

*The Node* ... where a leaf arises from a stem



The Node is a bilingual publication dedicated to global HIV/AIDS issues by Red Ribbon Centre, the UNAIDS Collaborating Centre for Technical Support

New York City - February 11, 2005  
Press release

# NEW YORK CITY RESIDENT DIAGNOSED WITH RARE STRAIN OF MULTI-DRUG RESISTANT HIV THAT RAPIDLY PROGRESSES TO AIDS

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Health Dept. Urges At-Risk Groups To Stop Risky Sexual Behavior

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**NEW YORK CITY - February 11, 2005** - A highly resistant strain of rapidly progressive human immunodeficiency virus (HIV) has been diagnosed for the first time in a New York City resident who had not previously undergone antiviral drug treatment, according to the Department of Health and Mental Hygiene (DOHMH). The strain of three-class antiretroviral-resistant HIV - or 3-DCR HIV - does not respond to three classes of anti-retroviral medication, and also appears to greatly shorten the interval between HIV infection and the onset of AIDS.

The patient is a male in his mid-40s who reported multiple male sex partners and unprotected anal intercourse, often while using crystal methamphetamine (crystal meth). He was first diagnosed with HIV in December 2004 and appears to have been recently infected. The diagnosis of 3-DCR HIV was made shortly thereafter at the Aaron Diamond AIDS

Research Center. Since then, the patient has developed AIDS. DOHMH is counseling and offering HIV testing to those contacts of the patient who have been identified.

While drug resistance is increasingly common among patients who have been treated for HIV, cases of 3-DCR HIV in newly-diagnosed, previously untreated patients are extremely rare, and the combination of this pattern of drug resistance and rapid progression to AIDS may not have been diagnosed previously. Strains of 3-DCR HIV are resistant to three of the four available types of antiviral drugs that are most commonly prescribed: nucleoside reverse transcriptase inhibitors, non-nucleoside reverse transcriptase inhibitors, and protease inhibitors. This strain also caused a rapid onset of AIDS, which usually occurs more than ten years after initial infection with HIV. In this patient's case, onset of AIDS appears to have occurred within two to three months,

and at most 20 months, after HIV infection.

Health Commissioner Thomas R. Frieden, MD, MPH said, "This case is a wake-up call. First, it's a wake up call to men who have sex with men, particularly those who may use crystal methamphetamine. Not only are we seeing syphilis and a rare sexually transmitted disease - lymphogranuloma venereum - among these men, now we've identified this strain of HIV that is difficult or impossible to treat and which appears to progress rapidly to AIDS. This community successfully reduced its risk of HIV in the 1980s, and it must do so again to stop the devastation of HIV/AIDS and the spread of drug-resistant strains. Second, doctors in New York City must increase HIV prevention counseling, increase HIV testing, obtain drug susceptibility testing for patients testing HIV-positive who have not yet been treated, improve adherence to antiretroviral treatment, and improve notification of partners of HIV-infected patients. Third, the public health community has to improve our monitoring of both HIV treatment and of HIV drug resistance, and we have to implement prevention strategies that work."

2

The Health Department recently issued a Health Alert to physicians, hospitals and other medical providers asking them to test all previously untreated patients newly diagnosed cases for anti-HIV drug susceptibility. The Department is monitoring laboratories for additional cases of 3-DCR HIV in newly diagnosed persons. DOHMH is also working with New York State to establish a long-term system for monitoring drug resistance in HIV-positive patients who have not yet undergone treatment.

Dr. Frieden added, "Patients who are on treatment for HIV/AIDS and are doing well do not need susceptibility testing unless advised to by their physician."

## **REMARKS BY MEDICAL AND COMMUNITY LEADERS**

Dr. David Ho, CEO and Director of the Aaron Diamond AIDS Research Center, said "This patient's infection with an HIV-1 strain that is not amenable to standard antiretroviral

therapy, along with his rapid clinical and immunological deterioration, is alarming. While this remains a single case, it is prudent to closely watch for any additional possible cases while continuing to emphasize the importance of reducing HIV risk behavior."

"The rapidly growing crystal meth epidemic in New York city continues to play a significant role in facilitating the transmission of HIV. In light of the emergence of this virulent new strain, health care providers must be especially vigilant in not only recognizing and diagnosing HIV infection, but also in recognizing the signs and symptoms of crystal methamphetamine use in their patients," said Dr. Antonio Urbina, Medical Director of HIV education and training, at St. Vincent's Catholic Medical Center.

"Callen-Lorde is deeply concerned about this newly identified case of multiple drug resistant HIV," said Jay Laudato, Executive Director of the Callen-Lorde Community Health Center. "We urge all persons, both HIV negative and positive, to only engage in safer sex practices in order to prevent new infections or re-infection. For those persons who don't know their status, we urge HIV testing and obtaining the information and support necessary to reduce their risk for HIV infection. We also ask all gay and bisexual men to become knowledgeable about the dangers of crystal methamphetamine and in particular its relationship to sexual risk taking."

Dr. James Braun, President of the Physicians Research Network, said "We believe that the transmission of treatment-resistant HIV was a disaster waiting to happen, particularly in communities where safer sex is not practiced regularly and in light of people using drugs like crystal meth. All primary care providers in acute care settings need to know how to diagnose HIV in its earliest stages and where to refer people so that new infections are properly worked up and treated."

"HIV prevention is an ongoing process," said Ana Oliveira, Executive Director of Gay Men's Health Crisis. We have to

double our efforts and resources to maintain treatment and prevention education for people who are infected as well as for those who are not. New Yorkers must be vigilant and know that infection with resistant strains of HIV can be avoided. People living with HIV can live healthy and satisfying lives by protecting themselves and their partners, regardless of HIV status."

Tokes M. Osubu, Executive Director of Gay Men of African Descent, said, "This is the news we have all been fearing. While the recent advances in HIV treatment have led to the improvement of countless lives, we have always known that many people respond poorly to these therapies and for many others, the side effects are devastating. Continued education about staying safe and avoiding HIV remains our most potent weapon."

Dr. Jay Dobkin, Director of the AIDS Program at Columbia University Medical Center, said, "This case is a striking reminder that the risk of getting infected with HIV has not gone away. In fact, risky behavior may be even more dangerous now since there is a chance of infection with a virus we may not be able to treat."

"This case should drive home the point that substance use can lead to unsafe sex, and unsafe sex can lead to infection with a highly drug-resistant strain of HIV that can be extraordinarily difficult to treat and may cause rapid progression to AIDS," said Roy M. Gulick, MD, Associate Professor of Medicine at Weill Cornell Medical College in Manhattan.

Dr. Jack DeHovitz, Professor at SUNY-Downstate Medical Center said, "This finding supports the need for enhanced availability of HIV testing, as well as preventive interventions, which are effective in reducing subsequent HIV transmission."

## **Know Your HIV Status**

There is an epidemic of HIV and AIDS in New York City: more than 88,000 New Yorkers are known to be living with HIV/AIDS, and an estimated 20,000 more are believed to be living with HIV/AIDS and don't know it.

By knowing your HIV status, you can protect yourself, anyone you are having sex with, and, if you are pregnant or planning pregnancy, your baby. Free and fully confidential STI exams and treatment, as well as confidential or anonymous HIV testing, are available at Health Department clinics throughout New York City. Health insurance, proof of citizenship and/or parental consent are not required to receive these services. Please call 311 or visit <http://www.nyc.gov/health> for a list of clinics and hours of operation.



# NEW ANALYSIS CALLS FOR INCREASED INTEGRATION OF REPRODUCTIVE HEALTH AND HIV PREVENTION SERVICES

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## Current Efforts Miss Opportunities to Help Contain Global Pandemic

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**New York, Geneva, 10 November 2004** – Providers of reproductive health services are in a strategic position to make significant contributions to closing the global HIV prevention gap, according to a new analysis published jointly by The Alan Guttmacher Institute (AGI) and the Joint United Nations Programme on AIDS (UNAIDS) with the collaboration of UNFPA (United Nations Population Fund) and the International Planned Parenthood Federation (IPPF). **"The Role of Reproductive Health Providers in Preventing HIV"** calls for greater attention to the benefits that would accrue from integrating HIV-related activities into the reproductive health service set. Reproductive health providers already offer a wide range of services to millions of women who are now at the center of the global HIV pandemic and are increasingly expanding their outreach to adolescents and to men. Yet their current and potential role as front-line providers of HIV prevention services is largely untapped.

Reproductive health providers are a major source of preventive health care and are important entry points for HIV prevention for millions of individuals who are at high risk of contracting the virus, including:

- reproductive age women—who account for nearly half of adults living with HIV worldwide;
- young people between 15 and 24—who account for half of all new cases of HIV and more than 13 million unwanted births each year; and
- expectant and new mothers—who account for 630,000 infants worldwide infected with HIV during their mother's pregnancy, labor and delivery.

According to Heather Boonstra of AGI, "HIV is largely a sexually transmitted infection, and because reproductive health providers by definition serve people who are sexually active, we miss an opportunity if we don't help these providers integrate HIV prevention activities into their work."

In addition to their ability to reach out to women, and increasingly to adolescents and men, reproductive health providers have the knowledge and skills upon which stepped-up interventions for HIV prevention could be built. Adequate resources are key to increasing the ability of these providers to offer three key HIV prevention services:

- HIV counseling and testing and condom promotion in a setting where many women and adolescents, in particular, are already comfortable;
- prevention, diagnosis and treatment of sexually transmitted infections that would otherwise increase the risk of HIV transmission; and
- assistance to HIV-positive women for the prevention of unwanted pregnancies, thus reducing the chances of transmission to infants.

The analysis calls for overcoming financial shortfalls and resistance to public acknowledgement of women's and adolescents' sexuality in order to help reproductive health providers reach their full potential in closing the gap in HIV prevention through greater integration. It also points out that integration is a two-way street: Especially with increasing numbers of HIV-positive people living longer, integrating reproductive health into HIV treatment services would help these people achieve their sexual and reproductive health goals, and would help contain the spread of HIV infection.

"Integrating HIV and other reproductive health services seems obvious, but is often not recognized at the program and policy level," said Dr. Purnima Mane, UNAIDS Director for Social Mobilization and Information. "Policymakers and program managers need to work together to find ways to deliver these inherently interrelated services more efficiently, more effectively—and in a more coordinated manner—to address the increasing global threat of HIV to women."

This Issues in Brief is available on AGI's Web site at [www.guttmacher.org/pubs/ib2004no5.pdf](http://www.guttmacher.org/pubs/ib2004no5.pdf), on UNAIDS's Web site at [www.unaids.org](http://www.unaids.org) and on UNFPA's Web site at [www.unfpa.org](http://www.unfpa.org). A version with full citations is also available at [www.guttmacher.org/pubs/ib2004no5.html](http://www.guttmacher.org/pubs/ib2004no5.html).

The Alan Guttmacher Institute-[www.guttmacher.org](http://www.guttmacher.org) is a not-for-profit corporation for public education, with offices in New York and Washington, D.C.

The Joint United Nations Programme on HIV/AIDS, UNAIDS, is the main advocate for global action on the epidemic. It leads, strengthens and supports an expanded response aimed at preventing transmission of HIV, providing care and support, reducing the vulnerability of individuals and communities to HIV/AIDS, and alleviating the impact of the epidemic.

UNFPA, a UNAIDS cosponsor and the largest global funder of reproductive health and population programs, supports efforts to integrate HIV prevention into reproductive health programming around the world.

IPPF is the world's largest provider of sexual and reproductive health information and services, reaching more than 24 million people through 40,000 clinical outlets.

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For more information, please contact Dominique de Santis, UNAIDS, Geneva, (+41 22) 791 4509, Rebecca Wind, The Alan Guttmacher Institute (+1 212) 248 1953, William A. Ryan, UNFPA, (+1 212) 297 5279 or Claire Hoffman, IPPF, (+44 207) 487 7906. You may also visit the UNAIDS website, [www.unaids.org](http://www.unaids.org), for more information.

Source: JVnet

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# SEMINAR ON METHADONE IN HANOI

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On 2005 January 12, the seminar on "Experience sharing and discussion with provincial, national and international agencies on Methadone treatment and drug use related HIV/AIDS intervention programs in Vietnam" was organized by Family Health International Vietnam.

Participated in the seminar were Prof. Pham Manh Hung, the Vice Chairman of the Commission on Education and Science of the Communist Party, representatives from Ministry of Health, MOLISA, Ministry of Public Security, Health Department of some provinces, international and local organizations.

The workshop was really rich in term of practical experience sharing. You may find some presentations are extremely informative and useful. The following presentations were made in the seminar:

- Overview of drug use related HIV/AIDS intervention: roles of drug dependence treatment/rehabilitation and HIV/AIDS treatment/care for drug users in Asia.  
By Dr. Myat Htoo Razak

- Hongkong's experience in providing integrated services on drug dependence treatment / rehabilitation and HIV.  
By SS Lee - Consultant, Department of Health.
- Basic principles and practices of methadone treatment/maintenance for drug users.  
By Dr. Robert Ali
- Key components of participation, adherence, success and limitations of drug dependence treatment and rehabilitation programs based on Minpur experience.  
By Umesh Sharma.
- Vietnam experiences in pilot methadone research - implications for application for intervention program.  
By Dr. Nguyen Minh Tuan of National Mental Health Institute.

These presentations are available in English and Vietnamese. FHI is willing to share these with anyone who is interested in. Drop JVnet a note, or contact Ms. Vuong Thi Huong Thu, Program Officer on Drug Use Related HIV/AIDS Prevention and Care of FHI at [huongthu@fhi.org.vn](mailto:huongthu@fhi.org.vn) for the presentation(s) you would like to have.



# THE THIRD INTERNATIONAL CONFERENCE ON AIDS AND OTHER INFECTIOUS DISEASES

Nanning, China, December 1-3, 2004

## The Conference

Under the theme of "Scientific Approaches to Prevention and Care", the Third International Conference on AIDS and Other Infectious Diseases was held around World AIDS Day in Nanning, Guangxi Province of China, from 1st to 3rd December, 2004. This conference was sponsored by the Chinese Centre for Disease Control and Prevention (China CDC) and the US National Institutes of Health (NIH), and held jointly by the Chinese Academy of Medical Science (CAMS), the US Centers for Disease Control and Prevention (US CDC) and the Committee on Virology of the Chinese Society for Microbiology. China Integrated Programs for Research on AIDS (China CIPRA) and the Guangxi Medical University organized the conference.

The Conference received about 300 participants from different provinces and autonomous regions of China, USA, Europe, Taiwan, Hong Kong and other parts of the world. Foreign and local scientists and academics from a range of backgrounds (basic science, epidemiology and clinical care) had attended. Four subject areas were covered in this 2-day Meeting, namely (a) policy and strategy development, (b) surveillance, epidemiology and prevention, (c) HIV treatment and clinical research, and (d) vaccine and basic science research. The Meeting provided a forum for sharing of experience, exchange of ideas and networking for future collaboration between local and overseas delegates.

## Highlights

Several observations can be made regarding the current situation on HIV prevention, care and control in the Mainland China. First, there are many international and overseas government and non-governmental organizations working on HIV/AIDS in China, under various umbrellas. Some examples are World Health Organisation, US NIH, US Centers for Disease Control and Prevention (CDC), Medecins Sans Frontieres, Family Health International, Clinton Foundation HIV/AIDS Initiative, University of North Carolina School of Medicine and University of California at Los Angeles. These **international involvements** are in several forms, including the provision of technical assistance, capacity building, demonstration projects, funding, skill transfer, project co-operation and advocacy. The areas range from public health programs, clinical management, to basic

science collaboration and various researches.

In contrast to a few years back, **patient care and treatment**, and not just HIV prevention, is now at top agenda of the country's AIDS response. The visit of President Hu Jiantao on 30 November to AIDS patients and health care workers in Beijing Youan Hospital explicitly voiced the central government's commitment to the issue. Different overseas and international organizations have, or in the process of, set up various treatment programs in many parts of China. Moreover, under the national "Four free One Care" policy, the National Free Antiretroviral Therapy (ART) Program was launched in December 2003. According to official statistics, over 10,000 patients have been put on ART under the program. From preliminary evaluation studies, some places did not achieve good adherence for the patients, with the emergence of resistance in significant proportions after a short period of time.

Injecting drug use is the major mode of HIV transmission in Mainland China. There have been many controversies and barriers as to whether harm reduction approaches, notably **methadone treatment** should be introduced to combat HIV epidemic in drug users. In 2004, with the support of Chinese government, 8 methadone clinics were opened in a pilot project. Post-implementation evaluation showed reduction in drug injections as well as reported social crimes among the methadone users. There is now plan to expand the program to 100 clinics across the country, aiming to reach 200,000 heroin users in the next 5 years. A wide coverage and sustainability of methadone treatment programme are obviously crucial to its success.

A contemporary HIV prevention strategy is to target HIV infected patients for minimizing onward transmission. A prerequisite of this approach is to identify the patients. It was estimated that about 90% of the HIV/AIDS patients in China are unknown. **HIV counseling and testing** is one effective means of achieving HIV diagnosis. At the Meeting, the US CDC raised responsible counseling and testing (RCT), in addition to the usual nomenclature of voluntary counseling and testing (VCT), to remind the importance of follow-up care of people diagnosed positive. It is anticipated that the demand for RCT or VCT in China will increase, with the advocacy for diagnosis of unknown infected and earlier diagnosis before late presentation.

# LIONS RED RIBBON FELLOWS 2004



The two Lions Red Ribbon Fellows from Beijing. They are Prof. Li Zhengmin (fourth person from left) and Dr. Zheng Suhua (third person from left).

All Lions Red Ribbon Fellows of 2004 have visited us and completed their two-week attachments. Apart from Miss He and Dr. Yang, there were 5 other fellows this year. Prof. Li Zhengmin, Dr. Zheng Suhua, Dr. Liu Zhonghua and Dr. Jim Wang visited us in September. Dr. Li Xiufang, the last fellow, spent her two weeks in late November.

Prof. Li and Dr. Zheng came from National Tuberculosis Prevention, Treatment and Clinical Centre of Beijing, China CDC. They were specialists in tuberculosis. Because lots of AIDS patients presented as tuberculosis in China, they are now also involving in the HIV/AIDS treatment. In their two

weeks in Hong Kong, they visited different HIV services, including Integrated Treatment Centre, various non-government organisations (NGO), and TB services in Hong Kong, like TB & Chest Service of Department of Health, Hong Kong Tuberculosis, Chest and Heart Association and Government Mycobacteriology Laboratory.

Dr. Liu has been working on HIV/AIDS in Shandong Centre for Disease Control and Prevention (CDC) since 1993. She is interested in the HIV prevention and control in villages. Not only the doctors and nurses from AIDS Unit of Department of Health shared our experiences, various NGOs have also shared their experiences in promoting HIV prevention messages in mobile populations. She has also visited Central Health Education Unit of CHP and Education and Manpower Bureau to know more about the health education programme in Hong Kong. Finally, Oxfam shared their experiences in carrying out community projects in villages.

Dr. Wang is working in Shenzhen CDC on the control of HIV transmission in injecting drug users. Injecting drug use is the major route of HIV transmission in Shenzhen. The purpose of his visit was to learn our experience on harm reduction. During his stay in Hong Kong, he visited the Narcotic Division of Security Bureau and Narcotics & Drug Administration to have an idea of narcotic control and methadone programme in Hong Kong. He also visited Pui Hong Association and SARDA and joined the outreach team of "Project Phoenix" to see the day-to-day outreach work.



Dr. Liu Zhonghua from Shandong Centre for Disease Control and Prevention (CDC) shared her experiences during the seminar held in Red Ribbon Centre.

Certainly various HIV/AIDS services and NGO discussed with him the HIV prevention, control and treatment in Hong Kong.

The last fellow of 2004 was Dr. Li. Dr. Li serves as a physician in Sex Health Centre of the Affiliated Hospital of Qingdao Medical College, Qingdao University. The centre provides not only out-patient clinical service but also outreach service, behavioural intervention to female commercial sex workers and men who have sex with men in Qingdao. As she will launch a project on reproductive health of female commercial sex workers, various NGO working on commercial sex industry shared their experiences on empowerment, education and HIV testing promotion in female commercial sex workers and their clients. She also visited Fanling Social Hygiene Clinic and Kowloon Bay Integrated Treatment Centre and discussed with clinicians about treatment of STI and HIV/AIDS. Other than those schedule programmes, she arranged to talk to some commercial sex workers by her own. As her period of visit covered World AIDS Day, she joined some World AIDS Day functions.

All fellows conducted seminars and presented the situation of HIV transmission and their specialised topic in their locality. In 2004, total 4 Lions Red Ribbon Fellows Seminars were conducted with about 80 local workers attended. The seminars covered topics on HIV situation in Kunming, Shandong, Shenzhen and Qingdao, HIV/AIDS and tuberculosis and HIV in villages, injecting drug users and commercial sex workers.



*Dr. Jim Wang from Shenzhen CDC shared his experiences in the control of HIV transmission in injecting drug users during the seminar held in Red Ribbon Centre.*

# WE WORK FOR AIDS EPIDEMIC IN CHINA

Two decades into the AIDS epidemic, Hong Kong is fortunate to be enjoying a low HIV prevalence. In contrast, explosive epidemics are occurring in many of our neighbouring countries. The situation in China has been a cause for concern for many people and aid organizations in Hong Kong since the last few years.

On World AIDS Day 2003, nine enthusiastic workers from seven Hong Kong based non-governmental organizations (NGOs) met in Red Ribbon Centre to share their experience in working for AIDS epidemic in China. The group gathered on 18th September 2004 again at the same venue, but with more new faces, more experiences, and a broader perspective this time.

A four-hour sharing forum was insufficient for forty people introduced to each other who they were and what they did. These people included 18 workers from eight Hong Kong based NGOs, members of the Hong Kong Advisory Council on AIDS, and local AIDS workers both from the government and NGOs. The eight organizations are **Cedar Fund, Hong Kong, Happy Tree Social Services Limited, Medecins Sans Frontieres Hong Kong, Oxfam Hong Kong, The Hong Kong AIDS Foundation, The Red Cross Hong Kong, The**

## **Salvation Army, Hong Kong and Macau Command and World Vision China.**

The works of these organizations were diversified in nature and scattered in different regions.

They included prevention programmes in different settings (school based, community based or church based), care programmes for orphans and widows, voluntary counselling and testing services, anti-retroviral treatment programmes, TB/HIV control programmes, harm reduction programmes and training activities. Almost all of the projects were conducted in partnership with local government and a proportion aimed to build up capacity of local workers. Much of the resources in terms of capacity and financial support were imported. These projects were distributed in six provinces in China, including Yunnan, Guangxi, Sichuan, Henan, Hubei and Hainan, and Cambodia.

Sharing of these experiences was useful for other organizations alike in facilitating planning, implementation or evaluation of their projects, and allowed attendees understanding the HIV situation in China and elsewhere. It is gratifying to know that some Hong Kong workers are working very hard for AIDS in China, even though what has been done is still far from enough.