higher in people who had other sexually transmitted infections (6%).

Men who were on low incomes or were unemployed were more likely to have HIV on entering the study than those on higher incomes.

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## HIV prevention – circumcision



[Good progress has been made with rolling out circumcision programmes in a number of sub-Saharan African settings, the conference was told.](#) However, staff 'burn-out' was common, and

there was also some evidence of resistance and unease about circumcision programmes.

Delegates heard that 80% of men aged 15 to 24 in the Nyanza province of Kenya had now been **circumcised**.

Indeed, the pace of circumcision roll-out programmes was such that medical staff were experiencing burn-out. This meant that there was a need for **task-shifting** this procedure from doctors to nurses and medical auxiliaries.

Circumcision is the subject of controversy. (There was a demonstration yesterday outside the conference by activists opposed to circumcision.) There were also questions from some delegates about real-world situations where the benefits of circumcision appeared dubious.

For instance, **a recent study conducted in Zimbabwe** showed that 14% of the partners of circumcised men were infected with HIV, compared to a prevalence of 12% in the partners of uncircumcised men.

Panel members in the conference session said that this was likely to be because the study was a 'snapshot' survey and that some men may have become HIV positive before they were circumcised.

Other delegates highlighted study findings showing that the **circumcising HIV-positive men** increased the risk of transmission to their partners. They were told that this was likely to be because sexual activity was resumed before healing had finished.

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## Needle exchange provision in US would be highly cost-effective



Photo by Joe Mabel (<http://commons.wikimedia.org/wiki/User:Jmabel>).

**A mathematical model shows that expanding needle exchange programmes in the US would be cost-effective.**

The provision of **clean injecting equipment** to drug users is forbidden under US law. However, approximately 10% of new HIV infections each year involve injecting drug users.

The model showed that expanding exchange programmes to cover 10% of injecting drug users would cost US\$64 million each year. But this would prevent almost 500 new infections per year, leading to large net savings on the cost of lifetime HIV treatment (US\$193 million).

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## HIV and illness – opportunistic infections in the US



Henry Masur. Image ©Liz Highleyman/hivandhepatitis.com

Rates of **AIDS**-defining illness remain high in inner-city areas of the US, **a new report shows**.

Some illnesses that commonly develop when an HIV-positive person has a weak **immune system** are called opportunistic infections.

**The overall rate of opportunistic infections has fallen, thanks to ongoing improvements in HIV treatment and care.**

However, delegates at the Washington conference were told that there had been less steep declines in rates of several infections, such as **thrush (candidiasis) in the gullet** and ***Pneumocystis pneumonia* (PCP)**. New cases of these illnesses had actually risen in recent years.

Late diagnosis of HIV and difficulties in accessing care are likely explanations. The investigators emphasised that opportunistic infections were still very much a current issue for people with HIV in the US. However, they were concerned that healthcare staff were losing the expertise needed to treat them.

The researchers also found that **blood pressure, smoking**-related diseases, **kidney disease** and **hepatitis C** were increasingly important causes of illness in people with HIV – probably because effective HIV treatment means that people are living into older age.

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## Workplace HIV treatment programmes bring big savings for employers



Gold mine in Johannesburg, South Africa.

Provision of HIV treatment in the workplace has the potential to save employers large amounts of money, [data presented to the Washington conference show](#).

Researchers looked at the cost of providing HIV therapy to staff at two mines in South Africa.

A mathematical model was used to look at the projected costs of such programmes between 2003 and 2022.

It showed that annual expenditure on HIV treatment would be US\$1.4 million, but that employers would save over US\$4 million each year on absenteeism and other illness- and death-related benefits.

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## Peripheral neuropathy in children



[Research conducted in South Africa shows that a quarter of children taking HIV treatment have peripheral neuropathy](#).

The findings of the study highlight the limited drug choices available for [the treatment of HIV-positive children](#).

[Peripheral neuropathy](#) involves painful damage to the peripheral nerves, especially in the feet and lower legs. It is a well-recognised side-effect of some older anti-HIV drugs, especially [d4T](#) and [ddl](#).

The drug d4T (stavudine, *Zerit*) has been a mainstay of HIV treatment programmes in resource-limited settings. However, [because of its side-effects it is no longer recommended](#) if affordable alternatives (especially [tenofovir](#), *Viread*) are available.

A powder formulation of tenofovir is available for the treatment of young children, and the World Health Organization has issued guidance concerning its dosing.

In this study, 86% of the HIV-positive children participating were taking d4T and a quarter had peripheral neuropathy.

Researchers also believe that the study shows the importance of asking children about their experiences of HIV treatment, as an important part of diagnosing and treating peripheral neuropathy. Assessment tools, simple and cheap to administer, exist to help assess the severity of symptoms, their impact and actions that can give relief.

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## NAM is in exhibition hall C!



NAM staff at the stand in Washington. Image: Greta Hughson/aidsmap.com

If you're in Washington for **AIDS 2012**, come and **visit us in exhibition hall C**. We're at stand number 22 and we'd love to meet you, hear about what you do and have an opportunity to talk to you about what we do.

If you're not able to be at the conference, find out more about NAM's resources in our **blog** and on our **resources** pages on **aidsmap.com**.

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You can also keep up to date with the latest HIV news using the aidsmap news iPhone app, available to you for free.

The app links to our daily reports on new research, findings and controversies in HIV treatment and prevention from around the world. We also cover key developments in hepatitis, TB and other health conditions linked to HIV.

As well as articles by our own editors, the app includes a daily hand-picked selection of HIV-related stories from other websites around the world.




During AIDS 2012, the app also features content from these daily bulletins and a selection of tweets from the conference.

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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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reliable and accurate HIV information across the world to HIV-positive people and to the professionals who treat, support and care for them.

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