

HIV/AIDS: doing what's right

The fast-track article in this week's issue describes the case of a New York City man who rapidly developed AIDS after being infected with an HIV strain resistant to three of the four major antiretroviral drug classes: nucleoside reverse transcriptase inhibitors, non-nucleoside reverse transcriptase inhibitors, and protease inhibitors.

To acquire resistance, a virus typically pays a price—a fitness cost—that makes it less viable and virulent. But in this case the virus seems to have paid no price, for it has a replicative capacity similar to that of wildtype drug-susceptible viruses.

The clinical course of this infection was also remarkable: as best as can be determined the man had progressed to AIDS within 20 months—and perhaps as little as 4 months—of infection.

New York City public-health officials were understandably alarmed. The man reported that he had unprotected anal sex with multiple partners until his health declined. Concerned about the spread of this HIV strain, New York officials held a press conference to inform the public about the case—a decision that elicited surprisingly acerbic comments from many HIV/AIDS researchers.

The importance of this case remains to be determined. New infections with multidrug-resistant HIV strains have been reported before. Rapid progression to AIDS, too, is not uncommon: in cohort studies a small percentage of patients have progressed to AIDS within several years of seroconversion. In the case reported in this week's *Lancet*, it is not clear whether rapid progression of the disease was due to the virulence of the virus or to a yet undetermined host susceptibility.

To determine whether this virus is the "nightmare virus", as some tabloids described it, will require additional epidemiological investigation to identify others who may be infected with the strain. The decision of the New York public-health officials to alert the public about the case may well speed up this investigation by encouraging sexual contacts of the patient to seek testing.

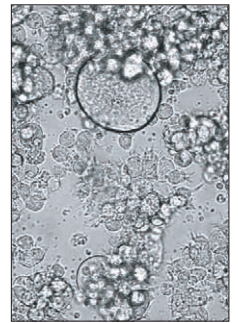
This case serves as a reminder that HIV remains a frighteningly versatile foe, one that can mutate to escape immune attack or to acquire drug resistance with surprising speed. One lesson to be drawn from this case, therefore, is that despite all the advances that have been made in understanding this virus and all the progress that

has been made in developing new drugs, prevention remains the most effective strategy to combat HIV, especially prevention efforts that target high-risk groups, such as men who have sex with men, intravenous drug users, and sex workers and their clients. Past experience has shown that programmes can be developed to engage these groups and reduce their high-risk behaviour. Prevention programmes developed in the early 1980s were very successful in promoting safer sex practices, for example, among men who have sex with men. Needle-exchange programmes have been shown repeatedly to be effective in reducing needle sharing and the incidence of infection. In a Research Letter in this week's online *Lancet*, Canadian researchers report that drug users going to a controversial medically supervised injection facility in Vancouver, British Columbia, reduced syringe sharing. Condom promotion campaigns, often conducted by sex workers themselves, have achieved remarkable reductions in HIV infection rates among sex workers and their clients.

Unfortunately, in recent years, such programmes have come under increasing attack by groups, especially conservative Christian groups in the USA, which believe that reaching out to high-risk populations only encourages high-risk behaviours. These religious groups instead promote a "just say no" approach to drug use, sex, and other behaviour they deem immoral. The problem, of course, is that in most instances the "just say no" approach has failed to prove effective. Nevertheless, US officials have promoted abstinence-only sex education over more effective comprehensive programmes, have harassed researchers and outreach groups who work with men who have sex with men, have pressured UN agencies to drop needle-exchange programmes, and have insisted that recipients of US funds ascribe to policies opposing prostitution even though the adoption of such policies may well impair their ability to work with sex workers.

In his first term, US President George W Bush said that in the fight against AIDS "we must concentrate our efforts on programs that work, proven best practices". Unfortunately his administration seems to be more interested in imposing its moral view of the world than saving lives, sacrificing others for its ideology instead of doing what's right. ■ *The Lancet*

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