



# ALLIANCE FOR MICROBICIDE DEVELOPMENT

**30 November 2007, Volume 8, Number 46**

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](mailto: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. ALLIANCE UPDATES AND COMMUNITY NEWS

### Microbicide Research and Development Pipeline: USCA Roundtable

[http://www.nmac.org/conferences\\_\\_trainings/USCA/](http://www.nmac.org/conferences__trainings/USCA/)

Office of AIDS Research (OAR) invited the Alliance to present a 2-hour roundtable on **microbicide** research and development on November 9 at the United States Conference on AIDS in Palm Springs, CA. The invitation received (a letter to PH) stated no abstracts had been submitted on **microbicides** and they felt the need for the topic to have a presence.

#### Microbicide Roundtable (9 Nov)

- Title: The **Microbicide** Research and Development Pipeline: Challenges and Opportunities
- Facilitator: Latifa Boyce; Co-facilitators: Bethany Young Holt (CAMI), Josh Thomas (CHAMP)
- Format: A 2-hour roundtable discussion; informal presentation of information with discussion (during and after). Latifa Boyce, Alliance Communications Manager, presented an overview of the **microbicide** pipeline, its challenges and opportunities; Bethany Young-Holt, California **Microbicide** Initiative (CaMI) Founder, assisted Latifa with the multi-indication **microbicide** 101, spoke about US **microbicide** acceptability and the MDA; Josh Thomas, Research and Administrative assistant at CHAMP, discussed opportunities and challenges in rectal **microbicide** research and development.

*To receive a copy of the presentation or distributed materials, please contact Latifa Boyce, [lboyce@microbicide.org](mailto:lboyce@microbicide.org).*

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## 2. MEDIA COVERAGE OF MICROBICIDES

### "Don't call us guinea pigs, say microbicide trialists"

**Date:** 29 November 2007

**Source:** *Health-e*

**Author(s):** Kerry Cullinan, Khopotso Bodibe

<http://allafrica.com/stories/200711290938.html>

In a few week's time, results of a major Phase 3 **microbicide** trial will be released and the women who took part can't wait for the results. Some 2 500 women who tested a seaweed-based **vaginal gel** to see whether it can offer protection against HIV are eagerly awaiting the results of the trial, expected in January. The **microbicide** gel, which can be inserted an hour before sex, was tested by women in Durban, Tshwane and Cape Town in a trial run by the Population Council, an international non-profit organisation,.

"We will be very disappointed if it doesn't work. But what we already know is that it is neither harmful nor 100% effective because in either case, we would have stopped the trial," says Dr Neetha Morar, principal investigator for the site at Isipingo in Durban. "But even if it is 30% effective, it will offer some protection for women who find it difficult to insist that their partners use condoms," she adds.

Dr Khatidja Ahmed, principal investigator of the trial in Soshanguve in Tshwane, says the beauty of the **microbicide**, called Carraguard, is that it is derived from a natural substance.

"Carraguard is made from a seaweed product called Carrageenan, which is very widely available and has been used in a lot of other formulations. It's been used in creams, food products," says Ahmed. "It's been classified by the Food and Drug Administration as being a generally safe product for use. The product Carraguard, is now a formulation of Carrageenan in a vehicle like a gel to make it accessible to insert into the vagina."

The trial was to test whether the gel could act as a barrier to prevent the HI virus from an HIV positive man from entering his partner's vaginal wall. All the women taking part in the trial had to be HIV negative. They were counselled on the importance of using the gel with condoms and investigators took great pains to explain that there was no evidence that it works to prevent HIV.

"The women were between 16 and 40 years of age, but the average age was 35," says Dr Thesla Palanee, senior scientist at the Isipingo site. "We recruited women on the streets, just going up and talking to them. They were then given group and individual counselling and HIV and pap smear tests. Women who were HIV positive, had signs of cervical cancer or were pregnant were excluded from the trial, but referred to local health facilities," said Palanee.

Those recruited were either given the active gel or a placebo, but neither the women nor the researchers knew who was getting Carraguard - in scientist lingo, this made it a randomised double-blind trial. Preparations for the trial started in 2004 and the actual trial began last year. However, it was destabilised by the news earlier this year that another **microbicide** trial of a substance called cellulose sulphate had been called off. This was researchers found that there was a high incidence of HIV in women using the active gel than those getting the placebo.

According to the research body conducting that trial, CONRAD, this could be because the cellulose sulphate either caused an inflammatory reactions, or disrupted the normal vaginal flora. The news caused a media frenzy, with stories that black women were being used as "guinea pigs" and health minister Dr Manto Tshabalala-Msimang ordered an investigation into the trial.

"We had to explain to our participants that there was no connection between the cellulose sulphate trial and Carraguard," says Palanee.

Trial participants in Durban said the news of the failure of the cellulose sulphate trial had a negative effect on them.

"We were very angry about the media coverage that we were being used as these guinea pigs, that we had been bought by money to take part in the trial and that we were selling our blood for money," said Thokozile Lembede.

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

## "Finding the right product to fight AIDS"

**Date:** 27 November 2007

**Source:** *The Daily Californian*

**Author(s):** Stephanie Verguet

<http://www.dailycal.org/sharticle.php?id=27000>

On Dec. 1 each year, the world comes together to commemorate World AIDS Day. Today, about 42 million people live with HIV/AIDS worldwide. Of the approximately 15,000 people who will be infected with HIV each day this year, the majority will not even know that they are infected and will continue to spread this disease for another several years before they realize they are ill. As the epidemic spreads, it is affecting more and more women. Globally, it is estimated that women represent 65 percent of all those infected with HIV/AIDS. In fact, the leading risk factor for HIV among women in much of the world is to be the monogamous wife of an unfaithful or polygamous husband.

AIDS has now become one of the most serious women's health issues globally and existing prevention methods for women at risk for HIV/AIDS are severely inadequate. While there have been significant advances in AIDS education, treatment and prevention efforts worldwide, the epidemic shows no sign of abating and increased efforts to find safe and effective prevention methods such as **microbicides**, vaccines and behavioral interventions are needed.

Worldwide, more than 90 percent of all adolescent and adult HIV infections result from unprotected heterosexual intercourse. Condoms, if used correctly and consistently, can prevent a high level of HIV infections from occurring. However, male and female condoms are not always available or affordable. Even where condoms are accessible, social factors such as a desire to have children, or desire for sexual spontaneity, intimacy and trust, influences and restricts use.

In addition, men often decide whether or not to use a condom during intercourse: It can be difficult or impossible for women (especially if they are young, married and dependent on their spouse) to ensure consistent condom use. Lack of economic and social power prevents many women from negotiating safe sex: The risk of being stigmatized as barren is often feared far more than the risk of HIV infection. Hence, for many women, condom use, abstinence or sexual fidelity are not sufficient strategies for reducing exposure to HIV and other STIs.

In California, women have become the fastest growing population infected with HIV, with African American and Hispanic women disproportionately affected. Other sexually transmitted infections are also a growing concern. In 2005, there were 1.1 million estimated cases of sexually transmitted infections in young people; the total direct medical cost of these cases was \$1.1 billion. According to the California Department of Health Services, rates of chlamydia, gonorrhea and early syphilis all increased in 2005.

**Microbicides** are substances currently in development which are intended to improve sexual and reproductive health through the reduction or prevention of HIV and other STIs when applied vaginally (or rectally) prior to intercourse. In order for widespread use, such agents must be cheap, stable, easy to use and acceptable to target populations. For example, most developers now design **microbicides** to be self-administered prior to sex or to remain in place for several weeks and provide continuous protection. These types of products would not interfere with intimacy or spontaneity, which eliminates the important concern about user friendliness.

And while many of the first commercially available **microbicides** are also likely to be contraceptive, future **microbicide** development should provide women with a choice between contraceptive and non-contraceptive products. Among the more promising **microbicides** are those that are “multi-indication” **microbicides**, meaning they may prevent a variety of reproductive health concerns, such as chlamydia, gonorrhea, HIV and bacterial vaginosis; some may be contraceptive.

Without an effective therapy or vaccine against HIV/AIDS, **microbicide** development, in combination with other HIV and STI prevention strategies, will become a core part of global efforts to slow the spread of HIV/AIDS. Mathematical models have shown that even a moderately effective product used only some of the time could have a substantial impact on curbing the HIV/AIDS epidemic .

At the occasion of World AIDS Day, the California **Microbicides** Initiative will hold an information session about **microbicides** on the UC Berkeley campus this Thursday at 5:30pm in 110 Barrows Hall. Other events that will provide information about **microbicides** and HIV/AIDS will be held throughout the Bay Area and in Sacramento.

The California **Microbicides** Initiative is a statewide collaborative aimed to facilitate the development of safe, effective, acceptable and accessible **microbicides** as a means to promote sexual and reproductive health for the benefit of Californians and people around the globe. For more information please visit [www.cami-health.com](http://www.cami-health.com).

## **"2007 CHOGM Final Communiqué"**

**Date:** 25 November 2007

**Source:** *New Vision*

<http://allafrica.com/stories/200711261820.html>

Commonwealth heads of government met in Kampala and below are the resolutions they made.

***EDITOR'S NOTE: An excerpt pertaining to HIV/AIDS and microbicides is provided below. To read all resolutions, please visit the above website.***

### *Health and HIV/AIDS*

67. Heads of Government reaffirmed their commitment to the attainment of the health related MDGs, especially improving maternal and child health; and combating HIV/AIDS, malaria, tuberculosis and other diseases. They acknowledged the need to invest in services and prevention tools, including vaccines and **microbicides**, to contribute towards the goal of universal access to HIV/AIDS prevention, treatment, care and support by 2010. They urged implementation of the political declaration on HIV/AIDS adopted at the 2006 UN General Assembly High Level Meeting on HIV/AIDS.

## **"Ammo against AIDS can come from African Bush"**

**Date:** 23 November 2007

**Source:** *Pretoria News*

<http://www.pretorianews.co.za/index.php>

South Africans are largely in the dark about what the country's researchers are doing to combat HIV/Aids and the progress they are making.

The very nature of science means that many avenues pursued in early stages of research have to be abandoned later on, and the time between research to marketing can be long.

Here, Dr Gatsha Mazithulela, the executive director at the biosciences unit of the Council for Scientific and Industrial Research, explains some of the research approaches that the CSIR employs to develop novel scientific interventions that may curb and eventually eradicate the spread of the pandemic.

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## 2: **Microbicides** in plant cells

**Microbicides** are compounds that can be applied inside the vagina or rectum to protect against sexually transmitted infections including HIV. While there is currently no clinically validated, effective **microbicide**, several products are in clinical development stages.

**Microbicide** products - packaged as gels or creams - can act as a buffer between the HI virus and human body cells. They are tools with enormous potential. Unlike male or female condoms, **microbicides** are a potential preventive option that a woman can easily control, without requiring the co-operation, consent or even knowledge of her partner. Cost, stability and ease of manufacture are critical for the effectiveness of and access to a **microbicide** by the poor sectors of the population.

Plants and their products have been used for centuries to prevent and cure diseases.

The CSIR is conducting research to determine the suitability of transgenic plant cells in culturing cost-effective **microbicides**. It is only relatively recently, with advances in biotechnology, that plants have been generated that can produce very specific proteins for use in human health. (These proteins have traditionally been made through microbial fermentation and from mammalian cells.) This manner of producing proteins has been loosely termed "molecular farming": growing and harvesting genetically-modified crops with the object of producing not foodstuffs, but pharmaceuticals.

The advantages of pharmaceuticals produced through plants lie in product safety, ease of storage and distribution, as well as being suitable for rapid economic production.

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**EDITOR'S NOTE: A subscription is required to view this article in its original location.**

### "Women and girls need an AIDS vaccine"

**Date:** 23 November 2007

**Source:** *The Monitor*

**Author(s):** Janet Museveni

<http://allafrica.com/stories/200711230848.html>

Five months ago here in Kampala, delegations from 32 countries gathered for the Eighth Commonwealth Women's Affairs Ministers Meeting.

"Gender inequalities lie at the heart of the HIV epidemic," states the communique from that gathering. It calls for a truly comprehensive approach to HIV/Aids- not only scaling up treatment and care services, but also, and with equal urgency, investing in existing prevention techniques and newer and better technologies, such as **microbicides** and

vaccines.

Two and half decades since the onset of the HIV/Aids epidemic, gender inequality remains one of the principal drivers of HIV. In 1998, women accounted for 41 percent of HIV-infected adults worldwide. By 2005, women made up almost 50 percent, and nearly 60 percent in sub-Saharan Africa.

The gender imbalance in sub-Saharan Africa is even more striking among young people: a woman between the ages of 15 and 24 is two and a half times more likely to be infected than her male peer. We must ask ourselves: Why are women at a higher risk of infection than men? What must we do to address this challenge and curb the epidemic?

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

**"Entre nous with Mark Wainberg, Director, McGill AIDS Centre"**

**Date:** 22 November 2007

**Source:** *McGill Reporter*

**Author(s):** Neale McDevitt

<http://www.mcgill.ca/reporter/40/07/entrenous/>

**EDITOR'S NOTE: Below is an excerpt from McGill Reporter's interview with Dr. Mark Wainberg. For the full interview, please visit the above website.**

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*How long have you been involved in AIDS research?*

Since the beginning of the epidemic. I was probably one of the very first scientists in Canada to get involved full time. My own involvement dates back to 1983-84.

*Tell me about your current research.*

From the outset, our research was focused on HIV drugs. We helped develop the drug 3TC which has been a great success. But we're also one of the big labs in the field of understanding HIV drug resistance. We need to know how the virus mutates so quickly to become resistant to the drugs we use in therapy.

There are a lot of prevention strategies now being contemplated in developing country settings where the prevention modality actually involves HIV drugs. In other words, instead of using the drugs to treat people, why can't we use the same drugs to prevent infection?

*You mean like a vaccine?*

Not a vaccine. A vaginal **microbicide** or vaginal foams or jellies, for example, that will protect a woman about to engage in sexual relations against HIV transmission. Female sex workers could benefit from such a thing. We're doing projects that relate to this.

*How close are we to developing a vaccine?*

Unfortunately we're not very close at all. Just about a month ago, Merck announced the failure of what we all thought was a very promising vaccine concept. The consensus in the field now is that, absolutely vaccine research has to go ahead, but it's not going to be easy and it's not going to be soon. It will be at least 10 years before we have anything that will even resemble a successful vaccine.

*What about harm-reduction measures?*

Most of us knee-jerk liberals would argue, based on science, that providing drug addicts with clean needles and syringes will lower their chance of getting HIV. Of course, it is a tricky issue. Just look at the US, where the current administration has had its head in the sand for years and is not one to be handing out clean needles any time soon.

Unfortunately, statistics just coming out of the US are showing new infection rates even higher than ours here in Canada. It just proves that you can't set public policy on HIV - or any other sexually transmitted illness, for that matter - on the basis of wishful thinking.

### "Microbicide hope"

**Date:** 22 November 2007

**Source:** *Health-e*

**Author(s):** Khopotso Bodibe

[http://www.health-e.org.za/news/article\\_audio.php?uid=20031821](http://www.health-e.org.za/news/article_audio.php?uid=20031821)

Results from the first ever **microbicide** trial to go through all phases of research are due to be released early next year. A **microbicide** is a substance that can be inserted vaginally or anally with the aim of protecting its users from HIV infection.

KHOPOTSO: A Phase III study conducted by the Population Council to investigate the efficacy of Carraguard was completed in June, this year. Carraguard is derived from seaweed. The study was conducted in Cape Town, Durban and Soshanguve, near Pretoria. Dr Khatidja Ahmed was Principal Investigator in the Soshanguve trial. She invited us to join her under a cool shade at the Sechaba Centre, where the trial was conducted.

Dr KHATIDJA AHMED: Carraguard itself is made from a seaweed product called Carrageenan. Carrageenan is very widely available... and has been used in a lot of other formulations. It's been used in creams, food products. And the product itself is safe. It's been classified by the Food and Drug Administration as being a generally safe product for use. The product Carraguard is now a formulation of Carrageenan in a vehicle like a gel to make it accessible to insert into the vagina.

KHOPOTSO: The gel comes in small tubes and has to be applied up to an hour before sex. The aim of a successful **microbicide** is that it will coat the lining of the vagina. If the man is HIV-positive and the virus is released into the vagina, the HIV will not enter the vaginal cells, thus protecting the woman. For every sex act, a new gel has to be applied. The 2 500 women in the trial were followed for up to two years. The trial was randomised. That means that half the participants tested Carraguard and the others tested a placebo. Now the trial period over, researchers are anxious to see whether the product can protect women against HIV infection.

Dr KHATIDJA AHMED: All the data that we have captured from the participants, in terms of how often she used condoms; did she use the gel every time she had sexual intercourse or not - all that data is analysed - and through a statistical model you can determine that we had so many people that were on the placebo arm; we had so many people on the active arm. Of these people that were on the placebo arm, so many got HIV; and of the people that were on the Carraguard arm, so many got HIV. And then, we do the formula and determine whether there was a significant difference between the two arms or not.

KHOPOTSO: Participants were all urged to use condoms while using the gel, so the study hopes that all the women were protected from HIV infection. But this is confusing for some of the volunteers. A twenty-one year old participant, let's call her Lebogang, wonders about this.

LEBOGANG: We don't know if it's going to work because we use condoms and the gels. So, I don't know how it's going to work. How will they know that this gel is working, because we are using condoms?

KHOPOTSO: Dr Khatidja Ahmed sheds some light on the approach.

Dr KHATIDJA AHMED: Yes... it doesn't make sense because we know that condoms are going to protect them. So, why are we telling them (to use condoms)? We know from all the data that we capture throughout the study from these participants that not everybody uses condoms every time and each time they have sex. So, we capture that information, that did you use condoms; you didn't use condoms - because it's not always in the control of the female to

use condoms. Having captured that data, that data is taken into the analysis of the product data. So, we now combine the condom data together with the product analysis data and we say, 'so many people used condoms consistently; so many people did not use condoms; and in the people that didn't use condoms there was a degree of protection or there wasn't a degree of protection from the product'. So, based on those statistics we can determine if the product works or not. Having said that, we have to tell them to use condoms because you can't tell somebody, 'go and use this product', but we don't know (if) it works.

KHOPOTSO: The fact that no potential **microbicide** can give 100% protection against HIV is another reason as to why researchers encourage trial participants to carry on using condoms. The Carraguard trial is the first **microbicide** trial to go through all three phases of research without being stopped. In 2000, a large-scale trial using nonoxynol-9 was abandoned after it showed participants were more vulnerable to HIV when using that gel. This year, a study by CONRAD and Family Health International using a cellulose-sulphate based **microbicide** was also stopped. But Dr Ahmed doesn't seem fazed by the possibility that the Carraguard study may not be successful.

Dr KHATIDJA AHMED: The most important thing is that we have educated such a large number of women in the community... We've educated them on research; we've educated them on sexual behaviour; we've educated them on HIV; we've educated them on other sexually transmitted infections. We've empowered the women in that context. They have come back and told us that they want to participate in something. They see the need to find a prevention method for women. Our biggest achievement in this is the number of women that have been educated through this trial and, of course, if the product proves to work, then we've gained even more.

KHOPOTSO: Soshanguve resident and trial participant, Lebogang, is aware that the study might prove unsuccessful, but makes a plea to fellow country-people to participate in research studies to find potential barriers against HIV infection.

LEBOGANG: People should participate in these studies so that we can have something that will minimise the chances (of contracting HIV). They mustn't be scared. They can go out there, find information and participate. Just do it.

***EDITOR'S NOTE: An audio version of this interview can be downloaded at the above website.***

**"AIDS: greater threat to women"**

**Date:** 21 November 2007

**Source:** *The Tribune (India)*

**Author(s):** Meenal Kumar

Globally, women and girls are more susceptible to HIV than men and boys, with studies showing they can be 2.5 times more likely to be infected with HIV as compared to their male counterparts. Their vulnerability is primarily due to inadequate knowledge about AIDS, insufficient access to HIV prevention services, inability to negotiate safer sex, and a lack of female-controlled HIV prevention methods such as antibiotics. This makes HIV/AIDS a serious human rights issue for women. The problem is more common among married monogamous women.

Women in monogamous relationships are placed at the risk for infection when their husbands or partners engage in high-risk sexual activity. What makes the situation particularly complex is that the women have low self-perception of HIV risk since traditionally HIV/AIDS education and prevention programmes have targeted "high risk" populations - sex workers, drug users and so on. This is ironic given that female sex workers form less than 1 per cent of the infected female population in India.

It is very difficult for married women to ask their husbands to use condoms during sex. Women's vulnerability is further heightened because couples are not encouraged to discuss sex, and women have limited ability around sexual negotiation in married relationships, limited information on protection, and limited access to services.

In India, violence and the threat of it limit women's ability to protect themselves from HIV. Women also tend to marry or have sex with older men who may have more than one sexual partner. They also tend to require blood donations more frequently because of reproductivity-related issues like childbirth and abortion. At a biological level, women are also more vulnerable because the mucosal surface of the vagina is more exposed during intercourse; because semen has a much higher concentration of HIV than vaginal fluid; and initiation into sex at a younger age makes women physiologically more susceptible to HIV.

The other factors that make women more vulnerable:

1. Economic and financial dependency on men. 2. Poor reproductive and sexual health, leading to serious morbidity and mortality. 3. Neglect of health needs, nutrition, medical care etc. All forms of coerced sex - from rape to cultural/economic obligations to have sex when it is not really wanted - increases the risk of infection and, therefore, of sexually transmitted infections (STI) or HIV infection. 4. Stigma and discrimination in relation to AIDS (and all STIs) is much stronger against women who risk violence, abandonment, neglect, destitution, ostracism from family and community. 5. Women are often blamed for the spread of disease, and always seen as the "vector" even though the majority of women have been infected by their only partner/husband.

There is an urgent need for HIV prevention methods like female condoms and local antibiotics creams that do not require the cooperation of the male partner. They are currently undergoing research as a gel, film, sponge, lubricant or suppository and are among the most promising options on the horizon because they are undetectable and can be applied hours before sexual intercourse. A safe and effective antibiotics / **microbicide** cream will put the power of protection from HIV infection and other sexually transmitted diseases in the hands of women and will save millions of lives.

## "Optimism despite HIV vaccine failure"

**Date:** 21 November 2007

**Source:** *iafrica.com*

<http://iafrica.com/news/sa/932398.htm>

Despite the recent failure of an HIV vaccine trial, the scientific community remains optimistic, a researcher said in Johannesburg on Tuesday. Merck's STEP trial had been "our best shot", said head of the Aids virus research unit at the National Institute for Communicable Diseases, Professor Lynn Morris.

"To give up now would be a big mistake. A solution is not around the corner, it won't be a magic bullet, it will be part of a prevention package."

*More basic research needed*

Speaking at a public lecture on the possibility of finding an HIV vaccine, she said there was a need for more basic research on the HIV virus itself. Morris said the STEP trial, which was halted first in USA, then in South Africa, was a "well-run trial that gave us answers". "At the very least we'll find out why it didn't work."

Morris reminded her audience that it took almost 47 years to develop a polio vaccine. Efforts to do so were almost abandoned. Morris said the STEP trial, which was started in 2004, was abandoned on 18 September this year because it neither slowed nor reduced infections. There was also the possibility that people exposed to the vaccine developed increased susceptibility to HIV infection.

STEP involved 3000 volunteers, mostly in the USA, and two-thirds of whom were gay men at high risk of contracting HIV due to their behaviour. During the course of the test 33 of 889 volunteers (3.6 percent) who were given the placebo, became infected with HIV, due to their high-risk behaviour. Of those given the vaccine, 49 out of 905 (5.4 percent) contracted HIV. STEP's sister trial in South Africa - Phambili - was abandoned on 15 November.

"Ethically you have to stop the trial if futility (ineffectiveness of a vaccine) is shown in another trial."

The STEP trial was based on the use of cytotoxic T-cells (CTL). CTL killed virus-infected cells, but only after the virus had been integrated into the body's DNA. The HI-Virus however became dormant, so CTL could not kill it.

"After a number of years the virus escapes the CTL response."

Morris said all previous strategies used to develop other vaccines had proven ineffective against HIV.

The HI-Virus inserted itself into the body's genetic material, becoming an integral part of it. It targeted CD4 cells, which orchestrate the body's immune response.

"It destroys the very cells we are trying to stimulate [into an immune response], said Morris.

## *HIV a moving target*

HIV was also difficult to eradicate as it was a "moving target", showing an unprecedented level of genetic diversity. A vaccine would need to protect against a wide variety of its forms, she said. Most vaccines, for all diseases, were between 70 and 95 percent effective. A vaccine stimulates an immune response to create resistance to infection.

Morris said a vaccine was needed because, since the emergence of Aids in the 1980s, there had been a "relentless increase" in the number of infections. This was despite antiretroviral therapy. "For every one person on treatment, another six become infected. It's a losing battle."

More than 15 percent of adults are estimated to be HIV-infected in southern Africa. Ten percent of all HIV infections were in South Africa, said Morris.

Morris advocated a multi-pronged approach to combating Aids. This involved male circumcision, which had been shown to reduce HIV infection, as well as **microbicides** for women. She said a closer look also had to be taken at the immune systems of "elite controllers" - people who had been living with the HI-Virus for over 20 years without the help of antiretrovirals.

### **"HIV/AIDS epidemic: complacency risk"**

**Date:** 16 November 2007

**Source:** *The Seattle Post Intelligencer*

**Author(s):** Editorial Board

[http://seattlepi.nwsourc.com/opinion/339992\\_hived.html](http://seattlepi.nwsourc.com/opinion/339992_hived.html)

The disappointing failure of an experimental AIDS vaccine will provoke reflection on future research. It should also spur wider use of established tools for containing infectious diseases.

In the vaccine test, HIV infections unexpectedly appear to have increased among those receiving the vaccine rather than a placebo. Early speculation has centered on the possibility that a version of the cold virus used in delivering AIDS genes could have played a role. Scientists may learn valuable lessons for vaccine formulation.

We hope vaccine research funding will continue or increase.

There is an excess of complacency about HIV infection, prompted in large part by the availability of life-extending treatments. But there is no cure, and no prospect of a cure, whatever we want to think. Hopes for a **microbicide** gel or cream to prevent sexual transmission are also distant. A vaccine to stop an epidemic that has infected about 40 million worldwide is years away.

Infection rates keep rising. Dr. Bob Wood, director of the HIV/AIDS program for Public Health -- Seattle and King County, said the increases are about 5 percent annually. So, the average gay man's chance of infection by age 50 here will eventually reach 40 percent to 50 percent.

In September, the King County Board of Health adopted a more aggressive strategy for prevention and early treatment. As the Seattle Weekly reported, local and regional health authorities are now looking at changes to state regulations to allow fuller use of tools that have proved useful in dealing with other infectious diseases. The changes include letting authorities keep records regarding the known contacts of an infected person longer than 90 days, reaching out to infected individuals directly without going through the doctor when a personal physician reports the case, and routine HIV testing of people age 13 to 64, which the CDC recommends. That may raise privacy concerns. Considering health authorities' outstanding record of protecting patients' privacy, though, the state must be receptive to the changes.

Wood said: "Given that we are not going to have a vaccine right away, we are not going to have a cure, we are not going to have a **microbicide** ... we need to pull out every possible stop." Indeed. But that requires overcoming complacency about a disease with increasing risks across demographic groups.

### "Tests suggest new microbicide will have improved efficacy"

**Date:** 30 September 2007

**Source:** *Population Briefs, Volume 13, Number 2 (October)*

[http://www.popcouncil.org/pdfs/FocusOnMicrobicides\\_PBOct07.pdf](http://www.popcouncil.org/pdfs/FocusOnMicrobicides_PBOct07.pdf)

Petri-dish tests of a new candidate **microbicide** vindicate that the formulation is likely to be more effective at preventing the sexual transmission of HIV than the first-generation candidates currently in clinical trials. The new compound, called PC-815, combines Carraguard, the Population Council's first-generation candidate, with an anti-HIV drug called MIV-150. The drug stops HIV from reproducing by blocking the reverse transcriptase enzyme, which normally allows the virus to replicate and spread.

### **Microbicides**

Vaginal **microbicides** would be products designed to reduce the male-to-female transmission of HIV when used during sex. Currently there are no **microbicides** on the market. In March 2007, the Population Council completed

data collection for a large Phase 3 clinical trial in South Africa to test the efficacy and long-term safety of Carraguard **vaginal gel**. The trial is the first Phase 3 trial of a product designed as a **microbicide** completed anywhere in the world. Results are expected by early 2008.

#### *Promising candidates*

"While developing and testing Carraguard, we have continued investigating ways to improve the formulation," says Robin A. Maguire, director of **microbicides** product development at the Population Council. "PC-815 is one of the most promising second-generation **microbicide** candidates being developed at the Council." Candidate **microbicides** that combine two or more anti-HIV approaches represent a potentially more effective tactic for limiting HIV infection. PC-815 blocks virus attachment with Carraguard and directly targets virus replication with the reverse transcriptase inhibitor MIV-150.

Studies have shown that MIV-150 is not absorbed by the body, even when given orally in high doses. This characteristic may make it an ideal candidate for use in **microbicides**. "It is not desirable for the product to be absorbed by the body," says Population Council immunologist Melissa Robbiani. If the drug were absorbed, it could contribute to the development of resistant strains of virus, interact adversely with other medications the person is taking, or cause unwanted side effects. Moreover, extensive toxicology studies have shown that MIV-150 appears to be safe and well tolerated.

#### *Effective product*

Drugs similar to MIV-150 generally act after virus enters susceptible immune system cells. Ideally, however, drugs used in **microbicides** would neutralize HIV before it enters and infects cells. In the recent Population Council experiments, researchers found that MIV-150 inactivates free virus - that is, virus that is not in cells - making it impossible for the virus to enter and infect cells.

Because sexual transmission of HIV occurs in the presence of semen, the researchers tested MIV-150 and Carraguard in the presence of human seminal fluid. Seminal fluid had no effect on the antiviral activity of either compound. Finally, PC-815 was approximately ten times stronger than Carraguard alone in blocking the varieties of HIV found in sub-Saharan Africa.

"This study shows that PC-815 is likely to be a more efficacious **microbicide** than Carraguard," says Population Council virologist David M. Phillips, lead researcher on the study. Currently, the Council is conducting two-year stability studies on the product. Toxicological testing has established that PC-815 is not toxic to human vaginal cell samples outside the body or vaginal epithelial cells in rabbits. Additional testing has demonstrated that PC-815 appears to have no effect on the vaginal epithelia of rabbits and rats. Phase 1 safety trials in humans are expected to be completed later this year.

### 3. PUBLISHED RESEARCH: MICROBICIDE-SPECIFIC

#### "Acceptability of microbicidal surrogates among Zambian women"

**Author(s):** Jones DL, Weiss SM, Chitalu N, et al

**Reference:** N/A Epub ahead of print.

<http://highwire.stanford.edu/cgi/medline/pmid;18032997>

**Published Abstract:** OBJECTIVES AND GOAL:: This study assessed the acceptability after the use of vaginal lubricants as surrogates for **microbicides** among women in Zambia and the role of cultural factors as facilitators or impediments to their potential use for HIV risk reduction within the Zambian context. STUDY DESIGN:: HIV seronegative women (N = 301) recruited from the University Teaching Hospital HIV Voluntary Counseling and Testing Center were randomized into group, individual, or enhanced usual care arms. Participants attended pre- and post-HIV test counseling, followed by a 3-session, 2-hour once-a-month intervention introducing them to vaginal lubricants (2 types of gels, suppositories) in addition to male and female condoms. Supplies were offered at months 4 and 5; assessments were at baseline, 6, and 12 months. RESULTS:: At baseline, the majority of women reported minimal previous exposure to vaginal products and low levels of condom use. Participants' use of products was influenced by product characteristics and perceived partner acceptability; the majority of participants preferred drier products and suppository delivery systems. The basis for decisions regarding vaginal product acceptability changed over time and followed product exposure, and was greatly influenced by perceptions of partner acceptability. CONCLUSION:: Results illustrate the influence of male partners on Zambian seronegative women's preferences for **microbicidal** products, and the change in preferred characteristics over time.

#### "Carraguard vaginal gel safety in HIV-positive women and men in South Africa"

**Author(s):** van de Wijgert JH, Braunstein SL, Morar NS, et al

**Reference:** N/A 46(5):538-46.

<http://www.jaids.org/pt/re/jaids/abstract.00126334-200712150-00004.htm;jsessionid=HN1JrGS2XbHnL54hJL81NXG0j0QDwKTV1TXx22B1kn9hyqLw4QX!-1601909834!181195629!8091!-1>

**Published Abstract:** *Objective:* To assess the safety of the candidate **microbicide** Carraguard gel in HIV-positive women and men. *Design:* A randomized, placebo-controlled, triple-blinded clinical trial of Carraguard gel when applied vaginally once per day for 14 intermenstrual days by sexually abstinent and sexually active HIV-positive women; and when applied directly to the penis once per day for 7 days by sexually abstinent HIV-positive men. *Methods:* In each cohort (n = 20 per cohort), participants were randomized to Carraguard, methylcellulose placebo, or no product (1:1:1). In addition to traditional **microbicide** trial safety endpoints, the effects of **microbicide** use on vaginal shedding of HIV-1 RNA and markers of genital inflammation, epithelial sloughing, and microhemorrhage were also

explored. *Results:* Gel compliance was high in both gel-use groups in the 3 cohorts. Carraguard use was not associated with abnormal genital findings, other abnormal clinical findings, markers of genital inflammation, epithelial sloughing or microhemorrhage, or self-reported symptoms in women and men, or with abnormal vaginal flora or genital shedding of HIV-1 RNA in women. Adverse events were mostly mild, not attributed to gel use, and similarly distributed between groups. *Conclusions:* Once-daily use of Carraguard for 7 to 14 days appeared to be safe in HIV-positive women and men.

### **"No increase in cervicovaginal proinflammatory cytokines after Carraguard use in a placebo-controlled randomized clinical trial"**

**Author(s):** Bollen LJ, Blanchard K, Kilmarx PH, et al

**Reference:** N/A Epub ahead of print.

[http://www.ncbi.nlm.nih.gov/sites/entrez?cmd=Retrieve&db=PubMed&list\\_uids=18025996&dopt=AbstractPlus](http://www.ncbi.nlm.nih.gov/sites/entrez?cmd=Retrieve&db=PubMed&list_uids=18025996&dopt=AbstractPlus)

**Published Abstract:** BACKGROUND:: Assessment of cervicovaginal cytokine levels may be helpful to evaluate subclinical epithelial inflammation during safety evaluations of candidate **microbicides**. METHODS:: Fifty-five HIV-seronegative Thai women were enrolled in a safety trial of the candidate **microbicide** Carraguard and were randomized to use Carraguard or placebo gel before vaginal sex. Cervicovaginal lavages were collected at baseline and after 1 month of gel use; levels of interleukin (IL)-1beta, IL-6, IL-8, and secretory leukocyte protease inhibitor (SLPI) were measured using microwell plate-based enzyme immunoassays. Median levels were compared between the baseline and 1-month follow-up visits using paired t tests; the median change between groups was compared using Wilcoxon rank sum tests. Women were examined for the presence of genital findings; the association between genital findings and cytokine levels was studied. RESULTS:: No increase in levels of proinflammatory cytokines after use of Carraguard gel or placebo gel was observed during the study. The median change from the baseline to 1 month of follow-up was not significantly different between Carraguard and placebo groups (IL-1beta: -0.3 pg/mL vs. -3.93 pg/mL; P = 0.4, IL-6: -0.3 pg/mL vs. 0 pg/mL; P = 0.3, IL-8: -40.1 pg/mL vs. -53.2 pg/mL; P = 0.8, and SLPI: -26.5 pg/mL vs. 12.6 pg/mL; P = 0.07). Genital findings with intact epithelium were found in 16 (29%) women; these women tended to have somewhat higher IL-6 levels than those with normal epithelium (14.9 pg/mL vs. 8.8 pg/mL; P = 0.08). CONCLUSION:: We found no increase in proinflammatory cytokines after Carraguard and placebo gel use, suggesting that neither gel causes inflammation. Further studies to assess the role of cytokines in **microbicide** safety studies are warranted.

### **"Phase I safety trial of two vaginal microbicide gels (ACIDFORM or BufferGel) used with a diaphragm compared to KY Jelly used with a diaphragm"**

**Author(s):** Williams DL, Newman DR, Ballagh SA, et al

**Reference:** N/A 34(12):977-84.

<http://www.stdjournals.com/pt/re/std/abstract.00007435-200712000-00008.htm;jsessionid=HTmXKhpJJxtcfnv5MhldI2y4hTlgwqn33bGFhNtgX2ZTYPCXvVjY!-1601909834!181195629!8091!-1>

**Published Abstract:** *Objectives:* To assess the safety and acceptability of 2 vaginal **microbicide** gels (Acidform and BufferGel) used with a diaphragm compared to KY Jelly used with a diaphragm among low-risk, sexually abstinent women. *Study Design:* Eighty-one women enrolled in a randomized, masked, phase I safety study using a diaphragm with Acidform, BufferGel, or KY Jelly for 6 to 10 hours nightly for 14 nights. Physical examination, colposcopy, and lab studies were performed after 1 and 2 weeks of use. Diaries and questionnaires were used to assess user acceptability. *Results:* Sixty-nine participants (85%) completed the study. Safety and acceptability appeared similar among the 3 study groups and no serious adverse events related to the study products were reported. Adverse events were mild and anticipated. *Conclusions:* Acidform and BufferGel compared to KY Jelly, when used with diaphragm daily for 14 days, appeared to be safe and acceptable in a small study of low-risk abstinent women.

### "Syndecan-3 is a dendritic cell-specific attachment receptor for HIV-1"

**Author(s):** de Witte L, Bobardt M, Chatterji U, et al

**Reference:** N/A Epub ahead of print.

<http://www.pnas.org/cgi/content/abstract/0703747104v1?ct=ct>

**Published Abstract:** Dendritic cells (DCs) efficiently capture HIV-1 and mediate transmission to T cells, but the underlying molecular mechanism is still being debated. The C-type lectin DC-SIGN is important in HIV-1 transmission by DCs. However, various studies strongly suggest that another HIV-1 receptor on DCs is involved in the capture of HIV-1. Here we have identified syndecan-3 as a major HIV-1 attachment receptor on DCs. Syndecan-3 is a DC-specific heparan sulfate (HS) proteoglycan that captures HIV-1 through interaction with the HIV-1 envelope glycoprotein gp120. Syndecan-3 stabilizes the captured virus, enhances DC infection in cis, and promotes transmission to T cells. Removal of the HSs from the cell surface by heparinase III or by silencing syndecan-3 by siRNA partially inhibited HIV-1 transmission by immature DCs, whereas neutralizing both syndecan-3 and DC-SIGN completely abrogated HIV-1 capture and subsequent transmission. Thus, HIV-1 exploits both syndecan-3 and DC-SIGN to mediate HIV-1 transmission, and an effective **microbicide** should target both syndecan-3 and DC-SIGN on DCs to prevent transmission.

### "Vaginal practices, microbicides and HIV: what do we need to know?"

**Author(s):** Hilber AM, Chersich MF, van de Wijgert JH, et al

**Reference:** N/A 83(7):505-508. Editorial.

<http://sti.bmj.com/cgi/content/extract/83/7/505?etoc>

**Published Abstract:**

The global burden of HIV, its increasing feminisation, and chronic difficulties with development of options for HIV prevention all argue for an intensified re-examination of factors influencing the efficiency of heterosexual HIV transmission. This includes vaginal practices and products used by large numbers of women worldwide to tighten, dry, warm and clean their vagina. Women's efforts to change their genital environment can undermine each component of innate defences against pathogens.<sup>1</sup> In particular, vaginal practices have been linked with loss of lactobacilli and disruption of the vaginal epithelium.<sup>2-4</sup> These practices may therefore be an important mediator in acquisition of STI, including HIV, or worsen pre-existing infections. Despite this, surprisingly little is known about the effects of specific vaginal practices on HIV transmission dynamics.

**EDITOR'S NOTE:** *The full text of this article is available for a fee at the above website.*

**"Willingness to use microbicides varies by race/ethnicity, experience with prevention products, and partner type"**

**Author(s):** Morrow KM, Fava JL, Rosen RK, et al

**Reference:** N/A 26(6):777-86.

<http://highwire.stanford.edu/cgi/medline/pmid;18020851>

**Published Abstract:** *Objective:* To investigate women's willingness to use vaginal **microbicides** to reduce/prevent HIV infection, using measures grounded in the individual, behavioral, and social contexts of sex. *Design:* A cross-sectional study that enrolled a sample (N = 531) of 18-55 year old Latina, African-American, and White women in the U.S. between October, 2004, and July, 2005. Main Outcome Measures: Willingness to use **microbicides** and individual- and context-related variables (e.g., demographics, relationship status). *Results:* Exploratory and confirmatory factor analyses supported a one-dimensional, 8-item scale, with high internal consistency (alpha = .91). Subgroup analyses within the Latina (n = 166), African- American (n = 193), and White sub-samples (n = 172) also supported a unidimensional scale with strong internal validity and high reliability. Race/ethnicity as a contextual factor, a woman's history of using prevention products, and the nature of the sexual partnership were predictive of willingness to use **microbicides** (R = .41). That is, women with greater frequencies of condom use, a history of spermicide use, and non-main sexual partners had higher predicted Willingness to Use **Microbicides** scale scores, while White women had lower predicted scores. *Conclusion:* The Willingness to Use **Microbicides** scale serves as the first psychometrically validated measure of factors related to **microbicide** acceptability. Developing and implementing psychometrically validated and contextualized **microbicide** acceptability measures, in an effort to understand **microbicide** users and circumstances of use, is crucial to both clinical trials and future intervention studies.

#### 4. PUBLISHED RESEARCH: RELEVANT BASIC AND TRANSLATIONAL SCIENCE

##### "Effect of biofilm phenotype on resistance of *Gardnerella vaginalis* to hydrogen peroxide and lactic acid"

**Author(s):** Patterson JL, Girerd PH, Karjane NW, et al

**Reference:** N/A 197(2):170e1-e7.

<http://pt.wkhealth.com/pt/re/ajog/abstract.00000447-200708000-00018.htm;jsessionid=HLJJsQdRWnr4d77w6hkjd5cjjV1QT3jryyQXvY9j1y51J3dnlGvWI3917766771181195629!8091!-1>

**Published Abstract:** *Objective:* Bacterial vaginosis is the most common vaginal disorder worldwide. Certain lactobacilli produce H<sub>2</sub>O<sub>2</sub> and lactic acid, which normally suppress growth of anaerobes; however, in bacterial vaginosis, *Gardnerella vaginalis* and other anaerobes proliferate, and the number of lactobacilli decreases. *G vaginalis* colonizes the vaginal epithelium as a biofilm, which likely plays a role in colonization and relapsing infection. *Study Design:* We developed an in vitro model for *G vaginalis* biofilm formation and compared susceptibilities of biofilms vs planktonic cultures to H<sub>2</sub>O<sub>2</sub> and lactic acid. The structure and composition of the biofilm matrix were studied in order to design a method for biofilm dissolution. *Results:* Biofilms tolerated 5-fold and 4-8 fold higher concentrations of H<sub>2</sub>O<sub>2</sub> and lactic acid (respectively) than planktonic cultures. Proteolytic dissolution of biofilms reduced sensitivity to H<sub>2</sub>O<sub>2</sub> and lactic acid. *Conclusion:* Increased tolerance to H<sub>2</sub>O<sub>2</sub> and lactic acid suggests that biofilm formation contributes to the survival of *G vaginalis* in the presence of lactobacilli.

##### "Enrollment and retention of HIV discordant couples in Lusaka, Zambia"

**Author(s):** Kempf MC, Allen S, Zulu I, et al

**Reference:** N/A Epub ahead of print.

[http://www.ncbi.nlm.nih.gov/sites/entrez?cmd=Retrieve&db=PubMed&list\\_uids=18030162&dopt=AbstractPlus](http://www.ncbi.nlm.nih.gov/sites/entrez?cmd=Retrieve&db=PubMed&list_uids=18030162&dopt=AbstractPlus)

**Published Abstract:** BACKGROUND:: Biased enrollment and attrition compromise the power of clinical trials and limit generalizability of findings. We identify predictors of enrollment and retention for HIV-discordant couples enrolled in prospective studies in Zambia. PRINCIPAL FINDINGS:: A total of 1995 discordant couples were invited to enroll. Predictors of nonenrollment, loss to follow-up, and missed appointments were evaluated using multivariate models. MF couples were more likely to be eligible and to enroll and less likely to be lost to follow-up than FM couples. Substantial losses to follow-up occurred between testing and enrollment (21.3% of MF and 28.1% of FM) and between enrollment and the first follow-up visit (24.9% of MF and 30.5% of FM). Among MF and FM couples, residence far from the clinic, younger age, and women's age at first intercourse less than or equal to 17 years were predictive of attrition. No income, less than or equal to 2 lifetime sex partners, no history of sexually transmitted infection in women, and

recent extramarital contact in their male partners predicted attrition in FM couples. CONCLUSIONS:: Discordant couples are critical to observational studies and clinical trials to prevent male-to-female and female-to-male transmission. Retention biases must be taken into account during analysis. Run-in designs that delay randomization may improve retention in clinical trials.

### "The reemerging HIV/AIDS epidemic in men who have sex with men"

**Author(s):** Jaffe HW, Valdiserri RO, De Cock KM, et al

**Reference:** N/A 298(20):2412-14.

<http://jama.ama-assn.org/cgi/content/short/298/20/2412>

**Published Abstract:** Since the first report of AIDS in 5 men who have sex with men (MSM) from Los Angeles, 1 MSM have accounted for a higher proportion of AIDS cases than any other group in countries such as the United States (44%), Canada (65%), and Australia (64%).<sup>2-4</sup> Although MSM first brought human immunodeficiency virus (HIV)/AIDS to the world's attention and, even in the absence of external funding, were the first to promote risk reduction strategies, prevention efforts for MSM appear to have faltered.

In this article, we examine current HIV/AIDS epidemiology in MSM, discuss why the epidemic may be re-emerging, and describe what can be done to address it. Although there is recognition and reporting of MSM with HIV/AIDS from low-income and middle-income countries, including those in Africa and Asia where interventions for MSM . . .

**EDITOR'S NOTE:** *No abstract exists for this article, so the first 150 words appear here and at the above website.*

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## 5. EPIDEMIOLOGY

### "UNAIDS/WHO lower global HIV/AIDS estimates"

**Date:** 20 November 2007

**Source:** *Kaiser Daily HIV/AIDS Report*

[http://www.kaisernetwork.org/daily\\_reports/rep\\_index.cfm?DR\\_ID=48956](http://www.kaisernetwork.org/daily_reports/rep_index.cfm?DR_ID=48956)

UNAIDS and World Health Organization have lowered their estimates of how many people are living with HIV/AIDS worldwide, Reuters/New York Times reports. According to the report, which is scheduled for release this week, about 33 million people worldwide are living with HIV/AIDS, compared with an estimate of nearly 40 million in 2006. The U.N. bodies said that better methods of data collection and increased data availability from countries show that HIV/AIDS is not quite as widespread as previously thought (Reuters/New York Times, 11/20). The report also found

that about 2.5 million people will become newly infected with HIV this year, a 40% decrease from last year's estimate primarily because of methodological changes used to derive these estimates but also to more recent reductions in incidence, the Los Angeles Times reports (Chong/Maugh, Los Angeles Times, 11/20). New cases peaked in the late 1990s and have been declining since 2001 -- when it is estimated that about 2.2 million people in sub-Saharan Africa contracted HIV, compared with an estimated 1.7 million in the region this year -- the report says.

In addition, the report found that the number of AIDS-related deaths have declined somewhat since 2005 in part because access to antiretroviral drugs has expanded. The report estimated that about 2.1 million people worldwide will die of AIDS-related causes in 2007 (Donnelly, Boston Globe, 11/20). Although the number of new cases has decreased, the number of people worldwide living with HIV/AIDS has increased as people are living longer with HIV, new infections are continuing, and there is general population growth, the study says. The percentage of adults worldwide living with HIV/AIDS has remained constant at about 0.8%, according to the study (McNeil, New York Times, 11/20).

According to the Los Angeles Times, although the number of new cases has declined in some countries in Eastern and Western Africa because of widespread changes in sexual behavior, the "bulk of the apparent decrease" is because of improved sampling methods. Earlier estimates often were taken from pregnant women at prenatal clinics who were more likely to live in urban areas and be sexually active than women in the general population (Los Angeles Times, 11/20). The new data were taken from national population estimates in 30 countries with high HIV prevalence that involved family interviews and blood tests, the Wall Street Journal reports (Chase, Wall Street Journal, 11/20).

The report also says that revised estimates for India, released earlier this year, accounted for a significant part of the decrease in global numbers. "The single biggest reason for this reduction was the intensive exercise to access India's HIV epidemic, which resulted in major revision of that country's estimates," the report says. India's revisions, as well as those in five other countries, together accounted for 70% of downward change in the prevalence estimate between last year's published figure and this year's (Reuters/New York Times, 11/20).

According to Paul DeLay -- director of evidence, monitoring and policy for UNAIDS -- another significant reason for the decrease in new cases is a decrease in the number of sex partners in high-prevalence areas in Southern Africa. DeLay added that consistent condom use among high-risk groups, including commercial sex workers; treatment of sexually transmitted infections; and male circumcision also contributed to the decline.

### *Reaction*

DeLay said that experts are "seeing" the "effect" of program interventions designed to fight the spread of HIV. "In some parts of sub-Saharan Africa, the evidence is pretty convincing that the epidemic has turned," DeLay said, adding, "We have up to five years of data. In other areas, we are just starting to see a change with the numbers coming down" (Boston Globe, 11/20).

Despite the decrease in figures, the report still shows that the HIV/AIDS pandemic is widespread and that efforts to fight the disease should be increased, UNAIDS officials said. "These improved data present us with a clearer picture of the AIDS epidemic, one that reveals both challenges and opportunities," UNAIDS Executive Director Peter Piot said in a statement. He added, "Unquestionably, we are beginning to see a return on investment -- new HIV infections and mortality are declining and the prevalence of HIV leveling. But with more than 6,800 new infections and over 5,700 deaths each day due to AIDS, we must expand our efforts in order to significantly reduce the impact of AIDS

worldwide" (Reuters/New York Times, 11/20).

James Chin of the University of California-Berkeley said UNAIDS and WHO have "been overemphasizing and exaggerating" the impact of the virus "in an effort" to increase global funding to fight the disease. "It's getting closer to what it ought to be, but it's still high," Chin said. DeLay said it was "absurd" to think the data had been exaggerated, adding that it would "technically impossible to somehow rig the numbers" (Los Angeles Times, 11/20). U.N. officials said the revised data stem from better measurements rather than from shifts in the epidemic, adding that they continually seek to improve monitoring of the pandemic (Timberg, Washington Post, 11/20).

Some HIV/AIDS advocates expressed concern that the new data will lead to a decrease in global funding to fight the virus (New York Times, 11/20). Paul Zeitz, executive director of the Global AIDS Alliance, said that although the "overall prevalence of AIDS" has stabilized, the global health community is "still seeing millions of new infections" (Cheng, AP/Philadelphia Inquirer, 11/19). Zeitz added that "huge resources" are needed "to win the battle" against HIV/AIDS (New York Times, 11/20).

**EDITOR'S NOTE: The 2007 AIDS Epidemic Update from UNAIDS and the WHO is available at [http://data.unaids.org/pub/EPISlides/2007/2007\\_epiupdate\\_en.pdf](http://data.unaids.org/pub/EPISlides/2007/2007_epiupdate_en.pdf)**

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## 6. OTHER PREVENTION APPROACHES

### "Big drop in misconceptions about HIV among sex workers"

**Date:** 29 November 2007

**Source:** *The Hindu*

**Author(s):** Rajesh B Nair

<http://www.hindu.com/2007/11/29/stories/2007112952710300.htm>

The Behaviour Surveillance Survey (BSS), 2006 has shown mixed results in the use of condom and misconception about Human Immune deficiency Virus (HIV) among high-risk persons, particularly commercial sex workers and truck drivers in the Union Territory.

The survey conducted among 1,900 people belonging to six high-risk categories shows that condom use among commercial sex workers with clients had increased from 76 per cent in 2001 to 88 per cent in 2006. On the other hand, condom use had decreased from 94.1 per cent in 2001 to 73.5 per cent in 2006 with regular clients and 21.7 per cent to 17.5 per cent with regular partners during the period, according to the annual survey, conducted by the AIDS Prevention And Control (APAC) Project to ascertain the effectiveness of various interventional programmes.

The voluntary procurement of condoms had increased from 84 per cent to 92.5 per cent in 2006 and also the risk-perception among non-condom users increased to 60 per cent in 2006 from 8.3 per cent in 2001. However, the incidence of sexually transmitted infections (STI) have gone up to 10 per cent in 2006, compared to zero per cent reported five years ago, the survey revealed.

An overwhelming majority reported seeking medical treatment for the infection from qualified medical practitioners.

Around 42 per cent of the commercial sex workers have taken HIV test and of these, 76.2 per cent received counselling. The misconception about the virus had reduced drastically among the sex workers, the survey pointed out.

The survey among truckers and their helpers revealed that their involvement with regular partners, which had been showing an upward trend in the last two studies, have come down to 26 per cent and the use of condom gone up to 84.6 per cent in 2006, compared to 69.3 per cent reported in 2001. The awareness about the use of preventive methods has increased among them, the survey revealed.

One of the positive signs that emerged out of the survey was the low incidence of STIs among truckers.

The incidence was as low as 2.8 per cent in 2006 compared to the previous percentage of 12.3. As many as 16.8 per cent of helpers have undergone HIV testing and have been provided counselling.

However, the survey pointed out that involvement in sex with casual partners had increased among commercial sex workers, truck drivers, men having sex with men, categories. Their preference to use condom has also decreased, the survey said.

The risk perception among all the high risk groups was very low with perception among commercial sex workers showing just 60 per cent. The risk perception among other groups was below 50 per cent, it said.

### **"Wordplay on frontline of SAfrica's AIDS battle"**

**Date:** 29 November 2007

**Source:** *Agence France Presse*

<http://www.africasia.com/services/news/newsitem.php?area=africa&item=071129032109.frjew75n.php>

"Don't be silly, put a condom on your willy!" In South Africa, where AIDS remains a taboo subject, the billboard catches your eye on the dusty road in rural Mpumalanga. "Women! Don't let men dick-tate you!" The slangy tone of the placards dotting the highway in the middle-of-nowhere township of Elandsdoorn highlights the absence of an official campaign to fight AIDS here.

"I invented them after two glasses of good wine," said Hugo Tempelman, 47. "We invite people to create new slogans. Our children participate too," added his wife Liesje, a year younger. The Dutch doctor arrived in South Africa at the beginning of the '90s and started working in a hospital in KwaNdebele, a homeland integrated into the province of Mpumalanga when apartheid ended 13 years ago.

"Being a good doctor wasn't enough for me. I wanted to start contributing," he said. "I am not afraid to be outspoken about the bad leadership of this country. They are provoking a genocide. It is morally so wrong."

Ahead of World AIDS day on Saturday, South Africa is the country worst hit by the disease. An estimated 5.5 million of its 48 million population are infected and less than a quarter of those sick enough to need treatment receive it. With

an infection rate of 32.1 percent, Mpumalanga is, after Kwazulu-Natal, the most badly affected province.

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

### **"Risky practices in Zambia weakening fight against HIV/AIDS"**

**Date:** 27 November 2007

**Source:** *Xinhua News Agency*

<http://www.cdcnpin.org/scripts/display/NewsDisplay.asp?NewsNbr=49637>

On Monday, University of Zambia researchers at a Lusaka conference presented findings on sexual and marriage practices in Mansa District in the era of HIV/AIDS. The practice of dry sex, the use of herbs to reduce vaginal lubrication, persists despite its risk of causing ulcers through which HIV can easily pass, said researchers Thompson Kalinda and Robert Tembo. Some risky practices, including widow 'inheritance' by the deceased's brother, can only be stopped by traditional and church leaders, said Wilson Mwenya, the university's deputy vice chancellor, according to today's issue of Times of Zambia. Tembo reported that the Aushi and other Bemba-speaking tribes have abandoned widow 'cleansing,' the ritual in which sex is involved to purify a widow of her dead husband's spirit. Instead, they now smear white maize meal on a widow or widower to symbolize purity. Tembo explained that dry sex continued because of deep traditional gender inequality and the subordination of women, as well as the need to please the husband. High poverty levels, structural unemployment, and economic liberalization policies also affected risky sexual practices, he said. The need for food and shelter led to increased transactional sex and marital infidelity, especially among unemployed youths and vulnerable women, he said. To curb these risky sexual customs, Tembo urged policies that include the empowerment of women and HIV/AIDS education. He also recommended the government set poverty reduction as the top priority and said traditional and religious leaders should become proactive in anti-AIDS efforts.

### **"Many people don't think AIDS is fatal: survey"**

**Date:** 13 November 2007

**Source:** *Reuters*

**Author(s):** Anthony J Brown

<http://www.reuters.com/article/healthNews/idUSCOL34913920071113>

In a nine-country survey released today, more than 40 percent of respondents did not understand that AIDS is always a fatal disease. The survey from the MAC AIDS Fund, a philanthropy set up by Estee Lauder-owned MAC cosmetics, involved 4,510 interviews conducted in the US, UK, Russia, France, China, India, Mexico, Brazil and South Africa. The release of the findings coincides with a Fund board meeting and comes in advance of World AIDS Day on December 1.

"The strength of the survey lies in its exclusive focus on issues related to AIDS, its span of nine countries and the fact that it poses frank, specific questions at a time when we need frank, specific answers to increase the effectiveness of our global response to the epidemic," Nancy Mahon, Executive Director of the MAC AIDS Fund, told Reuters Health.

While most respondents believed that AIDS is always a fatal illness, many wrongly believed that a cure for HIV infection is available. For instance, 59 percent of Indians believed that a cure is available. In France, older adults were more likely than younger people to believe that the disease is curable. In the US, African-Americans were more likely than whites to think there is a cure.

"From my perspective, the most important general finding is that we have not done a good enough job educating people about HIV -- the facts and reality," Dr. Marsha Martin, director for HIV/AIDS programs in the Oakland, California mayor's office, told Reuters Health. "When people believe the disease is not fatal and that there is a cure, that's because we haven't educated them well," Martin said.

Many people also harbor misconceptions about the availability of AIDS treatments, according to the survey. Almost 50 percent of respondents believed that most HIV-infected patients were receiving treatment, when in reality the figure is closer to 1 in 5, based on 2006 data.

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

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## 7. POLITICS AND POLICY

### "South Africa 'underutilised' for clinical trials"

**Date:** 20 November 2007

**Source:** *Drug Researcher.com*

**Author(s):** Kirsty Barnes

<http://www.drugresearcher.com/news/ng.asp?n=81476&m=1DRGN27&c=fcswojzbacwmbng>

While India, the Asia-Pacific, Eastern Europe and Latin America are all gaining recognition as potential new hot spots, South Africa remains 'underutilised as a clinical trial destination,' according to a prominent industry figure.

South Africa's "distant" proximity to the US, along with an accompanying ignorance and lack of perception about what the country has to offer in terms of clinical research are partly to blame for this, Catherine Lund, vice chapter head of the South African arm of the Associate of Clinical Research Professionals (ACRP) and founder of South Africa-based CRO OnQ Consulting, told Outsourcing-Pharma.com.

The country's "cumbersome" regulatory environment has also been a deterrent to some people considering including South Africa in a global study. Currently it takes 12-14 weeks from trial submission to approval, compared to around a month for most western countries, said Lund.

"On the surface, this can turn potential sponsors off," she said. However, in terms of its competition with other emerging markets and offshore locations, South Africa does not seem to be faring so badly...

In Latin American countries, regulatory timelines are considerably longer - it often takes 9 to 12 months to have a site up and running - while the Japanese clinical trial environment has typically been less than welcoming, burdened by red tape and language barriers, although the government is in the process of pushing through a series of proposed reforms to change this.

On the other hand, Russia is planning to implement new, stricter legislations that will more closely regulate the country's clinical trials industry, including making it a requirement that in order to run a clinical trial, a site will now be required to obtain permission for each individual trial it plans to conduct, as opposed to the current system where a site is just required to undergo an accreditation procedure that would cover it for all future studies at its medical facilities.

Lund identified Eastern Europe and India as the main regions that South Africa is competing with in terms of attracting clinical business, but said that "Eastern Europe is getting more and more expensive, so South Africa has a cost advantage there."

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

### **"FDA seeks to stem conflicts of interest"**

**Date:** 15 November 2007

**Source:** *Associated Press*

**Author(s):** Hope Yen

<http://ap.google.com/article/ALeqM5jEneMq8aD2NhHgHWcyrZPpRP2yzQD8SUA2GO0>

The Food and Drug Administration announced proposed rules Thursday to reduce potential conflicts of interest among outside experts who advise the government on approval of drugs and other regulated products. The experts would have to disclose any financial ties to the industry under review.

Experts on the advisory committees would have to fill out a form disclosing the potential conflicts and explaining why they should still be able to advise the agency. If the FDA agrees to a waiver, the disclosure form would be posted on the FDA's Web site, typically at least 15 days before the committee meets.

Under the current system, outside advisers disclose potential conflicts to the FDA. The agency may grant a waiver if it is deemed in the best interest of the advisory process to have the expert's input. The FDA then announces when waivers are granted but does not routinely release the disclosure documents.

The goal now is to have that process "conducted in an open, transparent way so people will have confidence and the appropriate trust," the FDA's commissioner, Dr. Andrew von Eschenbach, told reporters.

The proposed rules will be open for public comment for 60 days before the FDA makes a decision whether to revise or adopt them.

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

## **"Health ministry launches department of health research"**

**Date:** 05 October 2007

**Source:** *Indo-Asian News Service*

<http://www.indiaenews.com/health/20071005/73752.htm>

A new Department of Health Research to boost biomedical research was launched by the health ministry Friday and the Indian Council of Medical Research (ICMR) was brought under its purview. Making the announcement, union Health Minister Anbumani Ramadoss said that the new department would be autonomous and play a major role in research and guiding the government in coming out with health policies. The department will have its own secretary, deputy secretary and separate budget, he said at a function to commemorate ICMR's foundation day.

'It will focus on developing drugs, doing biomedical research and address all kinds of problems that the ICMR laboratories are facing at this time,' the minister said. 'The department will tie up with international universities, research agencies and be in charge of setting up public health schools. The budget will be at least five times more than what ICMR is currently getting,' he said.

ICMR director general N.K. Ganguly said that ICMR was working in this direction since 1911, but the challenges had grown and there was need for a separate department.

'The main thrust of the department will be to promote research, build capacity and infrastructure of the existing laboratories and create more manpower in the field of research,' he said. 'We should produce 10 times more PhDs every year,' he said.

The department would also start courses on translational medicine, said Ramadoss, as the 21st century calls for detecting a disease before the symptoms emerge. Elaborating on the role of ICMR in research and the creation of new departments, Ramadoss said the need to reorganise ICMR on the pattern of other agencies was well appreciated. The ICMR will continue to function as earlier, but will now be part of the new Department of Health

Research.

'The government of India took note of the recommendations made by the Performance Appraisal Board of the ICMR, which Hon'ble Prof. Kasturirangan chaired and set into motion a process to create a Department of Health Research,' Ramadoss said.

'I am happy to inform you that the president of India has given assent to the proposal and the Department of Health Research has been created. This fulfils a long-standing demand of the medical research community in the country.'

Special invitee on the occasion, Elias A. Zerhouni, director of the US' National Institute of Health, said: 'I hope the new department will address the future challenges in disease prevention both in India and abroad. 'We have nine agreements either finalised or on the pipeline with India. We are looking forward to more collaboration with the country to fight health problems. 'The department should do a lot of research and come out with solutions for people in the subcontinent or any where else,' Zerhouni said.

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## 8. PHARMACEUTICAL INDUSTRY

### "Merck turns to India for latest R and D partnership"

**Date:** 20 November 2007

**Source:** *Outsourcing-Pharma.com*

**Author(s):** Kirsty Barnes

<http://www.in-pharmatechnologist.com/news/ng.asp?n=81497&m=1IPEN21&c=ctekxoihhlwjezb>

Merck and Co. has turned to India's Nicholas Piramal (NPIL) for its latest research collaboration, as the preclinical offshoring trend persists.

NPIL will assist Merck in creating new drugs for two of the pharma giant's chosen oncology targets, in a deal worth up to \$175m (Euro119m) per target in milestone payments, as well as royalties on any product sales.

NPIL will be responsible for the entire drug discovery program, from hits to leads through to preclinical candidate selection, followed by preclinical and clinical studies to demonstrate proof-of-concept. Merck will then have the option to advance the most promising candidates into late stage trials and commercialisation.

Merv Turner, senior vice president of Worldwide Licensing and External Research at Merck, said that the agreement is part of the firm's strategy of "building global alliances that expand and advance Merck's pipeline, especially in countries such as India with rapidly expanding drug discovery competencies".

Indeed, the pharma industry appears to be scrambling of late to foster new partnerships across the globe, for a range of functions, particularly IT, manufacturing and clinical trials, and lately research and development (R and D) - once held sacred as a core function - is also increasingly being entrusted to companies in exotic locations.

However, it has been Asia, rather than India, which has been a popular beneficiary of such investment in the preclinical arena, as the region is more well-recognised for this particular expertise.

Merck itself is already well-established in Singapore, and recently sent company scouts to South Korea, looking for potential drug discovery deals with biotech companies in the country. And Merck is not the only big pharma firm showing interest there and acting on it - Pfizer recently announced it would invest around \$300m into South Korean R and D over the next five years.

In neighbouring China, the country's emergence as a favourite destination for outsourcing and offshoring drug development has been reflected in a flurry of activity in this field in recent times.

In August, for example, China's Hutchison MediPharma, Chi-Med's R and D subsidiary, bagged a drug discovery and development agreement with drug heavy Eli Lilly. Together, the two firms will focus on drug targets in oncology and inflammation at Hutchinson's facilities in Shanghai. China's attractive cost base was a factor in Lilly's decision to partner with the firm.

Although detailed financial terms were not disclosed, Hutchison will receive an upfront payment, annual R and D support fees, along with milestone payments of up to \$20m-\$29m per candidate at certain time-points and potential royalties on worldwide sales of any commercialised products. Hutchison will also have the option to take control of any candidates that Lilly rejects.

Meanwhile, Novartis, which initially displayed a preference for India over Asia, took an about turn in August when it announced it would pull millions of planned investment dollars out of India in reaction to intellectual property (IP) fears, leaving China as the cat that got the cream.

In November last year Novartis announced plans to splash its cash in Asia, intending to invest \$100m (Euro79m) in China and an even larger sum, INR5bn (Euro90m), in India to establish large new R and D centres.

But things have since gone sour for Novartis in India, who now plans to invest more in countries where it has IP protection after losing a long-running patent dispute in the country.

It appears, however, with this latest deal in India, that Merck does not share Novartis' concerns.

The country, which traditionally has not been strong in the preclinical forum, is now slowly starting to gain these

capabilities and tackle various regulatory-related issues.

Leading the way are three of the country's pharma bigwigs - Mumbai-based NPIL and its domestic rivals Dr. Reddy's Laboratories and Sun Pharmaceuticals Industries, all who now have spun out R and D units into separate companies in the last few months in a quest to establish themselves as serious preclinical players, so as not to miss the boat.

### **"BioCryst clinical trials debacle highlights protocol perils"**

**Date:** 14 November 2007

**Source:** *Outsourcing-Pharma.com*

**Author(s):** Kirsty Barnes

<http://drugresearcher.com/news/ng.asp?id=81351>

BioCryst's recent clinical trials debacle highlights the importance of the robust and realistic design of, and careful adherence to, a drug trial protocol.

The US biotech saw a recent Phase II trial generate poorer than anticipated results after a change in protocol from earlier studies meant that the syringes used were too short to adequately inject the trial drug through the adipose tissue in the arms of overweight patients.

According to the Financial Times (FT), two thirds of the 313 patients participating in the global trial did not receive an adequate injection of the drug into the muscle, with the largest chunk of these patients coming from the US, where the high prevalence of obesity is well documented.

As a result, the Phase II study data of the BioCryst's experimental flu injection, Peramivir, showed a non-statistically significant improvement in reducing flu symptoms.

Earlier trials had generated more positive results when the protocol has specified the use of syringes with 1.5 inch needles, however, for this most recent study, staff switched them for syringes with 1.0 inch needles in a bid to minimise patient discomfort.

Despite the debacle and the modest Phase II efficacy data, Biocryst believes it has generated enough safety data from the Phase II trial and does not plan to repeat it - instead, it will immediately press on with its Phase III programme. The firm is lucky that the situation didn't arise during this later phase in clinical development, as the consequences could have been very different.

Still, it is an important lesson that those in the drug development business, particularly smaller biotechs with limited experience, will do well to take note of as clinical trials are a very costly and timely endeavour and any unnecessary mistakes or delays in the process, especially the late phase, could spell disaster for a new drug's development programme.

## 9. ANNOUNCEMENTS

### **First Circular and Call for Participation for MMVAM 2008: Modern Mucosal Vaccines, Adjuvants and Microbicides**

[http://www.meetingsmanagement.com/mmvam\\_2008/](http://www.meetingsmanagement.com/mmvam_2008/)

MMVAM Conference Scope/Topics:

- Developmental aspects of Mucosal environment and Immunity: Innate Immune responses, Adaptive Immune responses, Mucosal Microflora and external Environment, Mucosal **Microbicides** and Mucosal Immunity, Mucosal environment and disease programming and disease outcome
- Lessons learnt from earlier and existing (available) Mucosal vaccines and **Microbicides**: Poliovirus vaccines - Measles and RSV - Rotavirus - Influenza - Cholera, Earlier **Microbicides**
- Approaches to the development of Modern Mucosal Vaccines and **Microbicides**.
- Considerations of the Route of Immunization (sublingual, oral, nasal, rectal, vaginal), Antigens and genomics, Adjuvants
- Developmental aspects of human Mucosal vaccines currently in progress: Cholera - Typhoid - Malaria - HIV - RSV - Rabies - Helicobacter
- Development aspects of veterinary mucosal vaccines
- Live vector vaccines including Vibrio cholera, salmonella, shigella, and poliovirus. Particle-based vaccines including copolymer spheres, liposomes, immune-stimulating complexes (ISCOMs), and virus-like particles (VLPs). Conjugate vaccines including IgA/antigen conjugates, cholera toxin B/antigen conjugates and lectin/antigen conjugates
- Progress in the development of Mucosal **Microbicides**

Closing date for oral abstract submissions Friday 28th March 2008, (Poster submissions Friday 19th September 2008). For more information, please visit the above website.

### **IWHC's series on Young Adolescents' Sexual and Reproductive Health and Rights**

<http://www.iwhc.org/resources/youngadolescents>

The International Women's Health Coalition (IWHC) is pleased to announce the publication of four new issue briefs in the Coalition's series on young adolescents' sexual and reproductive health and rights.

Earlier this year, IWHC released the first in the series, Overlooked and Uninformed - a global overview of the sexual and reproductive knowledge and behaviors of 10- to 14-year-olds. This installment looks at the lives of young adolescents in four regions: Latin America and the Caribbean, the Middle East and North Africa, South and Southeast Asia, and Sub-Saharan Africa.

The Young Adolescents issue briefs use evidence of young people's sexual and reproductive knowledge and behaviors to argue for more responsive policies and programs. While this age group makes up 9 percent of the world's population and as much as 15 percent in some low- and middle-income countries, programs and policies are typically designed for older age groups, leaving a significant gap between the information and services they have and what they actually need. By underscoring this reality, these issue briefs aim to inform policymaking and programming for a healthy and empowered new generation.

The four regional fact sheets, as well as Overlooked and Uninformed, are available on IWHC's website at <http://www.iwhc.org/resources/youngadolescents>. Let IWHC know what you think, and stay tuned for future installments. Upcoming issue briefs explore topics that include the devastating complications of child marriage and the realities of sexual violence and HIV/AIDS among adolescent girls.

### **Late-Breaker Sessions at M2008: Deadline 10 January 2008**

<http://www.microbicides2008.com/invitation.asp>

The **Microbicides** 2008 Conference will include a special session devoted to late-breaking developments, which may be either important new research findings or up-to-date commentaries on major issues in the **microbicide** field. Abstracts for oral and poster presentations for inclusion in this session are now invited and should reach the Conference Secretariat by 10 January 2008 at the latest. Information about the required format for abstract submissions is available on the **Microbicides** 2008 website <http://www.microbicides2008.com/invitation.asp>. In case of any problems faced during the submission of the abstract, please email [m2008@microbicides2008.com](mailto:m2008@microbicides2008.com).

### **New Appointment - Dr. Patricia Reichelderfer**

The National Institute of Child Health and Human Development (NICHD) has established a position within its Center for Population Research to assist in analyzing and assessing the Institute's role in **microbicide** research. Dr. Patricia Reichelderfer has been appointed to this position and will be serving as a liaison between NICHD, other NIH institutes, and domestic and international organizations to help NICHD better define its strategic focus in this important area of research. NICHD is hopeful that this new position will help the Institute to best describe its future in **microbicide** research investigation, while also being able to keep abreast of the current state of **microbicide** research as well as new **microbicide** products, especially those that have contraceptive properties.

## The 11th AWID International Forum on Women's Rights and Development

<http://www.awid.org/forum08/>

When people struggle together, what was once unimaginable suddenly becomes possible...

Some of the most profound changes in our world have come about as a result of struggles in the form of social movements. Often, these movements germinated in a handful of people who rose up against an entrenched injustice or for a pressing need, then blossomed into mass mobilizations that have ended up toppling governments, deposing powerful leaders, ending military occupations, and bringing rights and freedoms to millions of people.

This is the power of movements - what people without access to power cannot accomplish alone, they can accomplish together through collective action.

From November 14-17, 2008, up to 1,500 women's rights activists from around the world will gather in Cape Town , South Africa to debate and strategize about how to build stronger women's movements globally.

We invite you to contribute to this urgent discussion by submitting a proposal to organize a session at the 11th AWID (Association for Women's Rights in Development) Forum: The Power of Movements.

Submit your proposal online at [www.awid.org/forum08](http://www.awid.org/forum08).

SUBMISSION DEADLINE: JANUARY 28, 2008

### Upcoming Conferences of Interest

<http://www.microbicide.org/microbicideinfo/reference/ConferencesDigest30Nov2007v3.pdf>

The Alliance for **Microbicide** Development actively seeks information on conferences of interest for the **microbicide** field and overall HIV and STI prevention community. A monthly updated table will be available on our website with conference titles, locations, and important dates, including early-bird registration and abstract submission. While we recognize that this first table may include conferences that are beyond the abstract/registration dates, the importance of these conferences merits their inclusion. A reminder of this updated table will appear in the last Digest of every month. Please alert Alliance Communications Manager, Latifa Boyce, of any conferences that might also be included, by email: [lboyce@microbicide.org](mailto:lboyce@microbicide.org).

