

# Red Matters

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Special Edition

## International Update

The International AIDS Conference is a biennial event which provides professionals and PLWH from around the world with a platform to share their knowledge, discuss experiences, and promote best practices in the fight against HIV/AIDS. The 2010 International AIDS Conference wrapped up on July 23rd, following 6 days analyzing the future of the global response under the theme “Rights Here, Rights Now”.

In 2006, world leaders made a commitment to achieve a goal of universal access to HIV medications and prevention programs by 2010; this commitment was a key focus of the 2010 International AIDS Conference. While it is clear that this goal will not be met by the end of this year, there is widespread agreement that the fight for universal access must continue. This year’s conference provided an opportunity to evaluate the current state of the universal access pledge and develop strategies for funding and carrying on the fight.

The core discussions around reaching universal access in the next 5 years centre on the demand for increased resources from international donors and governments, and a need to make better use of the resources which are available now. In the midst of a global economic crisis, advocates are calling for HIV not to be made a target as governments tighten their purse-strings.

The Global Fund to Fight AIDS has been instrumental in the efforts made towards the achievement of universal access and will require a financial replenishment at the end of this year. The organization is seeking \$20 billion USD over the next 3 years to scale-up

programming towards universal access. The Global Fund emphasizes that this funding will help sustain the considerable progress made in global health over the last 10 years, as well as to expand services.

The 2010 Conference served as a platform to showcase evidence that HAART dramatically decreases the risk of HIV transmission. Evidence coming out of British Columbia suggests that HIV transmission and new infection rates go down when HIV treatment is expanded. Currently, the number of new HIV infections worldwide is exceeding the number of people who have access to antiretroviral therapy. The call for “Treatment and Prevention” relies on the ability to both sustain and scale-up access to antiretroviral drugs. Critics expressed apprehension over the efficacy of this course of action in Africa, citing concerns over the low rates of testing, low medication adherence rates, and the potential for drug resistant strains of the virus in areas relying on first-line drugs.

The conference theme of “Rights Here, Right Now” focused on the importance of using a human rights-based approach to fight the AIDS epidemic and further universal access. Women, children, and criminalized populations continue to be subject to punitive law, policies, and practices which undermine the success of the universal access goals. Conference speakers repeatedly urged that the fight for universal access is a fight for social justice.

The 2010 International AIDS Conference demonstrated that the global community understands how to respond to the AIDS epidemic, and is ready to im-

The XVIII International AIDS Conference took place in Vienna from July 18 - 23, 2010. Two staff members from AIDS Calgary were in attendance. This special edition of Red Matters provides a brief overview of some of their conference learnings.

plement the strategies needed to move forward. What is needed now is the political and financial support to sustain and support the new target for universal access. For those of us who do not make these decisions, the call is out to continue to lobby the sector to move toward actualizing these goals.

### Researchers to begin five year study on ‘Test-And-Treat’

Researchers from France and South Africa plan to begin a study with 40,000 South Africans in 30 regions around the country to test a theory for reducing transmission of HIV.

Bernard Hirschel, head of the HIV/AIDS unit of Switzerland’s Geneva University Hospital, revealed that in half the regions researchers will begin treatment “immediately for those who test positive. In the other half, they’ll wait until the patients’ immune systems deteriorate to a certain level.” Hirschel said, “If you apply this on a large scale, you could theoretically eradicate HIV by diminishing transmission.”

The experiment is designed to see whether starting treatment right away can reduce or eliminate transmission of HIV. The World Health Organization currently recommends that patients do not receive HIV drugs, which can have serious side effects, until their CD4 cell counts fall below a certain level.

# HIV and aging: responding to the new and old

High divorce rates, better general health, and the advent of erectile dysfunction drugs all mean that older people are having more sex, with more partners, and into a later age. In Britain, the number of new HIV diagnoses in people over the age of 50 jumped nearly 150% between 2000 and 2007.

While the advancement of erectile dysfunction drugs have allowed older adults to enjoy better sexual function into a later age, the public opinion regarding older individuals having sex has not been so progressive. Sex may be all over the media, but these images reflect an increasingly younger and narrower demographic; “if older people are having sex, then we don’t want to know about it” – but the result is putting our parents and grandparents at risk. An American study of 60 year old men found that men taking erectile dysfunction drugs were twice as likely to develop an STI as their non-medicated peers; the mitigating factor- older adults often don’t think of themselves as being at risk of HIV or other STI’s.

The lack of appropriate sexual health information and education directed at older adults does little to advocate testing or prevention. Many physicians feel uncomfortable talking about sexual issues with their older patients and make false assumptions about the risk behaviours they may be engaging in. The result is a lack of HIV testing and a higher frequency of HIV and STI symptoms being mistaken as other age-related health issues. Because of the natural decline in immune function associated with aging, HIV can progress more rapidly in older adults and cause a higher rate of mortality. When older people are being tested for HIV, over half of them are being diagnosed at an advanced stage of the disease. In a UK study of older adults, 14% of individuals who received a late-stage diagnosis died within a year, versus only 1% of those tested promptly. The evidence is clear: our lack of comfort and accep-

tion of older adult sexuality is costing an increasing number of lives.

On the other side of the coin there are people who contracted HIV in their 30’s who, due to the advent of HAART, will be living with HIV well into their 50’s. In the next 5 years, it is estimated that 50% of PLWH in the United States will be over the age of 50. Oxidative stress on the body (caused by the chronic inflammatory nature of HIV infections) increases the risk of cardiovascular disease, neurocognitive and renal dysfunction, non-AIDS related cancers, and frailty.

The UK 50Plus survey of 410 PLWH over the age of 50 polled the top-rated concerns of this population and found financial difficulties, an inability to care for self, mental health issues and depression at the top. An inability to access adequate healthcare and experiences of social stigma and discrimination were also highly reported. Respondents diagnosed prior to the introduction of HAART (1996) reported having a lack of funding for their retirement and having failed to make provisions after being given a death sentence at their time of diagnosis. The survey respondents reported a young age of onset for age-related illness and expressed concerns about the ability for old age homes to care for their complex health issues.

AIDS Calgary serves a client base where 39% of current clients are over the age of 46. Nearly 10% of these clients are over the age of 55. The evolution of people living with HIV into aging, long-term survivors demands attention to the way in which we provide HIV care.

As we continue to work to ensure that the needs of this population are being met, there is an increased need for collaborative work between elderly organizations and AIDS service organizations to increase awareness among older adults and reduce stigma. There is also a need to engage clinical and primary care services to ensure that health needs are met;

greater HIV awareness contributes to clearer referral pathways. Lastly, it is important to engage PLWH in promoting self-management strategies around nutrition, exercise, and accessing supports to improve their physical and mental health outcomes.

Source

Brough, Gary. *Ageing and HIV: Responding to the Challenge*. PowerPoint presentation. July 2010.



Checking out one of many conference booths

## Definitions

PLWH – People Living with HIV/AIDS

HAART – Highly Active Antiretroviral Therapy

STI – Sexually Transmitted Infection

## HIV and Hepatitis C co-infection issue

HIV-positive patients who are co-infected with Hepatitis C are more likely to experience a fracture. Researchers from the US Department of Veterans Affairs examined the records of just under 57,000 HIV-positive patients who received care between 1988 and 2009.

Approximately one-third were co-infected with hepatitis C. The study found that the rate of fractures was higher among patients with both HIV and Hepatitis C. Co-infection increased the risk of fracture by between 27% and 43%. A total of 951 patients experienced a fracture of the wrist, hip or vertebra. These fractures usually occur when a person has osteoporosis.

# HIV/AIDS research news

The International Conference featured several sessions about new anti-HIV drugs currently being tested. These are just a few highlights from those sessions.

## TBR-652: HIV and inflammation

TBR-652, an experimental anti-HIV drug, seems to have dual benefits – inhibiting HIV and reducing inflammation. Delegates to the conference heard that this is because the drug blocks two receptors on the surface of cells: CCR5 – used by HIV, and CCR2 – used by a protein associated with inflammation.

There is a growing consensus that even a very low viral load can cause inflammation, and that this can help explain the higher rates of some cardiovascular disease and other serious illnesses seen in patients with HIV.

TBR-652 was studied as monotherapy in a phase 2, ten-day study involving 54 patients. Each participant received one of five varying doses of the drug. The 75mg per day dose had the biggest effect on viral load. The drug appeared safe and well-tolerated, and none of the patients who took the 75mg dose reported any serious side-effects.

There is some concern that blocking CCR2 may interfere with immune responses, and therefore increase the risk

of infections. Further studies of the drug are planned.

## Experimental integrase inhibitor shows promise

Early results from a phase 2 study show that the experimental integrase inhibitor GSK-572 has a rapid, powerful anti-HIV effect that works against strains of the virus resistant to the only drug currently licensed in this class (raltegravir also known as Isentress).

The SPRING-1 study involved 205 patients starting HIV therapy for the first time. The patients were blinded to randomly receive one of three doses of GSK-572 or the NNRTI efavirenz (Sustiva or Stocrin) as part of combination HIV therapy.

Researchers presented 16-week interim results describing the “rapid and robust” anti-HIV effects of the different doses of GSK-572 studied. By week four, 66% of the GSK-572 recipients had viral loads below 50 copies per mL compared to 16% of the efavirenz recipients. By week 16 approximately 90% of those taking the experimental integrase inhibitor had undetectable viral loads compared to 60% of those taking efavirenz.

CD4 cell gains were better amongst those taking GSK-572, and they were less likely to report side-effects than

those taking efavirenz. The 50mg dose of GSK-572 has been selected for further testing in phase 3 trials.

The separate VIKING study included patients with resistance to anti-HIV drugs, including raltegravir. The drug was provided as monotherapy for ten days followed by combination treatment for 24 weeks. By day 11, 78% of patients had a viral load below 400 copies per mL; however, only 33% of those with the Q148 resistance mutation achieved this outcome. Nevertheless, the researchers believe these results show that it is difficult for HIV to become resistant to the new drug.

## New from NAM: HIV and the criminal law

HIV and the Criminal Law, a new resource from NAM, provides a guide to the issues and impacts surrounding the criminalization of HIV transmission and exposure. A history of the global reach of laws and prosecutions, this book shows how such laws and prosecutions impact upon individuals and society. The book will be available to purchase in print for Fall, 2010; you can view it online now at: <http://www.aidsmap.com/page/1410517/>. For more information, contact NAM at [info@nam.org.uk](mailto:info@nam.org.uk).



*The Canada booth defaced by protestors unhappy with Stephen Harper's refusal to sign the Vienna Declaration.*



*Thousands of conference delegates fill the streets of Vienna for the July 20th human rights march.*

The conference saw a renewed commitment to HIV prevention. Treatment 2.0 outlines the effort to merge treatment with combination HIV prevention to ensure a cohesive and resource-maximizing AIDS response. Evidence was seen of tangible progress in HIV research and program scale up; however, the international response to AIDS is facing an urgent need for increased resources, the protection of human rights, and broader use of scientifically sound prevention strategies.

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