



ALLIANCE FOR MICROBICIDE DEVELOPMENT

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The Alliance for Microbicide Development *News Digest* is an **unedited** compilation of:

- Media coverage of microbicides;
- Abstracts of articles on microbicides and relevant science in peer-reviewed journals;
- Material on other reproductive health and HIV prevention technologies, including HIV vaccines; and
- Matters of policy and politics with importance for microbicide research, development, and advocacy.

Its purpose is to:

- Raise awareness around the range of opinions and information about microbicides disseminated in the press and scientific journals; and
- Provide a neutral, objective basis for decision-making and evidence-based advocacy.

The *News Digest* is produced in a web-based format. Readers can view complete issues of the Digest or search by keyword for individual articles at <http://www.microbicide.org/publications/>. If you would like to be removed from the *Digest* distribution list, please send an email to digest@microbicide.org. We welcome comments, questions, and ideas about other microbicide-relevant topics we might cover, services we might provide, and better ways of providing them!

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1. MEDIA COVERAGE OF MICROBICIDES

"Vulindlela is the 'epicentre of hope'"

Date: 23 August 2007

Source: *Health-e*

<http://allafrica.com/stories/200708230669.html>

Vulindlela, a small, dusty community outside Howick, was put on the map yesterday (Tues) when one of the most powerful US officials ever to come to KwaZulu-Natal chose it as his main stop. US Secretary of Health and Human Rights Mike Leavitt described Vulindlela as "the epicentre of hope" because of the HIV/AIDS treatment, prevention and research that is being conducted there. Most of the HIV/AIDS initiatives at Vulindlela by the Centre for AIDS Programme of Research in SA (Caprisa) are funded by US agencies.

Community leader and researcher Getwane Makhaye thanked Leavitt for the US support, saying: "Since Caprisa started working here, the number of funerals has really gone down." Leavitt responded by saying that it was the "moral undertaking of the US people because it is the right thing to do". He spent a number of hours listening attentively to community members who were either living with HIV, or whose family members had died of AIDS-related illnesses. At the end of the day, Leavitt urged US lawmakers to support the extension of the US President's Emergency Plan for AIDS Relief (Pepfar) for a further five years, and to increase the amount of aid to \$30-million.

Although Vulindlela is mainly a research site, Caprisa set up an HIV/AIDS treatment centre for local people, funded by Pepfar, as "we felt it wasn't right to conduct research but not to do anything for the community", said Caprisa's site leader, Professor Quarraisha Abdool Karim. Since 2004, people have been able to get antiretroviral drugs from the treatment centre adjoining the Mafakathini Clinic. Over 1000 people are now getting ARVs from the centre, while a further 1 600 people with HIV are under the centre's care.

Before Caprisa set up a treatment centre, Vulindlela residents had to travel to hospitals a good 40 minutes' drive away in Pietermaritzburg for HIV treatment. But most people could not afford the taxi fare in the impoverished community. The presence of the treatment centre has meant that many people with HIV have come forward for treatment and the disease is now spoken about openly, said Abdool Karim. This has helped to raise awareness about HIV/AIDS which in turn has helped to decrease the spread of the virus. In 2003, the HIV prevalence rate in the community was 42.7%. It had declined to 39.4% by last year.

"Although there has been quite a substantial drop in HIV prevalence, this decrease is not enough," said Abdool Karim. "We need to see a decrease in the incidence [of new infections]. For every one person we get on treatment, there are seven to 10 others who need it. Treatment will always be a stop-gap unless we address prevention."

Caprisa is thus focusing on two potentially crucial research projects aimed at preventing new HIV infections: **microbicides** and vaccines. Vulindlela residents are being recruited to test a microbicide -- a **vaginal gel** containing the ARV tenofovir in it -- in the hope that it will be able to act as a barrier to protect women against HIV. Next year, residents are also going to take part in an HIV vaccine trial.

"We would not have been able to do all the work we are doing without the support of the local inkosi, who has been very supportive of our work because he has seen the impact of HIV and AIDS on his community," said Abdool Karim. Inkosi Sondelani Zondi explained to Leavitt that he was pleased that Caprisa had come to Vulindlela as he had been battling to address the impact of HIV/AIDS alone.

Community members are involved in the research via a special committee, the community support research group, that meets monthly to discuss all new developments at the site. Caprisa has been trying to get its Vulindlela treatment centre accredited by the Department of Health, but the national accreditation team has not yet visited the site.

"It would be easier if we were a government-accredited site because then we would be able to refer our stable patients to the eight government clinics in the area to be managed by them and we could then enrol more patients on treatment," explains Dr Sibusiso Ntsele, project director of the treatment programme.

May Zuma, head of health for the uMgungundlovu district, said that she appreciated the partnership with Caprisa as "the Department of Health cannot reach everyone it needs to on its own". "For us, research in a community like this is very powerful because it is not taking the research away. It is strengthening us," said Zuma.

Ntsele said the centre's next challenge was to start treating children with ARVs. "The children are being referred to Edendale and Grey's hospitals. But this is not ideal because it means the parents can come here but their children must go elsewhere. By the end of October, we are going to phase in treating children starting with older children."

"Involve us in AIDS gel trials - sex workers"

Date: 21 August 2007

Source: *The Monitor*

Author(s): Aliga Issa

<http://www.monitor.co.ug/news/news082113.php>

Sex workers in Kyotera and Nyendo towns in Rakai and Masaka districts respectively want to be involved in the ongoing **microbicide** trials, despite doubts on the efficiency of the trials.

Microbicides are liquid substances that a woman can apply in her private parts before sexual intercourse to avoid contracting sexually transmitted infections including HIV. The PRO 2000 **microbicide** trials are being conducted by the Medical Research Council/Uganda Virus Research Institute in Masaka district.

Learning from their female colleagues who have been using condoms and gel bought from retail shops, a section of sex workers in the two districts, who Daily Monitor talked to over the weekend, said if they are involved, the female-friendly **microbicide** trials could help reduce their chances of catching STIs.

"Because women do not have the social or economic power to insist on condom use or abandon our daily customers who put our lives at risk, we adopted the idea of using gel before sexual intercourse," some of the sex workers said last week.

During an interview conducted on Sunday in one of the lodges in Kyotera town, a 39-year-old woman commonly known as 'Sweet Baibie' said she has been using 'Night Rose' cream for the last 15 years and this has protected her from contracting HIV/Aids and unwanted pregnancies.

The woman, who says she became a sex worker in 1988, did not reveal whether the cream she has been using has any side effect. "Prostitution is a risky business. I was forced to use gel as a protective measure because some men do not want to use condoms," she said.

Asked whether she has ever taken an HIV/Aids test, she said several tests were made and found her free from HIV, the virus that leads to Aids. Sweet Baibie is a discordant mother of a 15-year-old girl who is in Senior Two.

Symon Wandiembe, an official in charge of **microbicide** trials at Masaka branch Medical Research Council, said prostitutes would be involved in the **microbicide** trials but that there would be a challenge of monitoring them because some of them are not stationed in one place.

On the PRO 2000 **microbicide** update, he said an effective gel was designed for women to apply in the private parts before sexual intercourse to prevent catching sexually transmitted diseases. Mr Wandiembe said the Medical Research Council has enrolled at-least 450 couples for the **microbicide** trials in Masaka District. He said of them, over 200 have been using the gel for over 12 months. He said Masaka clinical site expects to get 710 couples.

The enrollment will end in March 2008 while the follow up is expected to end in March 2009. He said the overall results on the PRO 2000 **microbicide** efficacy are expected in June 2009.

"Treating AIDS suspicions"

Date: 20 August 2007

Source: *Council on Foreign Relations*

Author(s): Toni Johnson

http://www.cfr.org/publication/14049/treating_aids_suspicious.html?breadcrumb=%2F

This month, South African President Thabo Mbeki fired a health official (SABC) widely credited with turning round his government's previously lamentable performance on HIV/AIDS. Mbeki cited an "inability to work as part of a collective" for the dismissal (Independent SA), but the official retorted that she was fired due to clashes over AIDS treatment. The move triggered international concern for the fate of AIDS treatment in the country with the largest number of infected people in the world. The Financial Times reports that one South African labor official said: "Our biggest fear is that we may now return to the terrible days of 'denialism.'" In the past, Mbeki upset the health community by dismissing HIV drugs (Independent UK) as a toxic "neo-colonialist conspiracy by Western drug companies." Though Mbeki's unorthodox views (Harper's) garner some support, many scientists strongly object. A recent New York Times editorial, summing up these objections, argues that unless Mbeki "starts listening to sensible advice on AIDS, he will leave a tragic legacy of junk science and unnecessary death."

Cultural and political mistrust in the fight against HIV/AIDS have proven difficult to overcome, and not just in South Africa. In Gambia, President Yahya Jammeh, styling himself a healer, asks patients to cease retroviral treatments and

instead use a green herbal paste (AP) he claims is a cure. Northern Nigerian leaders boycotted polio vaccinations (News24) they believed "contaminated" with certain viruses "known to cause HIV and AIDS." An op-ed in the International Herald Tribune contends that, while the notion of health workers purposely infecting Libyan children with AIDS "seemed to Westerners preposterous," writing off such fears "means losing an opportunity to understand why a dangerous suspicion of medicine is so widespread in Africa."

AIDS prevention and treatment efforts have faced an uphill struggle for recognition and funding over the years. MSNBC offers this multimedia look at the devastating demographic swath cut by AIDS throughout sub-Saharan Africa. But a recent report (PDF) by UNAIDS shows infections rates in many parts of the world are leveling off, access to treatment has "dramatically" expanded, and global funding for battling the disease increased from \$1 billion in 2000 to nearly \$9 billion in 2006. President Bush also has pledged an additional \$30 billion in funding for the next five years.

Despite these successes, obstacles remain, especially for experimental treatments in regions with a significant AIDS presence. Earlier this year, a high-profile study in five developing countries on a **microbicide** (PDF) was halted when women using the drug (LAT) had higher infections rates than those who did not. Although investigators concluded that the gel was not at fault (New Vision), one South African journalist notes that, in his country, some people believed (Business Day) the infections meant "black women had been used and deceived." This CFR.org transcript discusses the cultural obstacles in Africa for male circumcision, shown to help prevent the spread of HIV.

Other **microbicide** research (AAP) continues, as does work on an AIDS vaccine (IAVI). Experts say any vaccine produced is unlikely to be 100 percent effective and worry that approval of a partially effective vaccine for use only in African countries with high instances of AIDS could spark outrage. CFR's Laurie Garrett says targeting high-risk regions in Africa would be as politically controversial as targeting treatment of African-American or gay communities inside the United States. "I think you could see there would be a lot of tension around this," Garrett says.

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2. PUBLISHED RESEARCH: MICROBICIDE-SPECIFIC

"Evaluation of different in vitro models to predict candidate HIV microbicide compound combination synergy"

Date: 27 February 2007

Source: CROI. Boston, MA, USA, 25-28 February 2007.

Author(s): S Schader, J Schachter, M Oliveira, et al., et al

<http://www.retroconference.org/2007/Abstracts/29819.htm>

Background: Due to the extremely high genetic variability of HIV, both within and across genetic subtypes, no single drug is likely to be pan-reactive. Thus, it is a sound strategy to use a combination of drugs that act at distinct molecular sites and on different steps of the viral replication cycle to protect against a broad spectrum of HIV strains. We have investigated the potential inhibitory activity of 3, (including 2 **microbicide** candidate compounds), alone and in combination against a panel of HIV-1 isolates. These compounds are: tenofovir (PMPA), an acyclic nucleoside phosphonate (nucleoside reverse transcriptase inhibitor), the non-nucleoside reverse transcriptase inhibitor dapivirine

(TMC120), and enfuvirtide (T20), a peptide inhibitor of gp41-mediated fusion. Combined effects were evaluated in single-cycle infectivity and multi-cycle replication assays using clonal and non-clonal HIV-1 populations. *Methods:* Compound combinations, (TMC120+PMPA, TMC120+T20, and PMPA+T20), were tested against a diverse panel of HIV-1 primary isolates, (including subtypes A, B, C, D, E, F, and G), and against HIV-1NL4-3 wild type and drug-resistant clones. Viral replication in peripheral blood mononuclear cells was measured by quantifying p24 production (ELISA), while single-cycle infectivity was determined by counting relative luciferase light units emitted by HIV exposed TZM-bl cells. The 50% inhibitory concentration (IC₅₀) was determined for each drug and used to formulate the combination ratios, eg, IC₅₀ Drug X : IC₅₀ Drug Y. Combinations were then titrated 2-fold at a constant ratio in both multi-cycle replication and single cycle infectivity assays in order to evaluate for synergy. Synergy was determined by calculating the combination index for each drug combination as described by Chou and Talalay (1984). *Results:* All drugs tested exhibited potent protection against a diverse panel of HIV-1 primary isolates when administered alone and in combination. Furthermore, each of TMC120+PMPA, TMC120+T20, and PMPA+T20 combinations demonstrated synergy in multiple round replication assays (combination index less than 1), but not in all single-cycle infectivity assays (combination index = 1). *Conclusions:* These data suggest that some observed in vitro synergy may be attributed to population bottlenecks and not to strict definition of molecular synergy. Thus, molecular-based synergy may be best predicted by single-cycle infectivity assays.

"Changes in sexual behavior during a safety and feasibility trial of a microbicide/diaphragm combination: an integrated qualitative and quantitative analysis"

Author(s): Guest G, Johnson L, Burke H, et al

Reference: N/A 19(4):310-20.

<http://highwire.stanford.edu/cgi/medline/pmid;17685844>

Published Abstract: If proven effective, vaginal **microbicides** and diaphragms will likely be part of a larger HIV prevention model that includes condoms and other prevention strategies. It is, therefore, important to understand how introducing new prevention methods may affect overall patterns of sexual risk behavior. Data presented were collected as part of a safety and feasibility study of ACIDFORM gel with a diaphragm among 120 women in South Africa. Interviews were administered at enrollment and months 1, 3, 5, and 6 of the trial. Focus groups were conducted at trial exit. Frequency of sex increased significantly after enrollment. This increase appears to be owing to perceived protection from HIV and greater sexual pleasure afforded by the gel. Male condom use was high overall but increased significantly from enrollment. Data suggest this is because of increased partner involvement, increased negotiating power afforded by study participation, and provision of free condoms perceived to be of high quality.

"Safety and acceptability of 6% cellulose sulfate vaginal gel applied four times per day for 14 days"

Author(s): Doh AS, Ngoh N, Roddy R, et al

Reference: N/A 76(3):245-49.

http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6T5P-4P8H8FC-1&_user=10&_coverDate=09%2F30%2F2007&_rdoc=1&_fmt=&_orig=search&_sort=d&view=c&_acct=C0

Published Abstract: *Background* Six percent cellulose sulfate (CS) is a **vaginal gel** that has been in development as a **microbicide**. *Study Design* This was a single-center, multi-dose, Phase I, placebo-controlled, randomized, fully masked study conducted in Yaoundé, Cameroon, and involving sexually active women at low risk for sexually transmitted infections (STIs). *Methods* The study assessed the effect of CS and K-Y Jelly applied vaginally four times per day, for 14 consecutive days, on genital epithelial disruption, candidiasis and bacterial vaginosis (BV). Acceptability of the products was also assessed. Twenty-seven women were enrolled in each treatment group. *Results* Two (7.4%) of the women in each group developed genital epithelial disruption. One (3.7%) of the women in each group developed candidiasis, and one (3.7%) of the K-Y users developed BV. One (3.7%) of the CS users said she would not buy her product for pregnancy prevention but would for STI prevention. All the remaining women indicated they would buy their product for both indications. *Conclusion* The results suggest that the safety and acceptability of 6% CS gel are comparable to that of K-Y Jelly.

"The benefits of participatory methodologies to develop effective community dialogue in the context of a microbicide trial feasibility study in Mwanza, Tanzania"

Author(s): Valley A, Shagi C, Kasindi S, et al

Reference: N/A 7(133)

<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1925085>

Published Abstract: *Background* During a **microbicide** trial feasibility study among women at high-risk of HIV and sexually transmitted infections in Mwanza, northern Tanzania we used participatory research tools to facilitate open dialogue and partnership between researchers and study participants. *Methods* A community-based sexual and reproductive health service was established in ten city wards. Wards were divided into seventy-eight geographical clusters, representatives at cluster and ward level elected and a city-level Community Advisory Committee (CAC) with representatives from each ward established. Workshops and community meetings at ward and city-level were conducted to explore project-related concerns using tools adapted from participatory learning and action techniques such as listing, scoring, ranking, chapatti diagrams and pair-wise matrices. *Results* Key issues identified included beliefs that blood specimens were being sold for witchcraft purposes; worries about specula not being clean; inadequacy of transport allowances; and delays in reporting laboratory test results to participants. To date, the project has responded by inviting members of the CAC to visit the laboratory to observe how blood and genital specimens are prepared; demonstrated the use of the autoclave to community representatives; raised reimbursement levels; introduced HIV rapid testing in the clinic; and streamlined laboratory reporting procedures. *Conclusion* Participatory techniques were instrumental in promoting meaningful dialogue between the research team, study participants and community representatives in Mwanza, allowing researchers and community representatives to gain a shared understanding of project-related priority areas for intervention.

EDITOR'S NOTE: The full text of this article is available for public access at the above website.

3. PUBLISHED RESEARCH: RELEVANT BASIC AND TRANSLATIONAL SCIENCE

"Amplified transmission of HIV-1: comparison of HIV-1 concentrations in semen and blood during acute and chronic infection"

Author(s): Pilcher CD, Joaki G, Hoffman IF, et al

Reference: N/A 21(13):1723-30.

<http://www.aidsonline.com/pt/re/aids/abstract.00002030-200708200-00007.htm;jsessionid=GJcbpf22pnzDGhVFvNfcJ7G1BLrGvQb60GyRJGlvvsqQ7nKJy8TZ!1152499061!181195629!8091!-1>

Published Abstract: *Objectives:* This study was conducted to compare viral dynamics in blood and semen between subjects with antibody negative, acute HIV-1 infection and other subjects with later stages of infection. *Design:* A prospective cohort study was embedded within a cross-sectional study of HIV screening in a Lilongwe, Malawi STD clinic. *Methods:* Blood samples from HIV antibody negative or indeterminate volunteers were used to detect HIV RNA in plasma using a pooling strategy. Blood and seminal plasma HIV-1 RNA concentrations were measured over 16 weeks. *Results:* Sixteen men with acute HIV infection and 25 men with chronic HIV infection were studied. Blood viral load in subjects with acute HIV infection was highest about 17 days after infection (mean +/- SE, 6.9 +/- 0.5 log₁₀ copies/ml), while semen viral load peaked about 30 days after infection (4.5 +/- 0.4 log₁₀ copies/ml). Semen viral load declined by 1.7 log₁₀ to a nadir by week 10 of HIV infection. Semen and blood viral loads were more stable in chronically infected subjects over 16 weeks. Higher semen levels of HIV RNA were noted in subjects with low CD4 cell counts. *Conclusions:* These results provide a biological explanation for reported increases in HIV transmission during the very early (acute) and late stages of infection. Recognizing temporal differences in HIV shedding in the genital tract is important in the development of effective HIV prevention strategies.

"Gp340 expressed on human genital epithelia binds HIV-1 envelope protein and facilitates viral transmission"

Author(s): Stoddard E, Cannon G, Ni H, et al

Reference: N/A 179(5):3126-32.

<http://www.jimmunol.org/cgi/content/abstract/179/5/3126?etoc>

Published Abstract: During sexual transmission of HIV in women, the first cells likely to be infected are submucosal CD4+ T cells and dendritic cells of the lower genital tract. HIV is segregated from these target cells by an epithelial cell layer that can be bypassed even when healthy and intact. To understand how HIV penetrates this barrier, we identified a host protein, gp340, that is expressed on genital epithelium and binds the HIV envelope via a specific protein-protein interaction. This binding allows otherwise subinfectious amounts of HIV to efficiently infect target cells and allows this infection to occur over a longer period of time after binding. Our findings suggest a

mechanism of viral entry during heterosexual transmission where HIV is bound to intact genital epithelia, which then promotes the initial events of infection. Understanding this step in the initiation of infection will allow for the development of tools and methods for blocking HIV transmission.

"HIV denial in the internet era"

Source: *PLoS Med.* 2007 Aug 21;4(8):e256. *Policy Forum.*

Author(s): Tara C Smith, Steven P Novella

<http://medicine.plosjournals.org/perlserv/?request=get-document&doi=10.1371%2Fjournal.pmed.0040256>

It may seem remarkable that, 23 years after the identification of the human immunodeficiency virus (HIV), there is still denial that the virus is the cause of acquired immune deficiency syndrome (AIDS). This denial was highlighted on an international level in 2000, when South African president Thabo Mbeki convened a group of panelists to discuss the cause of AIDS, acknowledging that he remained unconvinced that HIV was the cause [1]. His ideas were derived at least partly from material he found on the Internet [2]. Though Mbeki agreed later that year to step back from the debate [3], he subsequently suggested a re-analysis of health spending with a decreased emphasis on HIV/AIDS [4].

HIV denial has taken root in the general population and has shown its potential to frustrate public education efforts and adversely affect public funding for AIDS research and prevention programs. For example, the AIDS Coalition to Unleash Power (ACT UP) was for many years on the front lines of AIDS education and activism. But now a San Francisco chapter of the group has joined the denialist movement, stating on its Web site that "HIV does not cause AIDS... HIV antibody tests are flawed and dangerous... AIDS drugs are poison" (<http://www.actupsf.com/aids/index.htm>). In 2000 the chapter wrote letters to every member of Congress asking them to stop funding research into HIV [5]. ACT UP San Francisco's position has been condemned by other ACT UP chapters, such as ACT UP Philadelphia and ACT UP East Bay (<http://www.actupny.org/indexfolder/actupgg.html>). Rock stars have weighed in on the topic. Members of the group "The Foo Fighters" provided music for a soundtrack of the recent documentary, "The Other Side of AIDS" (<http://www.theothersideofaids.com/>), which questions whether HIV is the cause of AIDS. The band has spread its message that HIV does not cause AIDS at concerts [6], and it lists the HIV denial group "Alive and Well" as a worthy cause on its Web site (http://www.foofighters.com/community_cause.html).

As these challenges to mainstream theories have largely occurred outside of the scientific literature, many physicians and researchers have had the luxury of ignoring them as fringe beliefs and therefore inconsequential. Indeed, the Internet has served as a fertile and un-refereed medium to spread these denialist beliefs. The Group for the Scientific Reappraisal of the HIV/AIDS Hypothesis ("Reappraising AIDS") noted, "Thanks to the ascendance of the internet, we are now able to reinvigorate our informational campaign" [7]. The Internet is an effective tool for targeting young people, and for spreading misinformation within a group at high risk for HIV infection.

Two excellent online fact sheets have been prepared to counter many of the most commonly used arguments to deny HIV causation of AIDS [8,9]; as such, we will not discuss these in this article. Instead, we will review the current

intellectual strategies used by the HIV denial movement. Although other forms of science denial will not be specifically discussed, the characteristics described below apply to many other forms of popular denial, including denial of evolution, mental illness, and the Holocaust.

EDITOR'S NOTE: The full text of this article, including references, is available at the above website.

"Hormonal contraceptive use, herpes simplex virus infection, and risk of HIV-1 acquisition among Kenyan women"

Author(s): Baeten JM, Benki S, Chohan V, et al

Reference: N/A 21(13):1771-77.

<http://www.aidsonline.com/pt/re/aids/abstract.00002030-200708200-00013.htm;jsessionid=GJdh9XQSwFzwdLGy03Jc0B3TFMjkZbQR5Fd5fPqjwxV5NpDvb6D5!-362743511!181195628!8091!-1>

Published Abstract: *Background:* Studies of the effect of hormonal contraceptive use on the risk of HIV-1 acquisition have generated conflicting results. A recent study from Uganda and Zimbabwe found that women using hormonal contraception were at increased risk for HIV-1 if they were seronegative for herpes simplex virus type 2 (HSV-2), but not if they were HSV-2 seropositive. *Objective:* To explore the effect of HSV-2 infection on the relationship between hormonal contraception and HIV-1 in a high-risk population. Hormonal contraception has previously been associated with increased HIV-1 risk in this population. *Methods:* Data were from a prospective cohort study of 1206 HIV-1 seronegative sex workers from Mombasa, Kenya who were followed monthly. Multivariate Cox proportional hazards analyses were used to adjust for demographic and behavioral measures and incident sexually transmitted diseases. *Results:* Two hundred and thirty-three women acquired HIV-1 (8.7/100 person-years). HSV-2 prevalence (81%) and incidence (25.4/100 person-years) were high. In multivariate analysis, including adjustment for HSV-2, HIV-1 acquisition was associated with use of oral contraceptive pills [adjusted hazard ratio (HR), 1.46; 95% confidence interval (CI), 1.00-2.13] and depot medroxyprogesterone acetate (adjusted HR, 1.73; 95% CI, 1.28-2.34). The effect of contraception on HIV-1 susceptibility did not differ significantly between HSV-2 seronegative versus seropositive women. HSV-2 infection was associated with elevated HIV-1 risk (adjusted HR, 3.58; 95% CI, 1.64-7.82). *Conclusions:* In this group of high-risk African women, hormonal contraception and HSV-2 infection were both associated with increased risk for HIV-1 acquisition. HIV-1 risk associated with hormonal contraceptive use was not related to HSV-2 serostatus.

"Inhibition of HIV-1 infectivity and epithelial cell transfer by human monoclonal IgG and IgA antibodies carrying the b12 V region"

Author(s): Mantis NJ, Palaia J, Hessel AJ, et al

Reference: N/A 179(5):3144-52.

<http://www.jimmunol.org/cgi/content/abstract/179/5/3144?etoc>

Published Abstract: Both IgG and secretory IgA Abs in mucosal secretions have been implicated in blocking the earliest events in HIV-1 transit across epithelial barriers, although the mechanisms by which this occurs remain largely unknown. In this study, we report the production and characterization of a human rIgA2 mAb that carries the V regions of IgG1 b12, a potent and broadly neutralizing anti-gp120 Ab which has been shown to protect macaques against vaginal simian/HIV challenge. Monomeric, dimeric, polymeric, and secretory IgA2 derivatives of b12 reacted with gp120 and neutralized CCR5- and CXCR4-tropic strains of HIV-1 in vitro. With respect to the protective effects of these Abs at mucosal surfaces, we demonstrated that IgG1 b12 and IgA2 b12 inhibited the transfer of cell-free HIV-1 from ME-180 cells, a human cervical epithelial cell line, as well as Caco-2 cells, a human colonic epithelial cell line, to human PBMCs. Inhibition of viral transfer was due to the ability of b12 to block both viral attachment to and uptake by epithelial cells. These data demonstrate that IgG and IgA MAbs directed against a highly conserved epitope on gp120 can interfere with the earliest steps in HIV-1 transmission across mucosal surfaces, and reveal a possible mechanism by which b12 protects the vaginal mucosal against viral challenge in vivo.

"Magnetic resonance imaging of SILCS diaphragm: anatomical considerations and corroboration with clinical fit"

Author(s): Yang CC, Maravilla KR, Kilbourne-Brook M, et al

Reference: N/A 76(3):238-44.

http://www.sciencedirect.com/science?_ob=ArticleURL&_udi=B6T5P-4P83D7V-1&_user=10&_coverDate=09%2F30%2F2007&_rdoc=1&_fmt=&_orig=search&_sort=d&view=c&_acct=C00050221&_version=1&_urlVersion=0&_userid=10&md5=2e4f7893053c60f0b6cc38b6e39a818a

Published Abstract: *Background* We performed a pilot study to evaluate in vivo the fit of the new SILCS diaphragm, a single-size cervical barrier, using magnetic resonance imaging (MRI) in a group of women varying in body mass and parity. *Study Design* Two healthy premenopausal women were recruited for each of the following groups: body mass index (BMI) less than 25, BMI=25-30 and BMI greater than 30. One woman in each group was nulliparous and one was multiparous. Subjects were instructed on the placement of the SILCS diaphragm. Each subject underwent three MRI scans: baseline, with the SILCS diaphragm in place and after placement of intravaginal contrast and simulated intercourse. *Results* The SILCS diaphragm was easily identified on MRI. In all subjects, the diaphragm covered the cervix. The position of the diaphragm did not change after simulated intercourse. The appropriate position of the diaphragm, as assessed by the subjects and the practitioner, was corroborated by the MR images. The intravaginal contrast was not readily visible on the images, precluding assessment of the diaphragm's barrier properties. *Conclusion* MRI confirms the anatomic position of the SILCS diaphragm in vivo, among a sample of women varying in body mass and parity.

"Men's circumcision status and women's risk of HIV acquisition in Zimbabwe and Uganda"

Author(s): Turner AN, Morrison CS, Padian NS, et al

Reference: N/A 21(13):1779-89.

http://www.ncbi.nlm.nih.gov/sites/entrez?cmd=Retrieve&db=PubMed&list_uids=17690577&dopt=AbstractPlus

Published Abstract: OBJECTIVE:: To assess whether male circumcision of the primary sex partner is associated with women's risk of HIV. DESIGN:: Data were analyzed from 4417 Ugandan and Zimbabwean women participating in a prospective study of hormonal contraception and HIV acquisition. Most were recruited from family planning clinics; some in Uganda were referred from higher-risk settings such as sexually transmitted disease clinics. METHODS:: Using Cox proportional hazards models, time to HIV acquisition was compared for women with circumcised or uncircumcised primary partners. Possible misclassification of male circumcision was assessed using sensitivity analysis. RESULTS:: At baseline, 74% reported uncircumcised primary partners, 22% had circumcised partners and 4% had partners of unknown circumcision status. Median follow-up was 23 months, during which 210 women acquired HIV (167, 34, and 9 women whose primary partners were uncircumcised, circumcised, or of unknown circumcision status, respectively). Although unadjusted analyses indicated that women with circumcised partners had lower HIV risk than those with uncircumcised partners, the protective effect disappeared after adjustment for other risk factors [hazard ratio (HR), 1.03; 95% confidence interval (CI), 0.69-1.53]. Subgroup analyses suggested a non-significant protective effect of male circumcision on HIV acquisition among Ugandan women referred from higher-risk settings: adjusted HR 0.16 (95% CI, 0.02-1.25) but little effect in Ugandans (HR, 1.33; 95% CI, 0.72-2.47) or Zimbabweans (HR, 1.12; 95% CI, 0.65-1.91) from family planning clinics. CONCLUSIONS:: After adjustment, male circumcision was not significantly associated with women's HIV risk. The potential protection offered by male circumcision for women recruited from high-risk settings warrants further investigation.

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4. HIV/AIDS VACCINES

"AIDS vaccine field moves toward larger-scale efficacy trials: volunteers?"

Date: 24 August 2007

Source: *IAVI Report*

<http://www.sciencedaily.com/releases/2007/08/070821112242.htm>

Leading researchers from the International AIDS Vaccine Initiative (IAVI), the U.S. Centers for Disease Control and Prevention (CDC) and the U.S. Military HIV Research Program (USMHRP) presented final results from a collection of independent studies reexamining the medical criteria for including African volunteers in AIDS vaccine trials.

The findings, presented at the AIDS Vaccine 2007 Conference in Seattle, suggest that many healthy Southern and East Africans have, in the past, been excluded from participating in trials based on laboratory reference ranges that were developed for Western populations and may not be appropriate locally. Implementation of the results of the studies should improve participation of African volunteers in clinical trials for new drugs and vaccines against emerging infectious diseases currently ravaging Africa, including AIDS, TB and malaria, and enable clinicians to better

monitor and define adverse events in trials.

In the first reference range studies conducted on such a large scale, researchers from the involved organizations examined the blood tests of approximately 5,500 clinically healthy HIV-negative volunteers across a dozen clinical sites in four African countries. For some markers, the studies revealed differences between the norms usually found in healthy Africans and the reference values developed for populations in North America and Europe.

"These studies are important for a range of research on neglected diseases, from HIV vaccines to malaria and TB drug therapy," said Anatoli Kamali, an epidemiologist with the Medical Research Council/Uganda Virus Research Institute and the Protocol Chair of the IAVI-sponsored study. "For the first time, African volunteers seeking to participate in trials will now be evaluated according to blood reference ranges that accurately reflect their populations. Furthermore, we will now be able to interpret laboratory abnormalities detected during vaccine or drug clinical trials more accurately in Africa."

"We're excited about these findings. Localized reference parameters could significantly help us to improve recruitment for clinical trials in less-industrialized nations, as well as better evaluate the health of our volunteers throughout the course of these studies," said Mark de Souza, Director, International Laboratory Program, USMHRP. In one of its trials in Uganda, the USMHRP screened out 58% of potential participants because of lab abnormalities using Western ranges. In a second trial, the screen-out rate decreased to 23% using a norm localized for the trial site. In addition, says de Souza, "With local ranges, we can better detect reactions to candidates, enlist a more typical cohort in the trial and thus test it on the most representative group of volunteers, possibly significantly accelerating the search for HIV vaccines for those countries hardest hit by the epidemic."

As part of their two-year study, IAVI and its partners examined blood chemistry and hematology parameters, as well as evaluated kidney and liver functions and the immunological health of thousands of volunteers. Individuals with clinical symptoms or abnormal physical exams and anyone infected with HIV, hepatitis B or C, or untreated syphilis were excluded from the study. "These studies should be valuable to anyone designing trials of preventive medicines or vaccines for these parts of Africa," concluded Pat Fast, Executive Director of Medical Affairs, IAVI. "Improving participation in AIDS vaccine trials among populations in desperate need of new AIDS technologies is the first step in ultimately reaching our goal of ending the AIDS crisis."

Currently, Africa remains the epicenter of the AIDS pandemic with 2.8 million new infections annually. In 2006 alone, almost two-thirds (63%) of all persons infected with HIV were living in sub-Saharan Africa. IAVI and partners, as well as CDC and the USMHRP, and other international organizations plan larger-scale trials of promising vaccine candidates over the coming years in the Eastern and Southern region of Africa and elsewhere.

Note: This story has been adapted from a news release issued by International AIDS Vaccine Initiative.

"In hunt for HIV vaccine, focus shifts to stopping transmission"

Date: 21 August 2007

Source: *The Seattle Times*

Author(s): Kyung M. Song

http://seattletimes.nwsourc.com/html/localnews/2003845835_aidsvaccine21m.html

Scientists have known since 1984 that HIV causes AIDS. But for more than two decades since, the cunning human immunodeficiency virus has foiled all efforts to develop a vaccine. As nearly a thousand of the world's top vaccine researchers gather in downtown Seattle this week for the four-day AIDS Vaccine 2007 Conference, some of them say the most realistic goal now isn't a vaccine to prevent HIV infection, but rather one that prevents HIV from being passed on.

"The HIV virus is an elusive virus," said Dr. Glenda Gray, a pediatrician and co-founder of the perinatal HIV research unit at the Chris Hani Baragwanath Hospital in Soweto, South Africa. "I don't think anyone would have expected that it would take so long to find a vaccine."

At the same time, vaccine hunters remain unshaken in their belief that a vaccine is the only way to eventually eradicate AIDS. That's because it is clear now that it's impossible to completely eliminate the biggest sources of infection: unprotected sex, sharing needles, and childbearing and breastfeeding by infected women.

Dr. Lawrence Corey, head of virology for the University of Washington and chairman of the conference, which began Monday, notes that the rate of 40,000 new HIV cases in the U.S. annually has not changed for the past 15 years. "The only way my granddaughter is going to grow up without the risk of HIV is with a vaccine," Corey said. Corey is the principal investigator of the HIV Vaccine Trials Network, a global collaboration in the search for an HIV vaccine that is based at the Fred Hutchinson Cancer Research Center in Seattle.

For almost 20 years, researchers have pursued an HIV vaccine by focusing on antibodies in the immune system, which prevent infection. About five years ago, many researchers shifted focus to vaccines that would produce cytotoxic T-cells, or so-called killer T-cells, to attack HIV-infected cells, Corey said. A T-cell vaccine wouldn't necessarily protect someone from becoming HIV-positive, but it would suppress the infection to delay full-blown AIDS and to prevent transmission to others. Still, some scientists believe T-cell vaccines wouldn't be enough to stop the spread of HIV, which has infected 40 million people worldwide and killed 25 million.

HIV mutates about a thousand times more quickly than a flu virus, Corey said. And strains of HIV virus can vary from person to person and from region to region, said Pat Fast, executive director for medical affairs for the International AIDS Vaccine Initiative in New York. That can be a problem for vaccine research: AIDS is raging hardest in Africa, yet subjects in vaccine trials are chosen based on health standards for industrialized nations, Fast said. For example, many Africans are disqualified from clinical trials because their bodies harbor too many parasites or lack high-enough blood-cell counts. To remedy that, a coalition of HIV-research groups at the conference Monday released the first-ever laboratory benchmarks tailored for Africans.

"It makes sense to try [the vaccine] on the population you'll be giving it to," Fast said. "What's normal in Peoria may not be normal in Lusaka [in Zambia]."

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5. OTHER PREVENTION APPROACHES

"India's 'Condom Bindaas Bol' wins UN award"

Date: 21 August 2007

Source: *Indo-Asian News Service*

http://www.headlinesindia.com/life-style/index.jsp?news_code=53304

An Indian public awareness campaign designed to encourage the use of condoms with a catchy slogan "Condom Bindaas Bol" ("Say Condoms Freely") has won a UN public relations award. The campaign was created to try to overturn a decline in condom use and sales in eight states in northern India - Delhi, Rajasthan, Uttar Pradesh, Uttaranchal, Madhya Pradesh, Chattisgarh, Bihar and Jharkhand - that together comprise 45 per cent of the national condom market. It used two messages - that 'condom' is not a delicate word and it should be discussed freely, and that condoms should be used by everyone, and not just by people in high-risk groups.

Celebrities endorsed the campaign in public service announcements (PSAs) for television, a campaign podcast was issued on YouTube, editorial meetings were held with 20 publications and broadcast channels to encourage them to carry reports on the issue and a "viral video" featuring the scenario of a shy customer being encouraged by a retailer to ask for condoms was mass mailed.

The UN Department of Public Information (DPI) announced on Friday that the campaign had won this year's UN Grand Award, an award it jointly sponsors with the International Public Relations Association (IPRA) to recognize excellence in campaigns that tackle priority issues before the world body. The award will be presented on November 6 in London.

"Condom Bindaas Bol" was created by the public relations company Weber Shandwick and is the result of a joint effort of PSP-One, a United States Agency for International Development (USAID) project, the Indian Government's Ministry of Health & Family Welfare and ICICI Bank.

Two other campaigns received honourable mentions for the prize - Singapore's "Yellow Ribbon Project," aimed at promoting the rehabilitation back into society of ex-offenders released from jail, and "Daddy Send Me To School," which was launched by the Turkish newspaper Milliyet to improve women's access to education.

"On safe sex, men far ahead: Survey"

Date: 21 August 2007

Source: *The Times of India*

Author(s): Sonia Sarkar

http://timesofindia.indiatimes.com/On_safe_sex_men_far_ahead_Survey/rssarticleshow/2296267.cms

If the findings of a recent survey conducted in Maharashtra are anything to go by, Indian men are far smarter than women, at least when it comes to sex. The survey, titled 'Youth in India: Situation and Needs Study 2006/07', shows

that only 33% unmarried women know they can get pregnant with their first sexual encounter, as compared to 46.2% men. Again, only 55.4% unmarried women, as against about 95% men, have heard about condoms.

But even among those unmarried women who know about condoms, only a measly 18% knew of its correct use. Married women fared only slightly better - only about 39% of them knew the proper use of condoms in preventing pregnancy. Only 8.7% women said they had at least once used a method to delay the first pregnancy. Compared to the women, a whopping 83% bachelors know to use condoms effectively while 90% husbands were also aware, says the study by the study conducted by the International Institute of Population Sciences (IIPS), a deemed university, and NGO Population Council. More than 25% of the men surveyed said they had put off their first child.

"The figures reflect the overall trend that there's a huge lack of awareness among women and sex is still considered taboo. This is due to the low exposure women get towards sexual and reproductive health education. Men comparatively have more access to sources which tell them about sex, though not always the right source. Women still don't feel free to discuss these issues openly," said Shireen J Jejeebhoy, senior associate of the Population Council.

Lack of awareness seems to translate directly into the impact on sexual health - 30% women suffered from sexual health problems while only 4% men reported such ailments. Forcible sex in marriages is also cause for concern - almost 28% women admitted they were forced to have sex with their husband, three times higher than their male counterparts.

The survey covered pre-marital sex as well, where about 18% men admitted they had had sex at least once before marriage. Only 3% women admitted to pre-marital sex. Over 3% men also admitted to extra-marital sex. Over 25,641 households, including 12,225 (urban) and 13,416 (rural), in Maharashtra were covered in the first phase of this survey. The study will now be extended to the states of Andhra Pradesh, Bihar, Jharkhand, Maharashtra, Rajasthan and Tamil Nadu as well.

F Ram of IIPS, who's the project co-ordinator, said: "Our aim is to identify key transitions facing youth, including education and livelihood opportunities and experiences and identify the key factors underlying young people's sexual and reproductive health, knowledge, attitudes and life choices."

"Report: unsafe sex major cause of HIV infection"

Date: 20 August 2007

Source: *China Daily*

Author(s): Nie Peng, Editor.

http://news.xinhuanet.com/english/2007-08/20/content_6566946.htm

Unsafe sex has for the first time overtaken drug abuse through injections as the main cause of new HIV infections in the country, according to the latest annual report released by the Ministry of Health (MOH). The finding suggests the virus is spreading from high-risk groups to the general public.

Of the 70,000 new HIV infections recorded in 2005, 49.8 percent were through sexual contact, said a report released jointly by the MOH and the China Center for Disease Control and Prevention. Figures for 2006 are not available. Injected drug use ranked second, accounting for 48.6 percent of the total. Nevertheless, drug abuse was the dominant transmission route for the 650,000 people living with HIV, according to official figures.

"It's the first time since 1989, when the first HIV infection was detected, for sex to top the transmission list nationwide," said Gao Qi, a project manager with Beijing-based China HIV/AIDS Information Network. The new trend indicates further spread of the deadly virus and a tougher war against the epidemic, Gao said.

To address the challenge, the government has taken a slew of measures highlighting HIV intervention and prevention among sex workers, deemed the "bridge population" linking those at most HIV risk and the general population. Surveys in recent decades show one out of 10 sexually active men have been involved with prostitution at least once, said Pan Suiming, a leading sociologist at Renmin University of China.

"As it's hard to spot clients who buy sex, intervention has to begin with sex workers," said Tan Xiaodong, professor at the School of Public Health of Wuhan University.

Inspired by the 100 percent condom-use campaign targeting sex workers in Thailand, the Chinese government has initiated a similar program. Some provinces like Yunnan and Henan have also instituted mandatory HIV tests for sex workers. Globally, 80 percent of the total 39.5 million HIV-positive people contracted the disease through sex, according to the World Health Organization.

"The new trend in China is in line with the international situation," Tan said.

In addition, there has been a continuous spike of HIV prevalence among Chinese men who have sex with men. About 7.3 percent of new infections through sex are among gay men, said the 2005 report, making the long-ignored group a focus of prevention efforts.

"To use or not to use a condom"

Date: 17 August 2007

Source: *New Vision*

Author(s): Hillary Bainemigisha

<http://www.newvision.co.ug/D/9/621/581954>

Condoms are widely recognised as a highly effective method of preventing HIV infection. The Uganda Aids Commission director general, Dr Kihumuro Apuuli, said massive condom distribution played a big part in reducing HIV rates from 15% in the early 1990s to 5% in 200.

Knowledge of condoms is almost universal, with almost 95% of husbands and wives reporting having heard of them, according to a February research of Family Health Surveys in Uganda. However, condoms remain unpopular in marriage. A large majority of respondents (85% husbands; 82% wives) reported that they had never used condoms with their spouse or had used them only at the start of the relationship.

Many people feel that a monogamous sexual relationship, rooted in concrete trust is an insulation against exposure to HIV. But, according to studies by the Uganda AIDS Commission in National Population Based Survey under the Ministry of Health in 2004 to 2005, 42% of new infections were reported among married couples, higher commercial sex (21%) and causal (12%).

Uganda's case is not isolated. The UN State of the World Population Report, 2004 revealed that this is an increasingly worrying trend in many countries.

The explanation is, of course, infidelity. When it is discovered, it becomes difficult for the couple in marriage to deny each other sex. Many women in particular, cannot negotiate condom use to protect themselves against HIV. Financial dependence, socio-cultural norms, violence, competition, lack of legal backing and fear to lose the husband, are some of the impediments to women's freedom to negotiate for safe sex.

In the Family Health Surveys study, people associated condoms with lack of trust and illicit sex. Both men and women said asking a partner to use a condom is equivalent to admitting infidelity or accusing the partner of being unfaithful. A few husbands (23%) and wives (35%) have gone for HIV testing and it is reasonable to assume most do not know their HIV status.

In general, wives showed a more positive attitude towards condoms than husbands. This implies possible conflict in condom matters.

Men, therefore, need to be sensitised that a condom is not an intruder in marriage and when a spouse asks for it, it is of mutual benefit to the family. Her concerns must be addressed first and this should always involve routine HIV testing.

Maureen Nakatudde talked to a cross-section of men to find out what they would do.

Michael Bakulu Mpagi, 35

How! I can't agree! That is automatically out! You can't use a condom for a year or even three months. If she insists, I get another one or a girlfriend outside. I fear AIDS but no one goes for sex in order to contract the virus.

Fred Watitti, 29, a builder

(Laughing) I cannot accept that. I have only one wife and there is no need to use a condom.

John Bosco Mugabe, 35, teacher

I would discuss it and if she remains adamant, I would agree. Sex with a wife on tension because she fears being infected cannot be good. Peace of mind is important. She would tell me the conditions for using the condom and I would see how to fulfill them.

Vincent Mayambara, 22

I agree, then go for tests to allay her fears. After a negative test, there is no way I will agree to use a condom.

Bernard Tumusimme 30, self employed

(Laughing) It is impossible. I would tell her to look for another man.

Herbert Mugaga 35, Journalist

I would just break up with her. As a Catholic, I do not believe in condoms as contraceptives. There are other methods. I would rather not have sex with her with a condom than contradict my religion.

Walter Akena, 23, Self-employed

I would first ask her why. Perhaps she knows something I do not know. I would agree to use a condom then go where she got the idea and learn more.

Shem Semambo, Brand Manager of Club beer

My decision will depend on my wife's reason to ask me to use condoms. For example, if birth control methods that apply to women are not that effective.

Richard Okello, 30, Guard

That is very complicated and impossible because she is my wife. I would divorce her straight away.

Mohammed Wasswa Kasole, 43, driver

She may have a point. What if I am HIV-positive and she is negative? She would survive and take care of our children. If I have doubts about my history, I would agree.

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6. POLITICS AND POLICY

"Millions of condoms recalled"

Date: 23 August 2007

Source: *The Sowetan*

<http://www.sowetan.co.za/News/Article.aspx?id=545902>

The Department of Health (DoH) is recalling millions of potentially defective condoms after a bribery scam Sowetan uncovered yesterday. The department is also approaching the national treasury to take action in the scam. The treasury manages the contract for government supplied condoms.

Latex Surgical Products (LSP), manufacturer of the condoms distributed by its empowerment company Zalatex, must cease manufacturing condoms until a thorough investigation has been completed, the South African Bureau of Standards (SABS) said yesterday. Health Department spokesman Charity Bhengu said late yesterday that the Sowetan expose had led it to recall more than 4,6 million condoms from warehouses and health facilities throughout the country. Two batches made in March and July are affected.

We reported yesterday that the SABS had audited the consignments from Zalatex for those months. Both had failed to meet quality standards but the company allegedly bribed an inspector to pass them. Sapa reported that Sphiwe Fikizolo appeared in the Pretoria commercial crimes court yesterday charged with fraud and corruption for certifying defective condoms for cash. He will appear again today. Fikizolo has also been suspended from his position at the

bureau.

Asked yesterday about the quality of millions of condoms in consignments that had not been inspected, Bhengu said the department had relied on the word of the suspended official. LSP supplies about 25 million condoms a year to the government. These are broadly distributed for free in its campaign to control the spread of HIV. Zalatex, LSP's black economic empowerment wing, has a contract to supply 76million condoms over three years. Shareholders were conducting an urgent meeting late yesterday about how to respond to the crisis.

The Bureau of Standards said yesterday it had already ordered LSP to stop manufacturing condoms until the investigations have been completed.

Mike Mcnerney, the bureau's general manager for food and health, said it had also ordered the company to "immediately stop using the SABS mark". He said the SABS and the health department would monitor the company to ensure it complies with the directives.

Angry representatives of the Treatment Action Campaign demanded stiff action against the company if it was found guilty of bribing an official to pass sub-standard condoms. Gordon Mthembu, acting coordinator for the Treatment Action Campaign in Gauteng, said the alleged scam showed utter disregard for the thousands of lives that would be put at risk by faulty condoms. "How cheap are people's lives?" he asked.

Sowetan has seen accounting records for R4 000 allegedly paid to the inspector to pass the consignments that failed audits. Health Minister Manto Tshabalala-Msimang is expected to announce if the company will face further sanctions.

"UK backs PNG circumcision program"

Date: 23 August 2007

Source: *Australian Associated Press*

<http://www.theage.com.au/news/World/UK-backs-PNG-circumcision-program/2007/08/23/1187462404988.html>

The British High Commission in Papua New Guinea is backing a program to encourage men to be circumcised to reduce the spread of HIV/AIDS. British surgeon Rosemary Taylor has been running an awareness program from Boram Hospital in the East Sepik provincial capital Wewak highlighting how men can help curb the spread of the disease.

The high commission said in a statement it would fund Taylor's continuing work through the Sexual and Reproductive Health Pilot Project in the province. It said recent medical research indicated the rate of HIV/AIDS in adult males could be reduced by up to 60 per cent if they were circumcised.

The aim of the circumcision project is to educate and equip local people to safely perform circumcisions. The commission said it would fund the purchase of a multi-media projector, a portable generator and a DVD player for the training program. High Commissioner David Dunn said the commission was pleased to support the project to enhance local capacity in line with PNG's strategic plan for combating HIV/AIDS.

"Sales soar for morning-after pill"

Date: 22 August 2007

Source: *Associated Press*

Author(s): David Crary

<http://www.washingtonpost.com/wp-dyn/content/article/2007/08/22/AR2007082201593.html?referrer=emailarticle>

In the year since it was approved for over-the-counter sales, the morning-after pill has become a huge commercial success for its manufacturer, but its popularity and solid safety record haven't deterred critics from seeking to overturn the milestone ruling. The pill, marketed by Barr Pharmaceuticals Inc. as Plan B, was the focus of bitter debate for three years. After repeated delays, the Food and Drug Administration declared on Aug. 24, 2006 that customers 18 and older should be able to buy it in pharmacies without a prescription. Barr began distributing the over-the-counter version last November, and all national pharmacy chains now stock it. The company projects that sales of Plan B will total about \$80 million for 2007, almost double the total for 2006 and up eightfold from 2004, when Barr acquired the product as a prescription-only drug.

"Overall, we've been very pleased with the acceptance," said Barr spokeswoman Carol Cox. "The product may not be for everyone - but if you find yourself in a position to need it, absolutely it should be available."

Despite the booming sales, and evidence that the pill is safe if properly used, critics remain active. A coalition of conservative groups, including the Family Research Council and Concerned Women for America, has filed a lawsuit in federal court in Washington seeking to reverse the FDA ruling. The groups contend that the FDA acted unwisely under political pressure and lacked authority to approve the same drug for both over-the-counter and prescription-only distribution based on the user's age.

"Barr may be making a healthy profit, but women are paying the price," said Wendy Wright, president of Concerned Women for America, who believes Plan B is less effective than its backers assert.

Barr says Plan B, a high dose of a drug found in many regular birth-control pills, can lower the risk of pregnancy by up to 89 percent if taken within 72 hours of unprotected sex. Since the FDA ruling, there have been extensive efforts by advocacy groups and some politicians to ensure widespread availability of Plan B.

- Several states have enacted laws to improve rape survivors' access to the medication in hospital emergency rooms; a similar bill has been introduced in Congress.
- Also in Congress, supporters of Plan B have introduced legislation to ensure that women serving in the U.S. military overseas have access to the pills at their bases. The measure's backers say servicewomen and military doctors often can't obtain the medication when it's needed.
- Planned Parenthood, NARAL Pro-Choice America and their allies have campaigned to educate women about Plan B and pressure national pharmacy chains to make it readily available. Overall, activists are pleased with the chains' response, but they say women continue to encounter pharmacies which refuse to stock Plan B and individual employees who, for reasons of conscience, refuse to sell it.

"Many women still don't know it's available," said NARAL's president, Nancy Keenan. "There's a lot of education that needs to be done."

During three years of FDA deliberations over Plan B, many claims were made about it. Supporters said it would reduce the number of unintended pregnancies and abortions; opponents said it would fuel teenage promiscuity because girls under 18 could obtain it from an older person - male or female - buying it over-the-counter on their behalf. Thus far, there have been several studies casting doubt on all these claims - although activists of varying views say there is a shortage of authoritative research. Cecile Richards, president of the Planned Parenthood Federation of America, believes Plan B will contribute to a measurable drop in unintended pregnancies once accurate information about it spreads widely among American women.

"We're talking about very mainstream health care here," Richards said. "And yet there is a fringe group of folks in this country who seem determined to prevent women from getting emergency contraception."

Some critics - including Roman Catholic leaders - consider the pill tantamount to abortion, although Barr says it has no effect on women who are already pregnant. Catholic bishops in Connecticut protested in May when the state legislature passed a bill requiring all hospitals, including Catholic facilities, to offer Plan B to rape victims.

Deirdre McQuade, planning director for the U.S. Conference of Catholic Bishops' Secretariat for Pro-Life Activities, also expressed concern about pharmacy employees, saying they should have the right to refuse to sell Plan B for reasons of conscience. Some states have passed laws to protect this right of refusal. "Pregnancy is not a disease," McQuade said. "There is no absolute duty to dispense a non-therapeutic drug, but there is a basic civil right of conscience."

"Anti-AIDS program to fund circumcision"

Date: 20 August 2007

Source: *The Washington Post*

Author(s): Craig Timberg

<http://www.washingtonpost.com/wp-dyn/content/article/2007/08/19/AR2007081900885.html?hpid=moreheadlines>

President Bush's \$15 billion anti-AIDS program will begin investing significant money in making circumcision available to African men seeking to protect themselves from HIV, top U.S. health officials said Sunday. Recent research showing that circumcision dramatically cuts the rate of HIV infection is highly convincing, a delegation of U.S. officials, led by Health and Human Services Secretary Mike Leavitt, told reporters in Johannesburg. Countries taking part in the President's Emergency Program For AIDS Relief have been invited to seek money to expand access to the procedure.

Circumcision funding would be small at first, with budgets in the hundreds of thousands of dollars for individual countries. But it is likely to grow to be "an important part" of the program in coming months and years, said Kent R.

Hill, an assistant administrator for the U.S. Agency for International Development.

The cells in the foreskin of a penis are especially vulnerable to HIV, and removing the foreskin makes a man about 60 percent less likely to contract the virus, studies in South Africa, Kenya and Uganda have shown. The research reinforces studies showing that regions with high circumcision rates generally have lower rates of HIV.

In Kenya, men from the Luo tribe, which does not circumcise its boys, have an HIV rate of 24 percent compared to a national rate of 7 percent. Kenya is among the nations preparing to expand circumcision services, Hill said. Some other African nations have reacted warily to the studies. Most tribes in Africa once routinely circumcised boys in manhood rituals but the practice has declined in southern Africa, in part because of the influence of European missionaries who discouraged the practice as primitive.

Last year, before the recent studies, the Bush administration cut funding for a small program that was offering circumcision to men in Swaziland, where an estimated one in three adults is infected with HIV, the highest rate in the world. Swazis do not generally circumcise their boys. The Bush administration had been reluctant to support circumcision services until there was broad international consensus on the issue, Hill said. But the recent studies made clear that "this is going to be one of the major interventions in the international arsenal" against AIDS, he added. In the same meeting with reporters, Leavitt declined to comment on mounting criticism here of the personal behavior of South African Health Minister Manto Tshabalala-Msimang.

Sunday's editions of South Africa's Sunday Times newspaper reported that Tshabalala-Msimang, while working as a hospital administrator in Botswana in the 1970s, was convicted of stealing from a patient and was banned from the country for 10 years. The newspaper also reported that she had a history of alcohol-related liver problems and that, since receiving a liver transplant several months ago, she publicly drank wine or whisky on several occasions. Tshabalala-Msimang has long been controversial because of her handling of AIDS, including her reluctance to embrace antiretroviral drugs and her repeated suggestions that diets high in lemons, beets and garlic could help control the disease.

President Thabo Mbeki has staunchly defended Tshabalala-Msimang, rebuffing calls from opposition parties, AIDS activists and scientists around the world that she be fired.

"Young women weep in anguish as HIV infection rates increase"

Date: 18 August 2007

Source: *The Nation*

Author(s): Arthur Okwemba

<http://allafrica.com/stories/200708171107.html>

As anti-Aids campaigners smiled and gave each other a pat on the back for the drop of HIV prevalence rates from 5.9 per cent to 5.1 per cent, young women wept in anguish. Information released by National Aids Control Council this week shows that being a girl aged between 15 and 24 years is no fun at all, as one is at a high risk of HIV infection compared to female adults. For every one young man in the age bracket who is infected with HIV, there are four young women. HIV and Aids prevalence among males was 3.5 per cent and 6.7 per cent among females.

"There is great concern with a ratio that is too high as this one. We want to bring it to every one man infected there are two women infected or an infection ratio of one man to one woman," says council chairperson Miriam Were. "But we have to address some of the most difficult issues if this is to happen."

Aids experts and anthropologists say a significant proportion of the women cannot negotiate for safer sex through use of protection. A case in point is the female condom. Although introduced in the country a few years ago, it is yet to reach those who need it most. With the cheapest of the few outlets selling it asking for Sh80 a piece, most women find the price prohibitive. Its manufacturers argue that the material used is very expensive, hence the pricing.

On the other hand, the male condoms retail at Sh10 or are given out at no cost. But men either refuse to use them or if they do, it is not always correctly.

It is against this backdrop that the Government has started distributing the female condoms free of charge. For the past three years, the National Aids and STDs Control Council (Nascop) has distributed over a million female condoms.

Family planning

Beneficiaries have been commercial sex workers and couples, who obtain them in bars, restaurants, family planning clinics, or women and youth groups. Despite the effort, few young people have benefited. The institutions used were cited as "hostile" or "not favourable" for youngsters. Arguments are now being advanced for introduction of sexual and reproductive health service centres that are friendly to young people through which the condoms can be distributed.

International Planned Parenthood Federation-Africa Region which offers reproductive health services to youths in 44 African countries, says opening up of the youth-friendly centres will enable young people access the condoms. Dr Josephine Kibaru, head of Division of Reproductive Health revealed that the Government will set up youth friendly services centres in every district hospital.

But accessibility and cost are the only challenges on the use of the female condom as some women are still likely to shun it. The majority of the women who have used the gadget say it was difficult to insert, cumbersome, and troublesome to remove. And their male partners asked them to remove it.

"I tried it with my boyfriend, but I had to remove it before finishing the act due to the noise it was making," says 22-year-old Lydia Nyambura, a city resident. With all these problems, the focus seems to have remained largely on male condoms.

Male condom

While statistics show use of male condom to have increased from two million per month in 2000, to more than 10 million monthly today, this increase seems not to benefit women, particularly young girls. Yet, the assumption has been increase in condom use would see a significant drop in the number of women infected with HIV. This is not, however, the case. It is reckoned that the men either use the condoms incorrectly, inconsistently, or not at all during sexual intercourse.

The 2003 Kenya Demographic and Health Survey findings show that of those aged between 15 and 24 years, only 12 per cent of the young women and 14 per cent males used condoms during their first sexual intercourse. Another study

by University of Nairobi social scientists in 2002 indicated that condom use decreased as relationships matured.

Prof Omu Anzala of Kenya Aids Vaccine Initiative says a woman's biological make-up makes them more susceptible to HIV infection than men. "A man is at risk of HIV infection during the sex act, but the woman is exposed during and long after the act," he says. When the semen carrying the virus gets into the woman's vaginal track, it can stay there for more than two days, giving the virus enough time to infect her.

Poverty has also fuelled the spread of the virus. A World Bank study whose findings were released this week, says poor women exchange sexual favours for food. Women from Bungoma and Kiambu interviewed during the study said they resorted to extra-marital sex to meet household needs.

"AIDS experts call for global increase of HIV prevention efforts"

Date: 31 July 2007

Source: *Infectious Disease News*

Author(s): Pam Rothman

<http://www.infectiousdiseaseneews.com/200708/prevention.asp>

In a report released by the Global HIV Prevention Working Group, experts said that HIV prevention efforts need to increase rapidly to match the accomplishments made in HIV treatment. The report, titled "Bringing HIV Prevention to Scale: An Urgent Global Priority," stated that HIV prevention programs are not being implemented sufficiently. Researchers estimate that by 2015, approximately half of the 60 million people expected to contract HIV will be diverted if there is an increase in prevention programs. With the additional programs, researchers estimate that the annual number of new infections will decrease to 2 million infections per year by 2015. Also, for every person who began antiretroviral therapy in 2006, six additional people contracted HIV.

"We have the potential to avert half of the HIV infections projected to occur by 2015 if we bring comprehensive, evidence-based HIV prevention services to scale in countries around the world," Helene D. Gayle, MD, MPH, president and CEO of Cooperative for Assistance and Relief Everywhere Inc. (CARE USA) and co-chair of the Working Group, told *Infectious Disease News*. "Great strides have been made in increasing access to HIV treatment so we think the same can be done for HIV prevention."

Increasing prevention programs

The Working Group commissioned the Futures Institute to develop estimated projections of the effect HIV prevention could have on the future of the epidemic. Projections included adult male circumcision, condom promotion, provisions for clean injection equipment to injection drug users, routine screening of donated blood and breast-feeding alternatives for mothers with HIV. Male circumcision alone is estimated to reduce HIV infections by 8% by 2015.

"Although adult male circumcision can be an important addition to prevention programs, no single prevention strategy is 100% effective," Salim Abdool Karim, MBChB, PhD, pro-vice chancellor for research at the University of KwaZulu-Natal in South Africa and Working Group member, said in a press release. "We need to use all proven prevention strategies in combination."

Currently, prevention programs only reach less than one person out of every five people with HIV. According to WHO and UNAIDS, 11% of pregnant women with HIV had access to inexpensive ART to reduce mother-to-child transmission of HIV in 2005; 12% of men and 10% of women with HIV living in Africa in 2005 had received an HIV test and were aware of their status; and in 2005, HIV prevention programs reached 9% of men who have sex with men, 8% of injection drug users and less than 20% of commercial sex workers.

"Countries must ensure that the right HIV prevention interventions are being used and that they're appropriately targeting populations most at risk for infection," Gayle said. "For example, in some countries with an HIV epidemic concentrated among marginalized populations such as sex workers, MSM or injection drug users, prevention programming is focused on the general population."

Resources needed

Since 2001, funding for HIV has increased sixfold; however, it is still half of what UNAIDS recommends. The Working Group called for global AIDS funding to double within the next three years from currently \$10 billion annually to \$22 billion by 2010, with half of the funding dedicated to prevention.

"Because each country's epidemic is unique, each country should develop its own comprehensive, national HIV prevention strategy through an inclusive process that involves multiple stakeholders, including civil society," Gayle said. "The plan should be informed by a careful analysis of the dynamics of HIV incidence in the country, and include prevention targets, strengthened surveillance systems and integrated approaches to HIV prevention and treatment."

As AIDS spending increases, governmental and international donors need to make sure resources are strategically used, according to the report. Other recommendations include a reservoir of supplies in health care settings for the prevention of HIV transmission and the collaboration of multilateral and technical agencies to provide countries with an assessment of national plans for HIV prevention, treatment, care and support. "It is important that countries tailor their prevention programming to fit the dynamics of the country's epidemics," Gayle said.

"We'll make condoms more accessible"

Date: 19 July 2007

Source: *Hindustan Times (New Delhi, India)*

Author(s): Chetan Chauhan

<http://www.hindustantimes.com/StoryPage/StoryPage.aspx?id=0b3b9e19-3e05-4240-bdc5-af7bca5462d3&MatchID1=4503&TeamID1=2&TeamID2=6&MatchType1=2&SeriesID1=1125&PrimaryID=4503&Headline=%e2%80%98We%e2%80%99ll+make+condoms+more+accessible%e2%80%99>

When women and Child Development Minister Renuka Chowdhury said on Monday that women should carry condoms on their person and that protection should be made available to them 24/7, it wasn't just an off-the-cuff remark. The minister meant every word she said. She has now proposed that anganwadi workers carry condoms and an elderly woman in each village or locality be designated for condom distribution. The objective: to ensure women can buy condoms any time of the day.

"It is not possible for women to buy condoms at night. There are only a few 24-hour pharmacies and most medical shops close by 10 p.m. So, the best way is to designate an elderly person who can be contacted when the condoms are needed," she told the Hindustan Times.

Chowdhury said the idea was to curb the spread of HIV/AIDS from infected men to their wives, which is the case in many families across the country. "The best way to prevent such a situation is by ensuring women have condoms in their possession rather than them being dependent on their husbands."

The move is part of the government's new initiative to make condoms more accessible, affordable and available in every nook and corner of the country. "Community participation can ensure that condoms are available at the doorstep in villages," Chowdhury said.

The Ministry wants the additional duty for anganwadi workers to be incorporated in the restructured Integrated Child Development Scheme and is, with the Planning Commission, finalizing the new module of the scheme, to be launched later this year.

Chowdhury said the government must ensure women's constitutional right to equality and ensuring they get contraceptives is one such right. The ministry and the National AIDS Control Authority will jointly implement the plan.

The minister had on Monday created a flutter by saying that women should trust condoms more than their husbands, and suggested that they buy condoms themselves to protect themselves.

"The unjustifiable firing of Nozizwe Madlala-Routledge"

Source: *The Lancet*. 2007 Aug 18;370(9587):540. Editorial.

<http://www.thelancet.com/journals/lancet/article/PIIS0140673607612641/fulltext>

Last week's firing of South Africa's Deputy Minister of Health, Nozizwe Madlala-Routledge, by President Thabo Mbeki has outraged clinicians and groups representing people with HIV/AIDS, such as Treatment Action Campaign. Madlala-Routledge was the main driving force behind the ambitious 5-year plan to roll out antiretroviral therapy. Many fear that the fight against the HIV/AIDS epidemic in South Africa could now be set back decades.

The official reason for the firing of Madlala-Routledge is that she travelled to a meeting in Madrid without the President's permission. Suggestions of impropriety were also leaked to the press. However, in a press conference on Aug 10, Madlala-Routledge stated her version of events which clashed with that of the President. It is widely thought that Mbeki has been looking for an excuse to dismiss Madlala-Routledge. Her work challenged his early assertions that HIV/AIDS did not exist and also contrasted with the unscientific activities of Health Minister Manto Tshabalala-Msimang that promote certain foods as treatment of HIV/AIDS.

There are many injustices about the firing of Madlala-Routledge. The most concerning is that in a country where over 1000 people die every day from HIV/AIDS, Mbeki has put a question mark over his government's commitment to the AIDS treatment plan that Madlala-Routledge drove through, thus potentially denying the right to life for a large proportion of the population.

The first clause of the Freedom Charter, still central to African National Congress policy, states the belief that "South Africa belongs to all who live in it, black and white, and that no government can justly claim authority unless it is based on the will of all the people." Given the public outcry about the firing of this much respected deputy health minister, and the possibility that this act could signal the government's back-tracking on a national AIDS treatment strategy, it is questionable whether President Mbeki is acting according to the will of the people. And in the unacceptable silence from organisations, such as WHO, it looks like it will be up to the citizens of South Africa to once again ensure that their collective and powerful voice is heard.

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7. ANNOUNCEMENTS

35th Annual International Conference on Global Health - Call for Abstracts

http://www.globalhealth.org/conference/view_top.php3?id=766

The 35th International Conference on Global Health has announced a call for abstracts, and abstract submission opens on September 6, 2007. The Conference, with a theme of Community Health, will take place May 27-31 in Washington, D.C. The Council is soliciting abstracts in two subject areas - the conference theme of community health and the key issues of global health that are at the heart of work around the world. The Council also seeks abstracts with findings on the cutting edge of research, practice and policy that are innovative, visionary and in the vanguard of global health.

For more information on the Conference theme and abstract submission, please visit the above website.

ACRIA Update - Summer 2007

http://www.acria.org/treatment/treatment_edu_summerupdate2007.html

AIDS Community Research Initiative of America has released its Summer 2007 Report entitled "Living with HIV: Facing the Challenges." Sections of particular interest include:

Beyond Condoms: HIV Prevention

What Happened to the Vaccine?

Microbicides: Where Are They Now?

Before and After: PrEP and PEP

Intellectual Property Management in Health and Agricultural Innovation: A Handbook of Best Practices

<http://www.iphandbook.org/>

Intellectual Property Management in Health and Agricultural Innovation: A Handbook of Best Practices is now available for order at <http://www.iphandbook.org/neworder.html>. Prepared by and for policy-makers, leaders of public sector research establishments, technology transfer professionals, licensing executives, and scientists, the Handbook offers up-to-date information and strategies for utilizing the power of both intellectual property and the public domain. Eschewing ideological debates and general proclamations, the authors always keep their eye on the practical side of IP management. The Handbook provides substantive discussions and analyses of the opportunities awaiting anyone in the field who wants to put intellectual property to work.

The *Handbook* is a suite of 159 chapters and prefatory comments, composed by 183 authors from East, West, North and South. The companion *Executive Guide* (published this summer) will distill the key points of each section into simple language and place them in the context of evolving best practices with key implications for policymakers, heads of universities/R and D institutions, scientists and licensing executives. The Handbooks are being distributed for free to low- and middle-income countries thanks to the generosity of many supporters for distribution, led by the Rockefeller Foundation.

"At the dawn of the 21st century the world created an unprecedented wave of public-private partnerships. For such investments to bear fruit as public goods it is paramount to manage intellectual property with the public interest in mind. This Handbook provides expert guidance to do just that and will assist in developing new capabilities in low- and middle-income countries." Ariel Pablos-MÃfÃ©ndez, Managing Director, Rockefeller Foundation

"For all who believe, as I believe, that developing countries can and should participate in and benefit from an interconnected world of innovation, this book is an indispensable guide." Mahmoud F. Fathalla, Professor and former Dean, Medical School at Assiut University, Egypt, and Chairperson of the WHO Advisory Committee on Health Research

SRI International Awarded National Institute of Allergy and Infectious Disease Contract to Develop AIDS Drug Formulations

SRI International, an independent nonprofit research and development organization, today announced that it has been awarded a \$4.6 million contract from the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health, to research, develop and manufacture dosage formulations for new and existing anti-HIV or AIDS-related anti-infectives and **microbicides**.

