

## **AIDS Community Statement: NY Case of Rapidly Progressing Multi-Drug Resistant HIV Infection**

We urge all public and community health providers and the media to clarify the facts of this case, and to direct resources towards a comprehensive HIV prevention effort that confronts, rather than encourages, stigmatization of people at risk of, or living with, HIV. The history of the AIDS epidemic has taught us that misinformation spreads more quickly than the virus itself.

As community-based organizations seek to meet the mounting challenges of a maturing epidemic in a time of funding cuts, HIV/AIDS prevention, service and policy organizations must place this case in the context of our work but resist drawing conclusions from incomplete evidence.

Although this is a troubling report, it is not unprecedented. For example, two cases of rapidly-progressing viruses resistant to three classes of HIV drugs were documented by Dr. Julio Montaner in Vancouver in 2001, without a drastic public health crisis in their wake.

The "wake-up call" in most of the commentary on this case has been limited to urging more testing and to counsel gay men to stay away from drug use and unsafe sex. Starkly absent was any reference to the current context of HIV prevention in New York City and this country, which includes:

- Three years of cuts in federal funding for prevention programs, which will continue to drop in the President's recently released budget;
- Restrictions on content of information distributed by prevention programs, which make honest discussions of sex and drugs increasingly difficult;
- Increasing attacks – including punitive audits of organizations and threatened funding cuts to researchers – on programs and research focused on gay and lesbian and transgender people, women's reproductive health, young people and people of color – which includes populations and individuals most at risk of HIV infection;
- Harassment of non-abstinence-based programs on sexuality and drug use, including a Congressional hearing this Thursday on harm reduction, an effective public health approach to reducing the harm of behaviors such as smoking, obesity and drug use.

Rather than "increasing awareness of the risks of unsafe sex and crystal use," we have seen subsequent press coverage stigmatizing gay men as crazed drug addicts carelessly or wantonly spreading a killer bug. We remind our communities of how the Nushawn Williams case several years ago was used to demonize African American men as sexual predators and disease vectors. In this case, the roll out of this story seems to offer little to the understanding of the root causes and potential solutions to drug use apart from the discredited strategy of Nancy Reagan, "just say no."

Medical tools like screening, diagnostic tests and treatments play a role in maintaining or restoring health, but only a part. Many people at risk of HIV are living with current and past trauma, have been denied civil rights due to their sexual orientation and drug use behaviors, and may be faced with a lack of housing or living wage jobs. Counseling to reduce risk of infection or address issues of drug use must be made in the context of confronting the underlying issues that fuel HIV transmission.

### **As of February 24, 2005, endorsed by the undersigned;**

Action for Boston Community Development  
Advocates for Youth, Washington DC  
AIDS Action Baltimore,  
AIDS Action Committee of Massachusetts  
AIDS Community Research Initiative of America  
AIDS Foundation of Chicago  
AIDS Project Los Angeles  
AIDS Survival Project, Atlanta GA  
AIDS/HIV Health Alternatives, North Hollywood CA  
American Academy of HIV Medicine (AAHIVM)  
Being Alive, LA  
Black Educational AIDS Project, Inc, Baltimore MC  
The Center for AIDS, Houston  
Center for Health and Gender Equity (CHANGE)  
Community HIV/AIDS Mobilization Project (CHAMP)  
European AIDS Treatment Group (EATG)  
Gay and Lesbian Medical Association  
Gay Men's Health Crisis (GMHC)  
Fenway Community Health Center, Boston  
FOUND, Inc, Los Angeles CA

ACT UP Philadelphia  
Harm Reduction Coalition  
HIV/Hepatitis C Committee of CA Prison Focus  
HIV Community Coalition of Metro. Washington DC  
HIV/AIDS Survivors Union / Americans For Safe Access,  
Michigan Positive Action Coalition (MI-POZ)  
National Association of People with AIDS (NAPWA)  
New York AIDS Coalition (NYAC)  
Ohio AIDS Coalition  
Public Health Productions, Inc  
Project Inform, San Francisco, CA  
Recovery Options, Los Angeles CA  
Search for a Cure, Boston, MA  
Test Positive Aware Network, Chicago, IL  
The AIDS Institute, Washington DC/Florida  
The CORE Foundation, Chicago IL  
Title II Community AIDS National Network (TICANN)  
Treatment Action Group (TAG)  
The Well Project, Asheville NC  
Western Pacific Med-Corp, North Hollywood, CA  
Western Pacific Re-Hab, Glendale CA

## **BACKGROUNDER: Rapidly Progressing Multi-Drug Resistant HIV in New York City: Issues of Concern for Community Advocates, Educators and Researchers:**

On Friday, February 11, 2005, the New York City Department of Health and Mental Hygiene, with strong support from the CDC and the Aaron Diamond AIDS Research Center, released partial results of a preliminary investigation of one case of a rare strain of HIV apparently resistant to three of the four classes of drugs used to treat HIV.

The DOH released this information through a major press effort, rather than a traditional "doctor's memo," with a press conference touted as heralding a public health emergency. The press conference occurred in a time of heightened attention of medical reporters to HIV two weeks before the annual research conference on AIDS (Conference on Retroviruses and Opportunistic Infections, CROI)

The CDC sent it around the country through its network alerting all health departments and state AIDS directors of critical and urgent new information.

Many scientists (including co-discoverer of HIV Dr. Robert Gallo and Cornell Medical School's Dr. John Moore) reacted with caution and skepticism to both the news and the hysteria which the NYC DOH's manner of hyping the news almost guaranteed. While acknowledging that this rare case warrants thorough investigation and explanation, they stress that many key points that will allow reasonable people to assess the case's significance are yet to be ascertained:

- Rapid progression to AIDS after infection with HIV is rare but not unheard of. It can be due to characteristics of the particular strain of HIV that infects someone, superinfection with one or more HIV variants either simultaneously or sequentially, and/or it can be due to the particular characteristics of the immune system of the person who gets infected or other conditions or infections the person has at the same time. In the current case, it is not clear which is the main cause. *Multi-drug resistance has never been a proven cause of rapid disease progression, and it remains unknown whether drug resistance affected the speed of progression in the current case.*
- New infections by drug-resistant strains of HIV are also not new, though worrisome. This case is rare in that the person's virus is apparently resistant to many anti-HIV drugs at the same time. However, two cases of rapidly-progressing viruses resistant to three classes of HIV drugs were documented by Dr. Julio Montaner in Vancouver in 2001, without a drastic public health crisis in their wake.
- This case is unusual in that the person had both these types of rare events at once: multiple drug resistance (MDR) and a "dual tropic" type of HIV capable of infecting cells via either of two cellular receptors, CXCR4 (X4) or CCR5 (R5). The virus is also syncytium-inducing (SI) which means it causes cells to clump together.

While dual tropic SI viruses are unusual in newly infected persons they have been described before in a cohort studied in 1989/1990 and were associated with a rapid disease course very similar to that described in the New York case (see "Infection with dual-tropic human immunodeficiency virus type 1 variants associated with rapid total T cell decline and disease progression in injection drug users," XF Yu et al, J Infect Dis. 178;2:388-96, August 1998).

However, past experience has shown that neither the rapid progression type of virus nor the MDR type virus are likely to be unusually infectious (easy to pass on or catch).

*In fact, the evidence would point the other way: MDR viruses are known to be weaker strains. X4-type viruses, feared a dozen years ago as the harbingers of a new epidemic of rapidly progressing HIV, never became widespread in new infections, leading many experts to conclude that they are probably less infectious than the dominant type (R5).*

- There is no evidence as yet that the virus found in this one person has been transmitted to even one other person, let alone that it could be easily passed on. The word "virulent" used in this case refers to the apparent fast progression from time of infection to onset of AIDS, and does not mean it is transmitted more readily to other people.
- Much of the coverage implies that the use of crystal methamphetamine is a factor in the transmission of HIV that is both drug-resistant and fast-progressing in the host. While it is well known that crystal meth use can be associated with increased risk of contracting HIV in general because of lowered behavioral inhibitions, it is unclear as to what the relationship is between this individual's drug usage and either the transmission or progression of this specific virus. There is much we need to learn about the interaction of crystal meth, the immune system, HIV itself, and with antiretroviral therapy.
- The press has hyped this new virus as extremely "aggressive" or a "supervirus," but both terms are inaccurate and misleading. Most people would assume "aggressive" means it is *both* infectious and destructive. We have no evidence how infectious it is or is not, and we also don't know if the rapid course of disease in this man was mostly due to his immune system, other conditions or to the virus.
- Although it is discussed in a recent New York Times article, it would have been prudent for the doctor involved in the announcement, David Ho, to disclose that he sits on the Scientific Advisory Board of the company, Virologic, Inc., that makes the tests used to evaluate the case and that his brother, Sidney, is the company's Director of Public Affairs.

*Adapted from a statement by the Community HIV/AIDS Mobilization Project (CHAMP) For more information, contact Julie Davids, 646-431-7525 or jdavids@champnetwork.org*