

AIDS: U.S. infections on the rise again

United Press International - October 2, 2003

Ed Susman, UPI Science News

This is the fifth in a multipart series of articles by United Press International on the status of the global AIDS epidemic.

[as posted at: <http://www.aegis.com/news/upi/2003/UP031001.html>]

WEST PALM BEACH, Fla. (UPI) -- In the late 1990s, the Centers for Disease Control and Prevention in Atlanta reported the AIDS epidemic in the **United States** appeared to have reached a plateau. In fact, the CDC said, it might even be declining due to unprecedented community efforts to encourage safer sexual conduct, and the arrival of effective therapy.

The agency also warned, however, the plateau of 40,000 new U.S. infections a year and 16,000 deaths -- despite **combination therapy** -- still was too high. The CDC argued and pleaded for vigilance and for continued prevention efforts. Officials constantly raised concerns the epidemic could spiral out of control again within the key groups: injecting drug users, men having sex with men, and the women having sexual contacts with both.

Even at its current level, the AIDS epidemic in the United States is staggering: About 900,000 people are infected with human immunodeficiency virus, the organism that causes AIDS. About 180,000 Americans living with HIV/AIDS are women and 10,000 are children under age 15.

Now, there are hints the CDC's warnings were on the mark. Infection rates are rising again.

Dr. Harold Jaffe, director of the CDC's National Center for HIV, STD (sexually transmitted disease) and TB (**tuberculosis**), said health researchers have detected increased HIV infections among gay and bisexual men for the third year in a row. From 2000 to 2001, infections in these groups rose 7.1 percent. Since 1999, the infection rate has increased 17.7 percent.

"The AIDS epidemic in the United States is far from over," Jaffe said. Though effective treatments are crucial in the fight against HIV, preventing infection remains the only reliable protection against the serious and fatal consequences of the disease, he added.

"Actually, I'm really scared about the epidemic in the United States," said Julie Davids, director of the Community HIV/AIDS Mobilization Project, or CHAMP, in New York City. "I don't think the epidemic in this country has ever been under control, although that is the general perception among a lot of the public."

In 2002, new infections increased 2.2 percent, or approximately 42,000 cases, Jaffe said at the 2003 National HIV prevention conference in Atlanta. Those increases have occurred even though drugs to combat AIDS are effective and more are being licensed each year. The lack of continued progress in reducing AIDS diagnoses probably is due to several factors, Jaffe said. They include treatment failure, difficulty adhering to complex regimens, and late HIV diagnoses delaying the start of treatment.

Davids told United Press International, however, one of the problems in a society that does not have universal health care -- such as the United States -- is people with marginal incomes cannot afford the drugs and government funding programs might even be making the situation worse.

"New programs pay only for anti-retrovirals," she said, "not for the testing for resistance or for monitoring patients." (HIV is an organism known as a retrovirus) Without those tests, she added, the effectiveness of the drugs may be muted and HIV could develop an immunity to anti-retrovirals.

During the early stages of the American epidemic, few women were infected with HIV. Now, however,

women account for about 30 percent. In 1985, CDC figures show, only 7 percent of AIDS patients were women. Today, they compose 23 percent, most of them young women and girls from racial and ethnic minorities.

About 75 percent of HIV infections among women occur through sex with partners who are either injecting-drug users or bisexuals. About 25 percent of women become infected through injecting-drug use.

HIV is the third leading cause of death among African-American women between the ages of 25 to 44, and it is the fourth leading cause of death among Hispanic women.

Key surveys of sexual practices among gay and bisexual men also show alarming trends. Syphilis rates are increasing despite national campaigns to prevent the disease. Gonorrhea rates also are increasing.

"In past decades, rising rates of syphilis have preceded rising rates of HIV among specific populations," noted Dr. Emily Erbelding, assistant professor of medicine at Johns Hopkins University in Baltimore, writing for the Johns Hopkins AIDS Service.

Rising rates of sexually transmitted diseases indicate a lack of safe sex practices, which no doubt will result in more HIV infections.

Davids, an AIDS activist for more than a decade, said recent efforts to prevent the spread of the disease, though worthwhile, are displacing programs intended to keep people from becoming infected in the first place. The situation is being aggravated, she said, due to cutbacks in AIDS funding programs at local, state and national levels.

"I'm more than pessimistic about what is happening in this country," Davids said. "I'm terrified." In Washington, D.C., and other inner cities, she said, the extent of HIV infection mirrors -- even exceeds -- what is happening in sub-Saharan Africa or the Caribbean.

"In Africa, AIDS is collapsing the public health infrastructure," she said. "We are seeing the same thing happening in parts of our cities. Things haven't been rosy all along. The health safety net isn't working for thousands of people with HIV/AIDS in this country. There are limitations to the safety net. It is crumbling."

In America, treatments for HIV/AIDS are available and they have been proven effective in fighting the disease. Though HIV/AIDS patients are living longer, they survive only if they continue to take their medications. Over time, many patients begin failing to follow their complex medication routines correctly, or they will run out of money to pay for the drugs. Therefore, despite the emergence of effective treatments, eventually, the disease still can win.

Also, there remains the eternal question of who receives the medication and who pays for it when the patient cannot.

"We have made tremendous gains in treating people with HIV/AIDS," Davids said. "But we still have (huge) gaps in who gets that treatment."

Those gaps appear to be widening just when the disease is mounting a second wave of attack.

(Ed Susman, a medical writer for UPI, has been covering the AIDS epidemic for more than 20 years)
031002

UP031001