



594 Broadway, Suite 700
New York, NY 10012 • 212-966-0466 x 1206
fax 212-925-9618 • www.champnetwork.org

FOR IMMEDIATE RELEASE

Monday, February 14, 2005

Contact: Julie Davids: 646-431-7525 / 212-966-0466 x 1206 / jdavids@champnetwork.org

NEW YORK CITY – February 14, 2005 – In response to Friday’s announcement of one case of rapidly-progressing multi-drug resistant HIV, the Community HIV/AIDS Mobilization Project (CHAMP) released the following statement:

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.

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

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

CDC and DOH advice 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 this city and this country:

- Three years of cuts in federal funding to prevention programs, which will continue to drop in the President's budget released one week ago;
- 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.

Much of the coverage of this case, as well as the initial press conference itself, draws unproven inferences between the use of crystal methamphetamine and the transmission of drug-resistant HIV.

Rather than “increasing awareness of the risks of unsafe sex and crystal use,” the Health Department risks 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 Health Department 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.

BACKGROUNDER:

Case of 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 that coincided with the annual 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 or it can be due to a weakened immune system in 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.
- 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 virus resistant to three classes of HIV drugs was documented by Dr. Julio Montaner in Vancouver in 2001, without a drastic public health crisis in its wake.
- This case is unusual in that the person had both these types of rare events at once: multiple drug resistance (MDR) and rapid progression (caused by the X4 type of HIV). 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.
- 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 own immune system, other conditions or to the virus.
- In addition, we do not know what conditions, which could include laboratory markers of immune system cells (CD4 count) or AIDS-related illnesses (opportunistic infections), were used to make the AIDS diagnosis in this individual.

The Community HIV/AIDS Mobilization Project (CHAMP) is a New York based organization that fights for sound national HIV/AIDS prevention policies while supporting campaigns impacting the lives of people with HIV (PWHIV) and their communities of origin. CHAMP coordinates the **Strategy Lab for HIV Prevention**, a national committee of scientific, academic and community experts on HIV prevention research and policy.