

Annotated Bibliography

Published Articles, 2005-2007

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From the Editors

The International AIDS Society (IAS) launched the e-Journal of the International AIDS Society (eJIAS, available at www.eJIAS.org) at the XV International AIDS Conference in Bangkok, and peer-reviewed articles first began appearing in early 2005. eJIAS was conceived and established in recognition of the fact that many of today's most crucial lessons about how to confront the HIV/AIDS pandemic will be learned best, if not exclusively, from those working on the front lines of HIV/AIDS treatment, prevention, and care. It was also created in recognition of the publishing challenges faced by investigators from developing countries, where conditions of urgent need and insufficient resources often afford little support for authors in the publication process. In this regard, the first purpose of this unique journal is to facilitate publication by HIV scientists and health workers from developing countries.

We established a rigorous yet supportive peer-review process with our co-publishing partner at Medscape, which provides investigators with important input on what the editors look for in assessing a manuscript's suitability for publication in a scientific journal. Publication within the Medscape General Medicine (MedGenMed) online journal provides access to a large international readership. The articles in eJIAS are indexed in Medline and are published free of charge to the authors and the readers.

The eJIAS Editorial Board is the IAS Governing Council, includes some of the most senior investigators in HIV, and allows us to draw on a rich and diverse set of expertise in assessing and soliciting papers for publication. eJIAS also encourages publication by frontline investigators whose contributions to HIV medicine involve local site and population-specific studies that have been addressed in developed areas and previously published. Many questions remain unanswered with respect to the effects of host and virus genetics and environmental factors such as endemic disease; as a result, such studies are considered to be original research.

Over the past two years we have published peer-reviewed articles in all of the major scientific tracks. This annotated bibliography of the first two and a half years of publication is the first of what we hope will be a number of supplements addressing key issues in HIV research and best practice. The bibliography also includes a summary of information for prospective authors, with additional detail available at the eJIAS website at <http://www.medscape.com/ejias/about#instructionsauthors>. Resources for prospective authors from our eJIAS "Publish or Perish" skills-building workshops, which have been delivered at both international and regional AIDS conferences, are available on the IAS website at <http://www.iasociety.org/initiatives.aspx>.

We hope this publication is a useful addition to the field and encourages young investigators, particularly those from developing countries, to submit their papers for publication.

Sincerely,



Mark Wainberg, PhD
Editor-in-Chief



Elly Katabira, MD, PhD
Editor-in-Chief



Mary Anderson, PhD
Executive Editor



Information for Authors

Manuscripts to eJIAS should be submitted electronically. The editors, in consultation with authors, will determine the best placement of an article by category and interest regardless of the section to which an article is submitted. eJIAS accepts submission of manuscripts in English, French and Spanish. The eJIAS manuscript submission address is eJIAS@medscape.net.

All articles that survive the initial editor's screening are sent for peer review, the process by which editors ask experts to read, criticize, and comment on the suitability of a manuscript for publication. Some articles may be accepted with relatively minor suggestions to be implemented by the author. In keeping with the mission of eJIAS, in some cases, the editors may be able work with authors if more extensive editing can ready the manuscript for peer review or publication. Articles will be edited for clarity and grammar. All major revisions will be submitted to the author for approval prior to publication.

eJIAS strives to facilitate publication of authors from developing countries by assisting them in adopting their papers to the highest publishing standards via a rigorous yet supportive peer review process.

It is required that all authors:

- Certify sufficient participation in the conception, design, analysis, interpretation, writing, revising, and approval of the manuscript.
- Attest no other article by the author substantially similar in content has been published or is currently being considered for publication.
- Disclose any and all financial information relevant to the article.

Every manuscript should contain the following elements, each beginning on a new page:

- Title page
- Abstract and keywords
- References
- Tables
- Illustrations and captions
- Acknowledgments and permissions
- Copyright transmittal

For further information on the submission of abstracts, please refer to the website: <http://www.medscape.com/ejias/about>.

Published Articles

This annotated bibliography summarizes every article which has been published in eJIAS. Peer-reviewed articles are sorted by scientific tracks:

- Track A: Biology and Pathogenesis of HIV,
- Track B: Clinical Research, Treatment and Care,
- Track C: Epidemiology, Prevention and Prevention Research,
- Track D: Social, Behavioural and Economic Science, and
- Track E: Policy.

Commentary and Review

1. Gayle H, Wainberg MA. **The 16th International Conference on AIDS: Will It Leave a Legacy?** *eJIAS*, Volume 9, Number 1, 19 April 2007.

The AIDS 2006 conference co-chairs reflect on the challenges and successes of the conference, highlighting sessions on microbicides and preventive vaccines, key concepts and progress regarding the design and conduct of clinical trials, sessions on pre-exposure prophylaxis and discussions regarding male circumcision. The authors note the profile of the impact that treatment scale-up has had on people living with HIV in developing countries and note that it was the first time the conference was held in a developed country setting without major protests by activist groups against pharmaceutical companies and their booths. The authors also point out that the conference played a key role regarding changes in government policies toward HIV/AIDS that have occurred in South Africa.

TRACK A: Biology and Pathogenesis of HIV

1. Sachdeva N, Sehgal S, Arora SK. **Frequency of Drug-Resistant Variants of HIV-1 Coexistent With Wild-Type in Treatment-Naive Patients of India.** *eJIAS*, Volume 7, Number 3, 27 July 2005.

This study was designed to obtain preliminary data on the frequency of drug-resistant variants of HIV-1 in a North Indian population. The authors screened 60 patients for mutations in the *pol* gene of HIV-1 associated with resistance to zidovudine (ZDV) and lamivudine (3TC) in HIV-infected treatment-naive patients from North India. Genotyping was performed to detect mutations associated with resistance. A highly sensitive, nested ARMS-PCR approach was used to detect both wild-type and

mutant virus (including minority populations) if both types were present in that patient. In this patient sample a high proportion of mutant variants harboured mutations in the *pol* gene at codons-70 and 184 coexisting with wild-type HIV-1. Most of the patients showed a mixture of both wild-type and mutant virus. The study indicates that mutations in the *pol* gene at codons 70 and 184 that confer resistance to ZVD and 3TC, respectively, coexist with wild-type HIV-1 are present in a high proportion of treatment-naive patients in North India. The appearance of these mutations had no correlation with CD4+ cell counts or sex of the patients, although mutant variants seemed to be less common in children. The genetic diversity of HIV suggests that targeted genotyping resistance assays applicable for different HIV-1 subtypes can be used to determine HIV drug resistance in different parts of the world.

2. Turner D, Brenner B, Moisi D, Liang C, Wainberg MA. **Substitutions in the Reverse Transcriptase and Protease Genes of HIV-1 Subtype B in Untreated Individuals and Patients Treated With Antiretroviral Drugs.** *eJIAS*, Volume 7, Number 1, 23 March 2005.

The objective of this study was to ascertain the rate of nucleotide substitutions in protease (PR) and reverse transcriptase (RT) in both untreated (n=50) and treated (n=51) HIV-1 patients. Genotypic analysis was performed on viruses from both treated and untreated patients with subtype B infections. Nucleotide genomic diversity was compared with a consensus subtype B reference virus. Then, the prevalence of resistance-associated mutations in different subgroups of treated patients was evaluated in relation to the patterns of nucleotide transitions. The authors found that the prevalence of the G→A hypermutation in treated patients was decreased compared with the prevalence in untreated patients. In this descriptive study, the G→A transition was the most frequent mutation observed among untreated patients, and this may be a result of spontaneous mutation. In contrast, the G→A hypermutation was not more prevalent in treated patients than A→G transitions, and in PI-treated patients A→G was even more prevalent. Among mutations that confer resistance to antiretroviral drugs, M184V was present in 76% of treated patients and K70R in 31% (A→G transitions). Thus, patterns of nucleotide substitutions in the *pol* gene are different in treated vs untreated individuals. Further biochemical and clinical analysis will be needed to understand the full importance of these different patterns of nucleotide substitutions in HIV-1 isolated from both treated and untreated individuals.



3. Ruta SM, Matusa RF, Sultana C, Manolescu L, Kozinetz CA, Kline MW, Cernescu C. **High Prevalence of Hepatitis B Virus Markers in Romanian Adolescents With Human Immunodeficiency Virus Infection.** *eJIAS*, Volume 7, Number 1, 25 March 2005.

The objective of this study was to evaluate the frequency of hepatitis coinfection in Romanian adolescents who were diagnosed with human immunodeficiency virus (HIV) infection prior to 1995. The study used a sample of 161 adolescents who underwent laboratory testing for markers of parenterally acquired hepatitis virus infection. Results showed the prevalence of HBV replicative markers was more than 5-fold higher in HIV-infected adolescents as compared with controls. A substantial percentage of HIV-infected and HIV-uninfected Romanian adolescents have evidence of past or present HBV infection. In HIV-infected adolescents, the degree of immunosuppression is correlated with the persistence of HBV replicative markers, even in the absence of clinical or biochemical signs of liver disease.

4. Jones BM, Chiu SSS, Wong WHS, Lim WWL, Lau Y. **Cytokine Profiles in Human Immunodeficiency Virus-Infected Children Treated With Highly Active Antiretroviral Therapy.** *eJIAS*, Volume 7, Number 2, 3 May 2005.

The objective of this study was to determine whether monitoring cytokine production could contribute to the better management of pediatric patients with HIV-1 infection. Cytokine production in children with neonatally-acquired HIV-1 infection was studied longitudinally. Ten Asian and 2 Eurasian children infected with HIV-1 by mother-to-child transmission were followed for up to five years while on treatment with highly active antiretroviral therapy (HAART) in order to determine whether monitoring cytokine production could contribute to the better management of pediatric patients with HIV-1 infection. Numbers of unstimulated and mitogen-activated cytokine-secreting cells were measured by cytokine enzyme-linked immunospots (ELISPOT) assay at frequent intervals, and correlations were sought with CD4+ and CD8+ cell counts and viral loads. Conclusions were that alterations in cytokine profiles were not associated with adverse clinical events and there was little evidence to indicate that monitoring ELISPOTs could contribute to pediatric patient management.

5. Kantor R, Shafer RW, Katzenstein D. **The HIV-1 Non-subtype B Workgroup: An International Collaboration for the Collection and Analysis of HIV-1 Non-subtype B Data.** *eJIAS*, Volume 7, Number 1, 23 February 2005.

Worldwide, the majority of people with HIV are infected with non-B HIV subtypes, but the preponderance of genetic studies relating to drug resistance is from studies of subtype B HIV. Thousands of well-characterized sequences within each subtype will likely be required for definitive conclusions regarding different resistance patterns and clinical response among non-B HIV-1. For new drugs and certain combinations, there are insufficient data, even in subtype B HIV-1. Worldwide collaboration, using common data collection instruments and uniform protocols, is essential to the analysis of non-B resistance. The authors have established an international workgroup for the collection and analysis of reverse transcriptase (RT) and protease gene sequences and data from persons infected with non-B HIV-1 subtypes. Currently, the workgroup consists of investigators from 15 sites in 13 countries. The goal of the workgroup is to collect and analyze a robust database of sequences and clinical data to identify similarities and differences among HIV-1 subtypes with respect to drug resistance. As treatment efforts increase, data on non-B resistance patterns will be useful to test the hypothesis that the knowledge acquired in subtype B can be implemented in persons infected with non-B subtypes.

TRACK B: Clinical Research, Treatment and Care

1. Kessler, HA. **Triple-Nucleoside Analog Antiretroviral Therapy: Is There Still a Role in Clinical Practice? A Review.** *eJIAS*, Volume 7, Number 2, 2 June 2005.

This article reviews the literature and examines the clinical role of triple-nucleoside analog reverse transcriptase inhibitor (t-NRTI)-based ART as initial therapy, as switch therapy, and as part of induction-maintenance strategies. Whereas recent data have cast doubt on the widespread use of t-NRTI-based ART in general, not all t-NRTI-based regimens are the same. Some regimens, such as abacavir/lamivudine/zidovudine (ABC/3TC/ZDV) and d4T + ABC + 3TC, have produced good results when used as initial therapy, for simplification, and potentially as a maintenance regimen in induction-maintenance strategies. When used as initial therapy, these regimens have been shown to be less potent than current NNRTI-based ART; however, when adherence is an issue, or when the patient is unwilling or unable to take NNRTIs, t-NRTI regimens remain viable options. When considering whether

to use ABC/3TC/ZDV in patients with baseline HIV RNA > 100,000 copies/mL, clinicians should weigh the benefits of low pill burden and convenience vs decreased potency. Other t-NRTI regimens have produced high virologic failure rates when employed either as initial ART or as switch therapy. Regimens such as ABC + 3TC + tenofovir (TDF), ABC + didanosine (ddI) + TDF, and ddI + 3TC + TDF include agents that are highly potent against HIV but are limited by a low genetic barrier to resistance, resulting in an increase in the development of the K65R cross-resistance mutation. When t-NRTI regimens are used a thymidine analog RT inhibitor should be included because it appears that these agents decrease the risk of developing K65R.

2. Imarhiagbe FA, Kubeyinje EP. **Hypertriglyceridemia in Antiretroviral Therapy.**

eJIAS, Volume 7, Number 3, 12 September 2005.

Elevated serum triglycerides, total cholesterol, very low-density lipoprotein (VLDL) cholesterol, and low-density lipoprotein (LDL) cholesterol have been reported in the literature from areas where experience with antiretroviral drugs has amassed. Up until recently the use of antiretroviral drugs in Nigeria on a wide scale was a rarity owing largely to prohibitive cost, and so experience with its use was limited. An initial trial was conducted in 25 patients who received free antiretroviral drugs supplied by the Nigerian federal government as a pilot study - an accelerated clinical trial of a combination of stavudine/lamivudine/nevirapine in the treatment of people living with HIV/AIDS in Nigeria - at the University of Benin teaching hospital, one of the designated centers for the treatment of HIV/AIDS. Eleven patients on antiretroviral drugs were followed for 6 months, and the authors report 3 cases with a steady rise in serum triglyceride levels over the study period.

3. Jerene D, Lindtjorn B. **Disease Progression Among Untreated HIV-Infected Patients in South Ethiopia: Implications for Patient Care.**

eJIAS, Volume 7, Number 3, 30 August 2005.

This article describes the predictors of HIV disease progression as seen at an outpatient clinic in a resource-limited setting in rural Ethiopia. The study included all HIV patients (n=270) who visited an outpatient clinic in South Ethiopia over a 14 month study period. Clinical and hematologic measurements were done at baseline and every 12 weeks thereafter until the patient was transferred, put on antiretroviral therapy, was lost to follow-up, or died; the median follow-up was 19 weeks.

The overall mortality rate was 46 per 100 person-years of observation (PYO) and the incidence of tuberculosis was 9.9 per 100 PYO. The mortality rate and the incidence of tuberculosis in the cohort were among the highest ever reported in sub-Saharan Africa. The researchers identified oral thrush, diarrhea, and total lymphocyte count as predictors of mortality, and easy fatigability and fever as predictors of tuberculosis. The findings have practical implications for patient care in resource-limited settings.

4. Luber AD. **Genetic Barriers to Resistance and Impact on Clinical Response.**

eJIAS, Volume 7, Number 3, 7 July 2005.

This article examines the factors that may account for the differences in success rates among regimens with low and high genetic barriers to resistance and considers the impact of failure of these regimens on future treatment options. The development of drug resistance and cross-resistance continues to pose a challenge to successful long-term antiretroviral therapy despite the availability of new antiretroviral agents. The decision to use a specific regimen as initial therapy for HIV must be individually tailored to the patient's lifestyle. Factors such as potential for adherence, low rates of adverse drug events, minimal negative drug-drug interactions, and regimen potency must be taken into consideration. The antiviral activity of many of these newer highly potent regimens is very good, and most patients will experience a beneficial virologic response if they are adherent to therapy and not infected with a resistant viral isolate. Although virologic failure rates are generally low with currently recommended initial regimens, clinicians should carefully consider the genetic barriers to resistance and mutational profiles likely to occur upon virologic failure with each of these regimens when selecting an initial therapy.

5. Deshpande AK, Patnaik MM. **Nonopportunistic Neurologic Manifestations of the Human Immunodeficiency Virus: An Indian Study.**

eJIAS, Volume 7, Number 4, 4 October 2005.

This observational study aimed to identify and describe in detail the direct neurologic manifestations of HIV-1 in antiretroviral treatment (ART)-naive, HIV-infected patients (excluding the neurologic manifestations produced by opportunistic pathogens). Three hundred successive cases of HIV-1 infected, ART-naive patients with neurologic manifestations were studied over a three-year period. Each case was studied in detail to identify manifestations due to opportunistic pathogens; patients with opportunistic disease were excluded from the study. The remaining cases were then analyzed specially in regard to type of neurological disease caused by HIV-1 itself either directly or indirectly and the



degree of immune suppression (CD4+ cell counts). Results showed that HIV infection is responsible for a large number of nonopportunistic neurologic manifestations that occur across a large immune spectrum. During the early course of the disease, the polyclonal hypergammaglobulinemia induced by the virus results in demyelinating diseases of the central- and peripheral nervous systems (CNS and PNS). As the HIV infection progresses, the direct toxic effects of the virus unfold, directly damaging the CNS and PNS, resulting in protean clinical manifestations.

6. Montaner JSG, Schutz M, Schwartz R, Jayaweera DT, Burnside AF, Walmsley S, Saag MS. **Efficacy, Safety and Pharmacokinetics of Once-Daily Saquinavir Soft-Gelatin Capsule/Ritonavir in Antiretroviral-Naive, HIV-Infected Patients.** *eJIAS*, Volume 8, Number 2, 10 May 2006.

The researchers set out to evaluate the efficacy and safety of saquinavir-soft-gelatin capsule (SGC)/ritonavir combination (1600 mg/100 mg) vs efavirenz (600 mg) both once daily and combined with two nucleoside analogs twice daily. 171 antiretroviral naïve HIV-infected individuals took part in twenty-six centers in the United States, Canada, and Puerto Rico. Once-daily efavirenz was statistically superior to once-daily saquinavir-SGC/ritonavir. Gastrointestinal adverse effects were commonly associated with treatment failure in the saquinavir-SGC/ritonavir arm of the study.

7. Karcher H, Kunz A, Poggensee G, Mbezi P, Mugenyi K, Harms G. **Outcome of Different Nevirapine Administration Strategies in Preventing Mother-to-Child Transmission (PMTCT) Programmes in Tanzania and Uganda.** *eJIAS*, Volume 8, Number 2, 12 April 2006.

The aim of this study was to analyze the outcome of different strategies to prevent mother-to-child transmission (PMTCT) with regard to NVP intake in pregnant women and their infants in Tanzania and Uganda. The observational study compared a directly observed NVP administration strategy in Tanzania and a semi-observed administration strategy in Uganda. Results showed that the proportions of HIV-positive women accepting receipt of NVP from the health units were similar in the two countries. NVP intake in infants was significantly higher in Tanzania than in Uganda. In a multivariate analysis, maternal age above 25 years, secondary education, Catholic faith, and having undergone PMTCT counseling at a hospital were independently associated with infant NVP intake. The authors found that the directly observed administration strategy resulted in a higher NVP intake in infants and that the semi-observed strategy the NVP administration was less successful.

8. Kumar AKH, Ramachandran G, Kumar P, Kumaraswami V, Swaminathan S. **Can Urine Lamivudine Be Used to Monitor Antiretroviral Treatment Adherence?** *eJIAS*, Volume 8, Number 4, 13 December 2006.

The authors aimed to obtain information on the quantity and duration of excretion of lamivudine in urine following oral administration of a single dose of 300 mg and to assess its suitability for adherence-monitoring purposes. Spot urine samples were collected before dosing and at various time points from four to 96 hours post dosing from ten healthy subjects, and lamivudine was estimated by high-pressure liquid chromatography (HPLC). Lamivudine values were expressed as a ratio of urine creatinine. About 91% of the ingested drug was excreted by 24 hours, and the concentration thereafter in urine was very negligible. A lamivudine value of 0.035 mg/mg creatinine or less at 48 hours is suggestive of a missed dose in the last 24 hours. The study findings showed that estimation of urine lamivudine in spot specimens could be useful in monitoring patient adherence to antiretroviral treatment. However, this needs to be confirmed on a larger sample size and among patients on once-daily and twice-daily treatment regimens.

9. John KR, Rajagopalan N, Madhuri KV. **Brief Communication: Economic Comparison of Opportunistic Infection Management With Antiretroviral Treatment in People Living With HIV/AIDS Presenting at an NGO Clinic in Bangalore, India.** *eJIAS*, Volume 8, Number 4, 1 November 2006.

This retrospective case study compared direct medical costs (DMC) and nonmedical costs (NMC) with 2005 values accrued by the non-government organization (NGO) and people living with HIV/AIDS (PLHWA), respectively, for either management using HAART or OIs only in a low-cost community care and support center in Bangalore. The HAART arm included case records of PLHWA who initiated HAART at the center, had frequent follow-up, and were between 18 and 55 years of age. The arm with OI management only included records of PLHWA who were also frequently followed up, who were in the same age range, who had CD4+ cell counts < 200/microliter (mCL) or an AIDS-defining illness, and who were not on HAART. Expenditures on medication, hospitalization, diagnostics, and NMC were calculated for each group. After analysis of the results the authors concluded that good health at no increased expenditure justifies providing PLHWA with HAART even in NGO settings.

10. Dieterich DT. **Disease Management - Constructing Optimal NRTI-Based Combinations: Past, Present, and Future.** *eJIAS*, Volume 8, Number 1, 19 January 2006.

The author provides the historical context for highly active antiretroviral therapy (HAART), discussing the development of new antiretroviral agents in different classes, and progress from monotherapy through triple-drug combinations. This article discusses the antiretroviral combination therapy options, framed largely by the "Guidelines for the Use of Antiretroviral Agents in HIV-1-Infected Adults and Adolescents. US Department of Health and Human Services. October 6, 2005." The focus is on the role of NRTIs when constructing HIV regimens. The author summarizes resistance profiles, safety and efficacy concerns and class resistance.

TRACK C: Epidemiology, Prevention and Prevention Research

1. Norman LR, Gebre Y. **Prevalence and Correlates of HIV Testing: An Analysis of University Students in Jamaica.** *eJIAS*, Volume 7, Number 1, 1 March 2005.

This study was designed to identify the factors that predict whether a person had been tested for HIV (sociodemographics, perceived risk of HIV) and the role of HIV testing on sex-related behaviours (condom use, number of sex partners) among a sample of 1,252 university students. The study used a questionnaire which measured a variety of HIV-related knowledge and attitudinal and behavioural items. Results revealed that youths, married persons, persons who had attended an HIV education forum, and those who knew someone with HIV/AIDS were more likely to report a previous HIV test. However, HIV testing was not associated with condom use or number of sex partners. Effective messages and programmes need to be developed and implemented in Jamaica to promote HIV testing and help persons to adequately assess their level of risk with respect to contracting HIV.

TRACK D: Social, Behavioural and Economic Science

1. Viani RM, Araneta MRG, Ruiz-Calderon J, Hubbard P, Lopez G, Chacón-Cruz E, Spector SA. **Migration and Risk Factors for HIV Acquisition in Pregnant Women in Baja California, Mexico.** *eJIAS*, Volume 7, Number 2, 22 June 2005.

A cross-sectional hospital-based study to evaluate the feasibility and acceptance of counseling and rapid HIV testing during pregnancy at Tijuana General Hospital. Information on residence during 1999-2003 was studied for 1,496 pregnant women at Tijuana General Hospital. Of these, 1017 resided in Tijuana in the previous 5 years, whereas 479 resided in other states in the previous five years, most of whom migrated from Sinaloa, Michoacan, Jalisco, Chiapas, and other cities in Baja California. Part of the study focuses on internal migration patterns and risk factors for HIV acquisition. The HIV prevalence among pregnant Tijuana residents was found to be ten times higher than the HIV prevalence in pregnancy reported by the Mexican National Center for HIV/AIDS Prevention and Control (CENSIDA) in other areas of Mexico, which is 0.09%. The findings of high HIV seroprevalence among pregnant women who are long-term Tijuana residents and those who recently migrated to Tijuana from various Mexican states emphasizes the need for continued HIV surveillance and implementation of preventive interventions throughout Mexico. Further research is needed in other at risk populations in Tijuana and other border cities throughout the US-Mexico border.

2. Kozal MJ, Amico KR, Chiarella J, Cornman D, Fisher W, Fisher J, Friedland G. **A Population-Based and Longitudinal Study of Sexual Behaviour and Multidrug-Resistant HIV Among Patients in Clinical Care.** *eJIAS*, Volume 8, Number 2, 13 June 2006.

The researchers aimed to characterize the HIV sexual risk behaviours of patients with and without drug-resistant HIV over time, compiling the results of 393 questionnaires of self-reported sexual risk behaviours by HIV-infected patients at 6-month intervals over two years. HIV viral load and genotypic drug resistance obtained at the same time points were matched to the behavioural data. Multidrug resistance was defined as having resistance to two or three antiretroviral (ARV) drug classes. The results showed that a substantial proportion of this study population engaged in unprotected sex and had drug-resistant HIV, frequently exposing partners to one- or two-class resistant HIV strains. However, relatively few exposures involved three-class resistant strains. The dynamics of sexual risk



behaviour and HIV drug resistance are complex and vary over time and urgently require both general and targeted interventions to reduce transmission of resistant HIV.

3. Ogunsemi OO, Lawal RA, Okulate GT, Alebiosu CO, Olatawura MO. **A Comparative Study of HIV/AIDS: The Knowledge, Attitudes, and Risk Behaviours of Schizophrenic and Diabetic Patients in Regard to HIV/AIDS in Nigeria.** *eJIAS*, Volume 8, Number 4, 29 November 2006.

The present study set out to compare knowledge, attitudes, and risk behaviours related to HIV/AIDS among schizophrenic patients and diabetic patients in Nigeria. Questionnaires administered by an interviewer were completed by ninety-eight schizophrenic patients attending the outpatient clinics of a psychiatric hospital. The questionnaire covered demographics, risk behaviours, knowledge related to HIV/AIDS, and patients' attitudes toward people infected with HIV/AIDS. Their responses were compared with those of 56 diabetic patients who were similarly interviewed in a teaching hospital. Results showed that schizophrenic patients were significantly less sexually active and that they had more misconceptions about HIV/AIDS and were less tolerant towards people living with HIV/AIDS compared with the diabetic patients. They were also more likely to engage in high-risk behaviours. The authors concluded that despite being less sexually active, patients with schizophrenia engaged in risk behaviours and that care providers should be more involved in educating psychiatric patients about HIV/AIDS.

4. Inungu J, Karl S. **Understanding the Scourge of HIV/AIDS in Sub-Saharan Africa.** *eJIAS* Volume 8, Number 4, 9 November 2006.

The authors briefly review the epidemiology of HIV/AIDS in sub-Saharan Africa and emphasize the enormous burden of this disease as well as the factors that have fueled and continue to fuel the continued spread of the virus. The purpose of this article was to review the factors associated with the spread of the HIV epidemic in sub-Saharan Africa and to propose six essential activities, referred to by the acronym "ESCAPER", to help curb the spread of HIV/AIDS in Africa. The programme they propose includes: (1) **E**ducate, (2) **K**now your HIV **S**tatus, (3) **C**are for the marginalized and those who are infected; (4) **T**rain effective **P**ersonnel to staff and manage HIV prevention programmes; (5) **E**mpower people and encourage self-efficacy; and (6) **B**anish harmful **R**ituals and instead promote love and justice.

TRACK E: Policy

1. Lalonde B, Wolvaardt JE, Webb EM, Tournas-Hardt A. **A Process and Outcomes Evaluation of the International AIDS Conference: Who Attends? Who Benefits Most?** *eJIAS*, Volume 9, Number 1, 9 January 2007.

The authors set out to evaluate the process and outcomes of the XVI International AIDS Conference (IAC) that took place in Bangkok in 2004 with the aim of determining how best to meet delegate needs in future conferences. Reaction evaluation data are presented from a delegate survey from AIDS. These data are compared with data from previous IACs to ascertain attendance and reaction trends, which delegates benefit most, and host country effects. Outcomes effectiveness data were collected via a survey and intercept interviews. Data suggest that the host country may significantly affect the number and quality of basic science IAC presentations, who attends, and who benefits most. Intended and executed HIV work-related behaviour change was assessed under various classifications. Delegates who attended one previous IAC were more likely to report behaviour changes than attendees who attended more than one previous IAC. The authors concluded that the conference needs to be continually evaluated to elicit the required data to plan effective future IACs.

2. Wanchu A. **Initiating Antiretrovirals in a Resource-Constrained Setting: Does One Size Fit All?** *eJIAS*, Volume 7, Number 3, 8 August 2005.

The author examines some of the issues which need to be addressed when applying the WHO's ART "3 by 5" programme in resource-constrained countries, particularly in India. The author points out that the availability of only a single treatment regimen does not provide for ongoing treatment in the event of treatment failure. The author asks whether treatment can be deferred, examines the current status and the short-term needs: he points out that alternative mechanisms are needed that can identify individuals at greater risk of developing an OI and suggests that we must reconsider the 200 cells/mcL CD4+ cell count cutoff for initiating ART among those who are asymptomatic.



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