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).

RETROVIRUS CONFERENCE IN SEATTLE
FEBRUARY 24 - 28

The 9th Conference on Retroviruses and Opportunistic Infections, sponsored by the Foundation for Retrovirology and Human Health in scientific collaboration with the National Institute of Allergy and Infectious Diseases and the Centers for Disease Control and Prevention, will be taking place February 24–28, 2002, Washington State Convention and Trade Center, in Seattle, WA. The Retrovirus Conference is a scientifically focused meeting of the world’s leading HIV/AIDS researchers working to understand, prevent, and treat HIV/AIDS and its complications. The goal of the Retrovirus Conference is to provide a forum for translating laboratory and clinical research into medical applications. The subjects that will be highlighted at this year’s Retrovirus are virology, immunology, vaccines, pathogenesis, disease mechanisms in humans and animal models, primary/acute infection, host-virus interactions, antiretroviral therapy (preclinical, clinical, complications, immune-based therapies, and treatment strategies), neuropathogenesis and neurologic complications, opportunistic infections, hepatitis virus co-infections, epidemiology and infection control, pediatrics/maternal-fetal studies, HIV infection in women/women’s health, diagnostics, microbicides, and clinical pharmacology.

The meeting will feature 8 plenary lectures on topics ranging from immune system responses to HAART therapy to HIV-1 vaccine advances, 7 roundtable symposia that will present and debate controversial scientific issues in HIV, and over 800 original slide and poster presentations of new data that will consist of important preliminary research findings. The keynote lecture will be on “The role of philanthropy in fighting AIDS and improving global health” by Bill Gates, co-founder of the Bill and Melinda Gates Foundation. STEP will be providing in-depth coverage of the Retrovirus Conference during the week of February 25–March 1 in the next few E-Zines and the next issue of the STEP Perspective. The Conference is fully registered, and there is no on-site registration. However, many of the lectures can be viewed on the Conference’s excellent website:

Two years ago, the Rockefeller Foundation invited leading experts in the field of scientific research, product development, public health, economics and advocacy to come together to find ways to accelerate the development of safe, effective and accessible microbicide products that could help prevent HIV transmission. Microbicides are compounds that could be applied either intra-vaginally or intra-rectally to prevent HIV transmission. The advantages of microbicides are that they could be used by a woman even if her partner did not want to use a condom, provide added protection if a condom broke, or could potentially allow for pregnancy while still preventing HIV transmission.

**Press event highlights new evidence in making the case for microbicides.**

On February 12, at the National Press Club in Washington, DC, the Rockefeller Foundation, Alliance for Microbicide Development, the Global Campaign for Microbicides, and the International Center for Research on Women presented a news conference called "Microbicides: HIV Prevention's New Hope". The group had commissioned five working papers and presented compelling results at the news conference around microbicide development.

The event represented the first public release of the long-awaited results of a consultative process assessing needs and opportunities in the field of microbicides research, development, and introduction. Expert working groups were formed in five areas: science, pharmaco-economics, public health impact, access and use, and advocacy. Their conclusions strengthen more than ever the argument in favor of increased commitment to microbicides as a scientifically feasible and urgently needed tool for HIV prevention. One of the papers mentioned that “a first-generation microbicide could save 2.5 million lives over three years in low-income countries”, a compelling result advocating for the need for microbicides.

Briefs on the findings of these groups follow:

The **scientific working group** concluded that while clinical testing of microbicides presents certain challenges, these challenges are manageable, and a safe and effective microbicide could be available within 5 years.

The **pharmaco-economics working group** determined that there is a shortfall of about $545 million over the next 5 years in public funding for microbicide research. However, the analysis also showed that once a first-generation microbicide is available through public investment, market forces should take over and private industry will be motivated to invest in future products.

The **public health impact working group** developed a mathematical model that showed that even a microbicide has a 60 percent effectiveness rate, when used half of the time that condoms aren't used, by people who are easily reached by existing distribution systems, could avert 2.5 million new infections over a 3-year period. The working group notes that this is particularly meaningful when compared to the 1.8 million new infections among women that occur each year.

The **access and use working group** advocates note that a microbicide may prevent HIV infections only if it is used regularly and by people most at risk. They call on researchers and donors to dedicate significant time and investment to creating the mechanisms and conditions for
widespread access to and use of an eventual microbicide. This would mean conducting acceptability and behavioral research along with clinical research to determine user preferences, responses, and potential barriers to use at the outset. It also means planning ahead for the mechanisms to purchase and distribute an effective microbicide to those most in need.

The advocacy working group, which was chaired by the Global Campaign, delivered a "Call to Action" for microbicides. Recognizing that there is an advocacy component to each of the other four areas, the working group calls for dedicating a portion of funds raised for microbicide research and development to strengthening the capacity of civil society actors [ACTIVIST GROUPS?] -- such as women's health groups, HIV/AIDS organizations, and community representatives -- to participate in decision-making related to the field's research agenda, clinical trial implementation, and access initiatives.

For additional information, you may visit the Global Microbicide Campaign website, [http://www.global-campaign.org/](http://www.global-campaign.org/)

### UPDATED TREATMENT GUIDELINES ADDRESS ADULTS, ADOLESCENTS, AND PREGNANT WOMEN

In 1996, the Department of Health and Human Services and the Kaiser Family Foundation convened a panel on 'Clinical Practices for the Treatment of HIV' to develop guidelines for the clinical management of HIV-infected adults, adolescents and pregnant women. There are separate HIV antiviral treatment guidelines, one on treating adults and adolescents and a second on treating pregnant women, have been updated, incorporating the ever-evolving learning about how to more effectively treat HIV disease with combination antiretroviral therapies. Among the major changes in each are the following:

**Adult/Adolescent Guidelines**
* New text on initiating therapy in patients with asymptomatic HIV infection;
* An expanded section on adverse reactions to HAART; and
* A new section on prevention counseling for patients with HIV infection.

**Pregnant Women**
* New information on combination antiretroviral therapy and pregnancy outcome; and
* A revision in ‘Antiretroviral Drug Resistance and Resistance Testing in Pregnancy’

To refer to the current updates on the web site version of the Guidelines, please contact: <http://hivatis.org/trtgdlns.html>.

### 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](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 admikam@stepproject.org or ezine@stepproject.org.

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