STEP Electronic treatment Ezine

January 31, 2002
Issue 31
By Adimika Meadows, Senior Treatment Educator, adimikam@stepproject.org

The Seattle Treatment Education Project's (STEP) EZINE is an electronic treatment resource distributed bi-monthly to people living with HIV/AIDS, people affected by HIV/AIDS, case managers, front-line workers, physicians, other public health and allied health professionals. STEP's contact information is: Seattle Treatment Education Project, 1123 East John Street, Seattle, WA 98102, (206) 329-4857 or 1-877-597-STEP (WA, OR, AK, HA, ID, MT)

ANTIRETROVIRAL THERAPY UPDATE

HIV Viral Load Response to Antiretroviral Therapy Based on CD4 Cell Count and Viral Load

Andrew Phillips and his European colleagues have analyzed the viral load response in the largest group of antiretroviral naïve people beginning at least a three-drug antiretroviral regimen (ART). The study, "HIV Viral Load Response to Antiretroviral Therapy According to the Baseline CD4 Cell Count and Viral Load," is reported in the November 28, 2001, issue of JAMA. The study combined three large European cohorts (groups of people), the Swiss HIV Cohort Study, the Frankfurt HIV Clinic Cohort, and the EuroSIDA Study Group, for a total of 3,226 people. Unlike some other studies that included people who had prior therapy with one or two drugs, the people in this study had no prior therapy for HIV before beginning at least a three-drug combination after January 1, 1996. The purpose of this study was to "characterize the relationship of viral load response to ART with baseline CD4 count and baseline viral load."

People were analyzed according to baseline CD4 cell count (below 200, 200 to349, and 350 or more), and baseline viral load (below 10,000, 10,000 to 99,999, 100,000 or more). The authors analyzed the number of people who achieved a viral load above 500 after initiating therapy, and the number who had viral rebound to more than 500. There were no significant differences observed in the number of people achieving a viral load below 500, or in the number who had viral rebound based on the starting CD4 cell count or viral load. There were no differences observed based on gender. The only difference noted was that in the high viral load group, 100,000 or more, it took longer to achieve viral suppression. Overall, 85% of people achieved viral suppression. The death rate was higher in the people who started ART with a CD4 cell count below 200, but was not different in the other two groups, 200 to 349, and 350 or more.

The authors note that a retrospective cohort study such as this cannot definitively answer the question of when to start ART, but the data does help provide some guidance to clinicians and people with HIV. Also, they note that the low clinical events rate observed in this study "indicate[s] that a randomized trial of immediate vs. deferred therapy would likely have to be very large and last several years." This study does provide some data which questions the prevailing wisdom that it is easier to achieve durable virologic suppression if you begin ART at a higher CD4 cell count, or lower viral load.

NATIONAL GUIDELINE CHANGES AND REVISIONS

CDC Revises Guidelines for HIV Counseling, Testing, and Referral and Recommendations for HIV Screening of Pregnant Women

In November 2001, the **Centers for Disease Control and Prevention (CDC)** published two sets of revised guidelines urging healthcare providers to routinely offer HIV testing, counseling and referral services to patients, especially pregnant women, and people in settings with high rates of HIV or those who have increased risk for HIV. **Revised Guidelines for HIV Counseling, Testing and Referral** and **Revised Recommendations for HIV Screening of Pregnant Women** are both available for download from the Centers for Disease Control and Prevention Website in PDF and HTML formats.

Guidelines for HIV Counseling, Testing and Referral

These recommendations update and expand on the CDC guidelines that were issued in 1994 and are geared toward public- and private-sector policy makers and service providers of HIV counseling, testing and referral (CTR). The revisions are the result of scientific and programmatic advances in HIV CTR, as well as advances over the last several years in prevention and the treatment and care of people infected with HIV.

Key recommendations include:

- Effectively targeting counseling, testing and referral services
- Prevention counseling
- Linking clients with prevention services and treatment
- Anonymous testing

The revised guidelines stress the importance of reaching individuals with HIV in a wide range of venues, from testing clinics and doctors' offices to non-traditional settings such as nightclubs, mobile vans, and homeless shelters.

NATIONAL HIV PREVENTION ISSUES

The **National Institutes of Health** (NIH) recently revealed its Fiscal Year 2003 Plan for HIV-Related Research. For 2003, NIH has expanded the scope of the Plan to include three new areas of emphasis: the development of microbicides, HIV prevention research, and research related to women and girls and HIV.

The goal of the plan is for NIH to be responsive to the changing face of the epidemic, emerging scientific opportunities and the needs of the affected community. The range of preventive interventions available for HIV transmission is limited and, according to the NIH, in urgent need of expansion. NIH hopes to expand through various approaches: behavioral and social interventions, biomedical approaches, and vaccines.

Areas of Emphasis for the Plan

It is critical that methods be developed that can be controlled by women to prevent becoming infected.

- Microbicides (agents that can be applied topically for the prevention of sexually transmitted diseases, including HIV) may offer one of the most promising preventive interventions that could be safe, effective, inexpensive, readily available, and widely acceptable.

- Because of the complex nature of HIV infection in women and girls, NIH has worked to identify specific research questions to address the special biological, social, and cultural issues for these populations.
- NIH will also focus on the myriad of non-vaccine approaches to prevention.

NIH is also continuing its research to define the nature of the disease progression, to develop therapies for HIV infection and related conditions, and to develop vaccine candidates. This will be accomplished by conducting basic research to define pathogenic mechanisms and by identifying therapeutic and vaccine strategies at the cellular and molecular level.

Minority Communities

According to the NIH, the disproportionate impact of HIV/AIDS on minority communities has presented significant challenges to biomedical, behavioral, social, and clinical research. NIH plans to strengthen research at minority institutions and to increase the number of minority investigators.

The **Office of AIDS Research** (OAR) developed the 2003 Fiscal Year Plan for HIV-Related Research with broad consensus from the scientific community. The process involved contributions from scientists from academia and industry, representatives of foundations and other nongovernmental organizations, community representatives, representatives of other government agencies and the directors of NIH Institutes and their staff.

If you would like to find out more information about the **2003 Fiscal Year Plan for HIV-Related Research**, contact the Office of AIDS Research at (301) 402-8655 or visit their Website at http://www.nih.gov/od/oar

ACKNOWLEDGEMENTS

- Please note that this is not a complete list of all HIV-related treatment information. STEP strives to provide the very latest in HIV treatment information, research and drug development information. The most current research directions and antiretroviral drug data are provided throughout the Ezine publications. You will find highlight reports as well as extensive follow-up reports from many of the AIDS research and science conferences on the Ezine. In addition, all STEP quarterly treatment journals are available on our Web site at http://www.thebody.com/step/steppage.html or by calling our Talkline at 1-877-597-STEP. STEP works hard to give unbiased treatment information to all interested parties. If you have comments, questions, suggestions or grievances, please contact adimikam@stepproject.org or ezine@stepproject.org.

- Special thanks to the following for contributing written material or editing this publication
  STEP Publications Advisory Committee:

  Jeffrey Schouten, MD, JD Chair
  Lyndsey Davis
  Boyd Kravenas
  Jon Hubert, DDS
  Janice Price, RN, MEd
  Brad Lichtenstein, ND
  Amy Bristol, ND

- We also appreciate the financial support for this program from:

  The Washington State Department of Health (http://www.doh.wa.gov/)

- **Disclaimer:** STEP reviews a wide spectrum of HIV treatment options, but does not endorse any particular product, treatment, company, or individual. Participation in the preparation of the materials included in the STEP Ezine does not imply endorsement by any of the individuals who have contributed to the production.