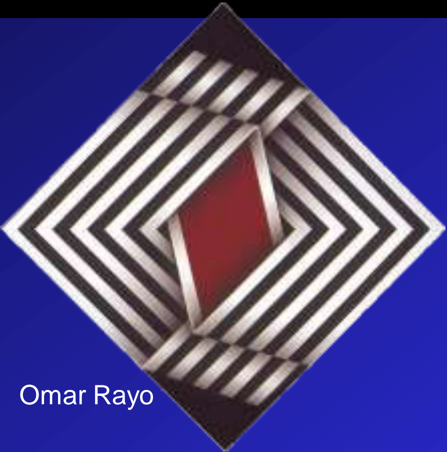
Prevención de la Transmisión Sexual: ¿Avanzamos o Retrocedemos?



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Contenido

- Epidemiología
- Avances
- Retrocesos
- Nuevos enfoques
- Conclusiones

Perinatal HIV Transmission: Number and Rate of HIV Infected Infants New York State, 1997* - 2007

Número de Recién Nacidos Infectados

120
100
80
60
40
20
0

Number of HIV Infected Infants

Rate: Percent of Exposed Infants who were Infected

12%
10%
8%
6%
4%
2%
0%

Tasa de Transmisión

1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007

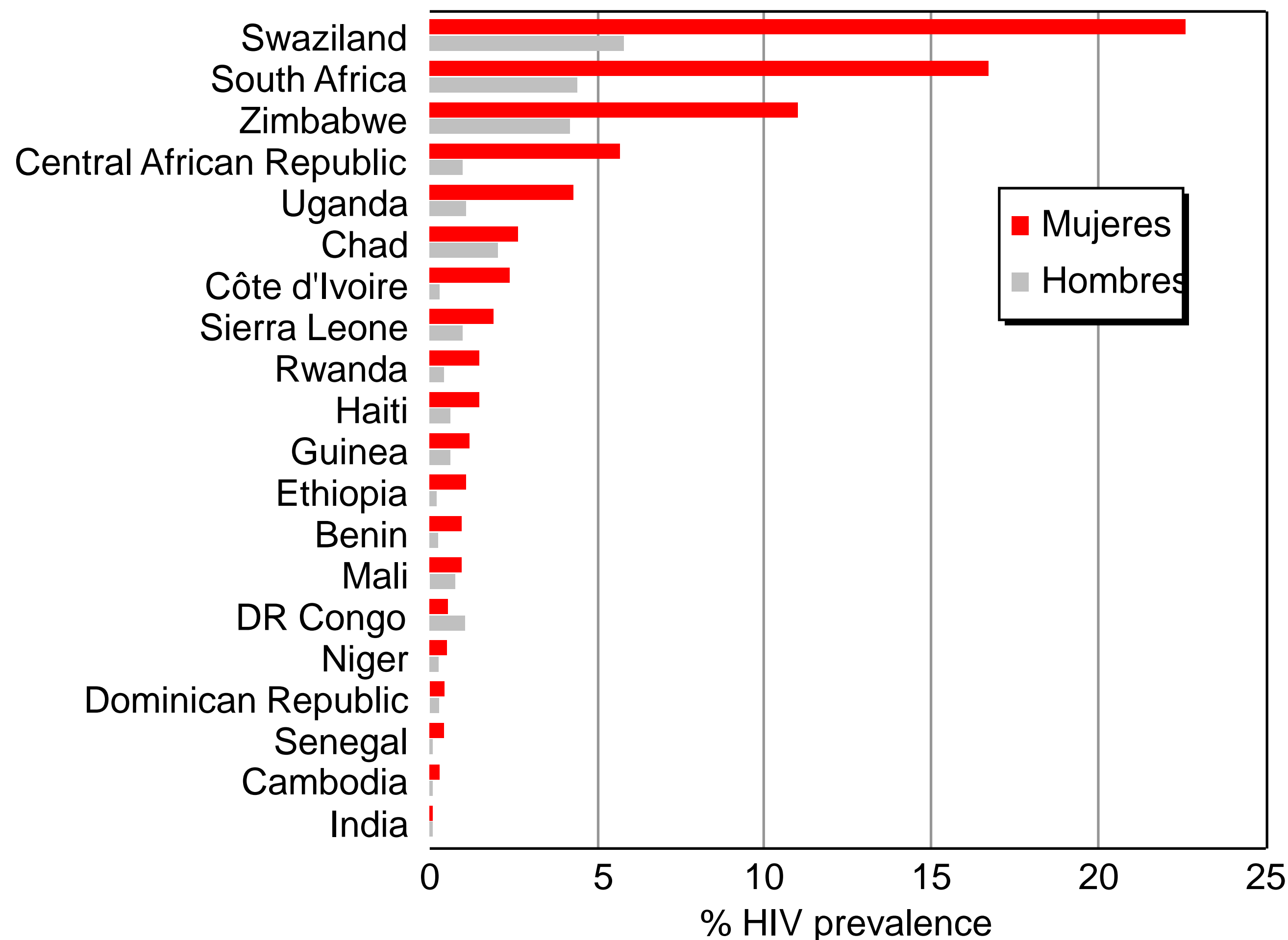
Year of Delivery

Reduction: 92%

*1997 data are February - December

NYSDOH/BHAE

VIH: Prevalencia (%) entre Personas 15–24 años, por sexo, algunos países, 2005–2007



Mecanismos de Transmisión, Colombia 1983-2003

HET HOM BIS PNT TRA UDI Otros

60% de los casos reportados incluían riesgo de transmisión.

De estos, **96%** reportaban mecanismo de transmisión sexual

Prieto, F. Veinte años del VIH en Colombia, 1983-2003. Inf Quinc Epidemiol Nac 2003;8(22):353-68

Epidemiología

- 32 millones de personas viviendo con VIH/SIDA
- Mujeres: ~ 50%
- HSH
- Transmisión sexual predominante

Epidemiología de Transmisión Sexual

- Tasa de transmisión
  - por relación sexual: 1/1000
  - parejas estables/largo plazo: 15-25%

- Factores de riesgo:
  - Carga viral
  - Ausencia de circuncisión
  - Úlceras genitales

Riesgo Relativo (RR) de Transmisión de VIH por Tipo de Acto Sexual

Acto Sexual	(RR) estimado
Fellatio insertivo	1
Fellatio receptivo	2
Sexo vaginal insertivo	10
Sexo vaginal receptivo	20
Sexo anal insertivo	13
Sexo anal receptivo	100

Varghese B et al. Reducing the Risk of Sexual HIV Transmission. Quantifying the Per-Act Risk for HIV on the Basis of Choice of Partner, Sex Act, and Condom Use. Sex Transm Dis 2002;29:38-43

Prevención de Transmisión Sexual: Cambios de Comportamiento

- Reducción del # de parejas sexuales
- Postergación en la edad de inicio de las relaciones sexuales
- Concurrencia vs monogamia seriada
- Uso de condones

Avances en la Prevención de la Transmisión Sexual

Uganda

B

- - - % HIV urban ANC age 15-19
—△— Condoms
—■— VCT cumulative
—●— VCT Annual

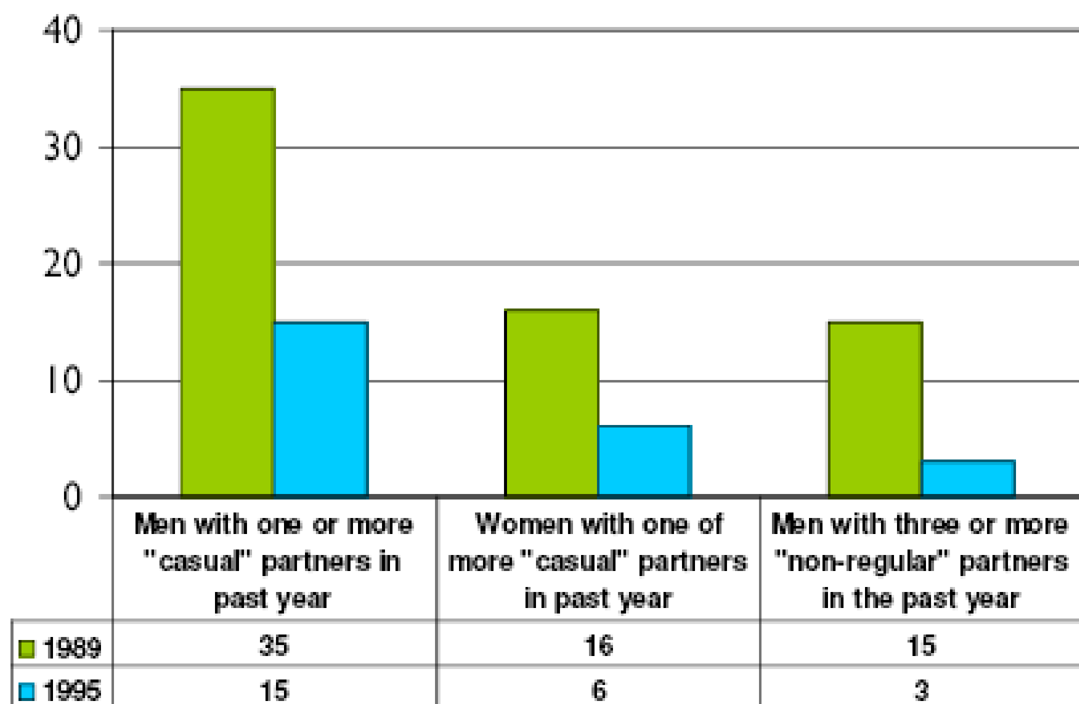
condoms distributed in millions & HIV prevalence (%)
25
20
15
10
5
0

persons receiving VCT
400,000
350,000
300,000
250,000
200,000
150,000
100,000
50,000
0

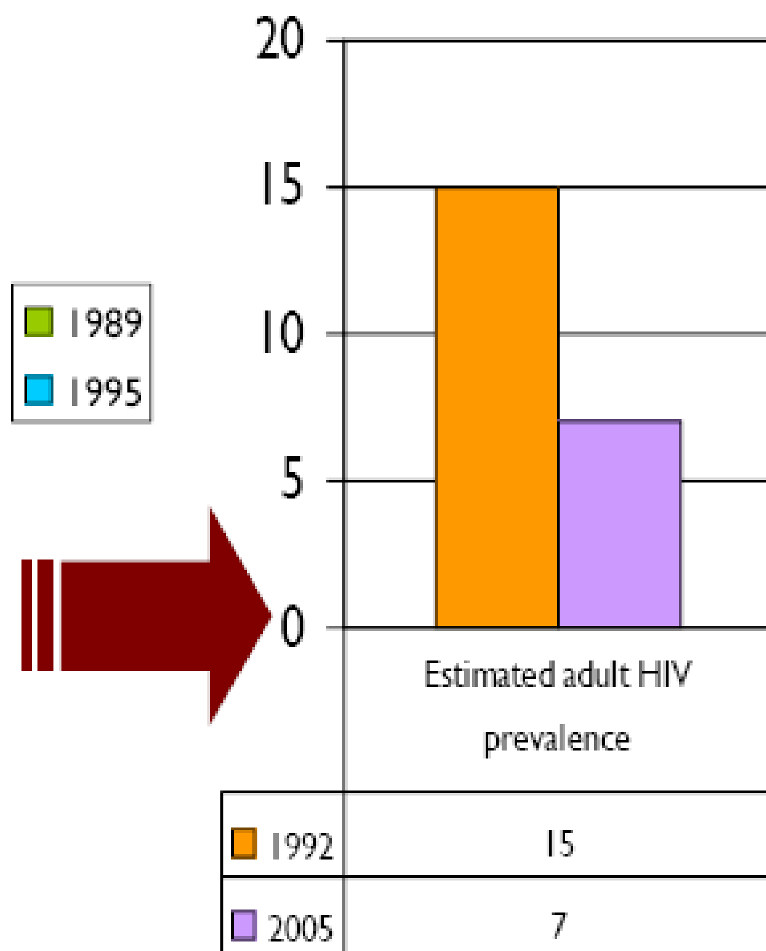
1990 1991 1992 1993 1994 1995 1996 1997 1998 1999

Merson MH, O'Malley J, Serwadda D, Apisuk C. The history and challenge of HIV prevention. *Lancet* 2008; 372: 475–88.

Behavioral & HIV Trends in Uganda



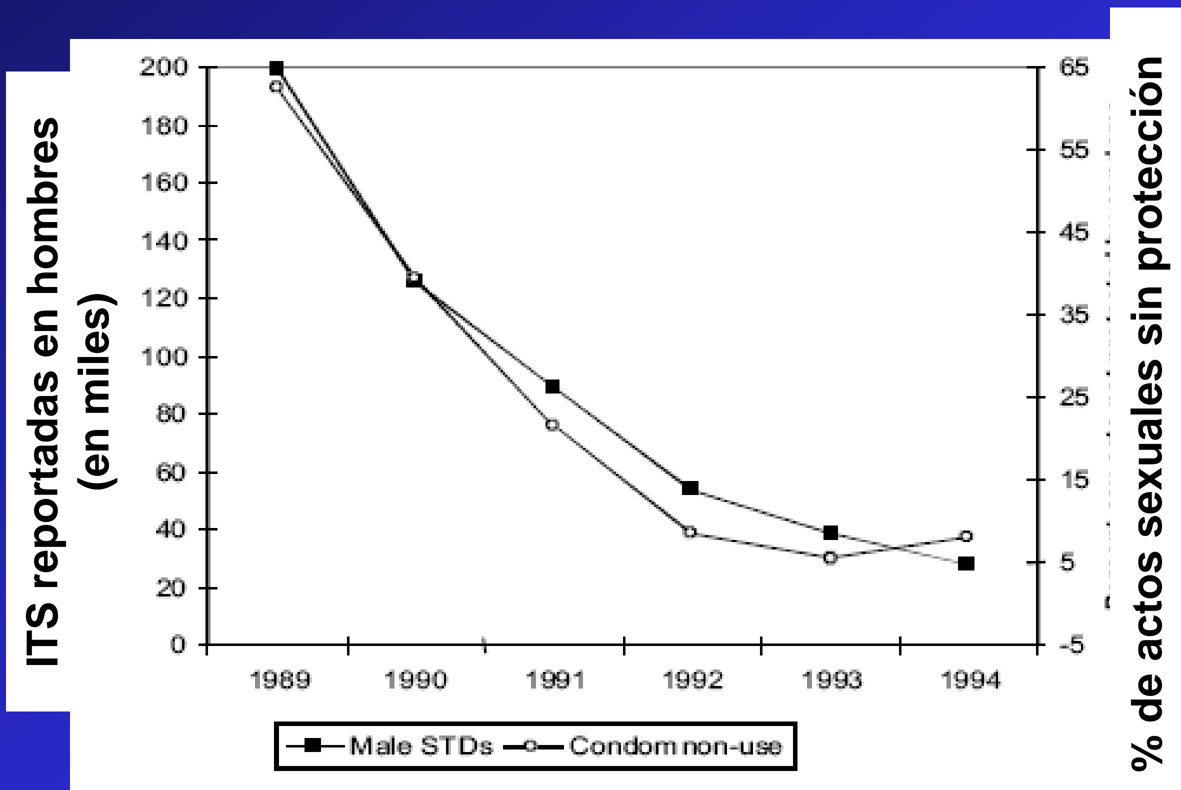
	Men with one or more "casual" partners in past year	Women with one of more "casual" partners in past year	Men with three or more "non-regular" partners in the past year
1989	35	16	15
1995	15	6	3



	Estimated adult HIV prevalence
1992	15
2005	7

Source: WHO/GPA surveys

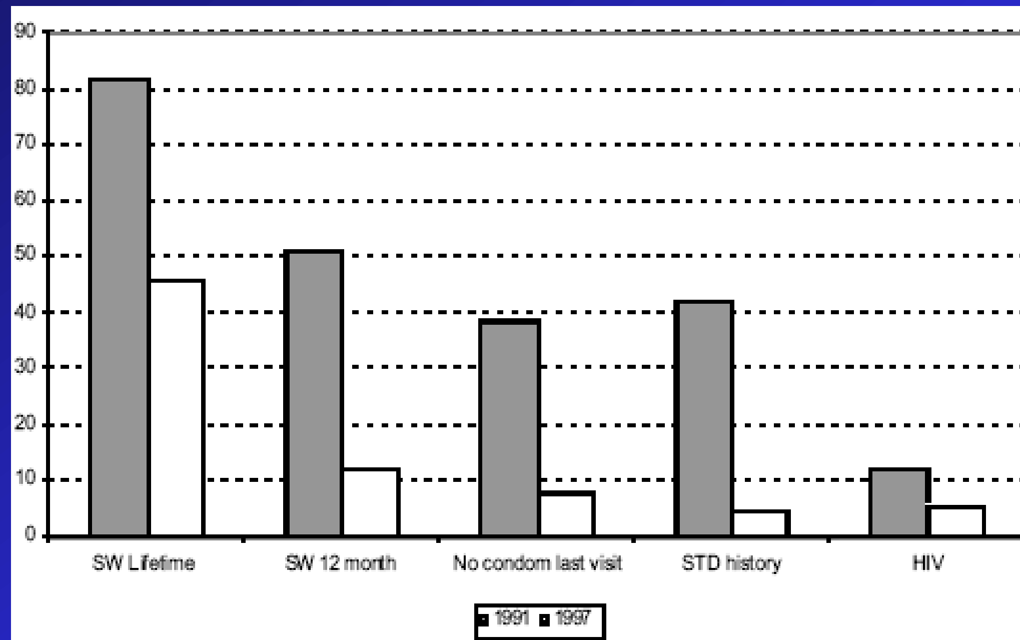
Aumento en Utilización de Condones y Reducción de ITS en Hombres, Tailandia, 1989-1994



Evaluation of the 100% Condom Program in Thailand. UNAIDS. Case Study. 2000

Cambios de Comportamiento, Historia de ITS y Prevalencia de VIH

Utilización de Condones en Visitas a Trabajadoras Sexuales, Cambios en Historia de ITS y Prevalencia VIH en Reclutas del Norte de Tailandia, 1991-1997



Evaluation of the 100% Condom Program in Thailand. UNAIDS. Case Study. 2000

Retrocesos

el mexicano

GRAN DIARIO REGIONAL

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¿Dónde estoy? › INICIO › NOTICIAS › INTERNACIONAL

Edición martes, 17 de marzo de 2009

Papa: El condón no es la respuesta en la lucha contra el sida

Internacional

(AP) Foto: AP

martes, 17 de marzo de 2009

YAOUNDE, Camerún.- El papa Benedicto XVI afirmó el martes en el avión que lo condujo a Africa que la distribución de condones no es la respuesta en la lucha contra el sida en ese continente, su primera declaración explícita sobre un tema que ha dividido incluso al clero que trabaja con las personas contagiadas de la enfermedad.

Benedicto XVI llegó a Yaounde, la capital de Camerún, el martes por la noche, donde saludó a una multitud de creyentes que ondeaban banderas y tomaban fotografías. La visita es su primera peregrinación como pontífice al continente africano.

"Al decir que los condones aumentan el problema del VIH/SIDA, el Papa ha distorsionado públicamente la evidencia científica para promover la doctrina Catolica sobre este tema".

The printed journal includes an image merely for illustration

Reuters

Redemption for the Pope?

The Vatican felt the heat from an unprecedented amount of international condemnation last week after Pope Benedict XVI made an outrageous and wildly inaccurate statement about HIV/AIDS. On his first visit to Africa, the Pope told journalists that the continent's fight against the disease is a problem that "cannot be overcome by the distribution of condoms: on the contrary, they increase it".

The Catholic Church's ethical opposition to birth control and support of marital fidelity and abstinence in HIV prevention is well known. But, by saying that condoms exacerbate the problem of HIV/AIDS, the Pope has publicly distorted scientific evidence to promote Catholic doctrine on this issue.

The international community was quick to condemn the comment. The governments of Germany, France, and Belgium released statements criticising the Pope's views. Julio Montaner, president of the International AIDS Society, called the comment "irresponsible and dangerous". UNAIDS, the UN Population Fund, and WHO released an updated position statement on HIV prevention and condoms, which said that "the male latex condom is the single, most efficient, available technology to reduce the sexual transmission of HIV". Amidst the fury, even the Vatican tried to alter the pontiff's wording. On the Holy See's website, the Vatican's head of media, Father Federico Lombari, quoted the Pope as having said that there was a "risk that condoms...might increase the problem".

Whether the Pope's error was due to ignorance or a deliberate attempt to manipulate science to support Catholic ideology is unclear. But the comment still stands and the Vatican's attempts to tweak the Pope's words, further tampering with the truth, is not the way forward. When any influential person, be it a religious or political leader, makes a false scientific statement that could be devastating to the health of millions of people, they should retract or correct the public record. Anything less from Pope Benedict would be an immense disservice to the public and health advocates, including many thousands of Catholics, who work tirelessly to try and prevent the spread of HIV/AIDS worldwide. ■ *The Lancet*

JAMA, November 28, 2007—Vol 298, No. 20

COMMENTARY

The Reemerging HIV/AIDS Epidemic in Men Who Have Sex With Men

Harold W. Jaffe, MD, MA, FFPH
Ronald O. Valdiserri, MD, MPH
Kevin M. De Cock, MD, FRCP, DTM&H

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%).[2-4] 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 are few, cultural stigma may be strong, and homosexuality may be illegal,[5,6] this article is limited to industrialized countries and focuses par-

sex partner, 21% reported having had unprotected anal intercourse during their most recent sexual contact with that partner.[9] In 2 population-based, random-digit-dial telephone surveys of MSM households in San Francisco, Osmond et al[10] found an increase in the proportion of men reporting unprotected anal intercourse with a partner of different or unknown serostatus from 9.3% in 1997 to 14.6% in 2002.

Why Is This Happening?

Using a back-calculation method, Brookmeyer[11] estimated that the first HIV infections among US MSM occurred around 1978. The incidence peaked in 1984 and then decreased during the rest of the decade. The decrease most likely resulted from the combined effects of saturation (many MSM at highest risk were already infected), death of core transmitters (infected men with very large numbers of sex partners), and behavioral changes.

At least some of these initial behavioral changes probably resulted from fear of acquiring this lethal new disease. Many MSM had already died, many more were sick, and no effective treatment existed. Both the gay media and leadership also actively promoted sexual risk reduction. Because

Número Ajustado de Diagnósticos Nuevos de VIH por Grupo de Riesgo, Reino Unido

MSM
Heterosexual contact
Blood product recipients
IDU
Mother-to-child transmission

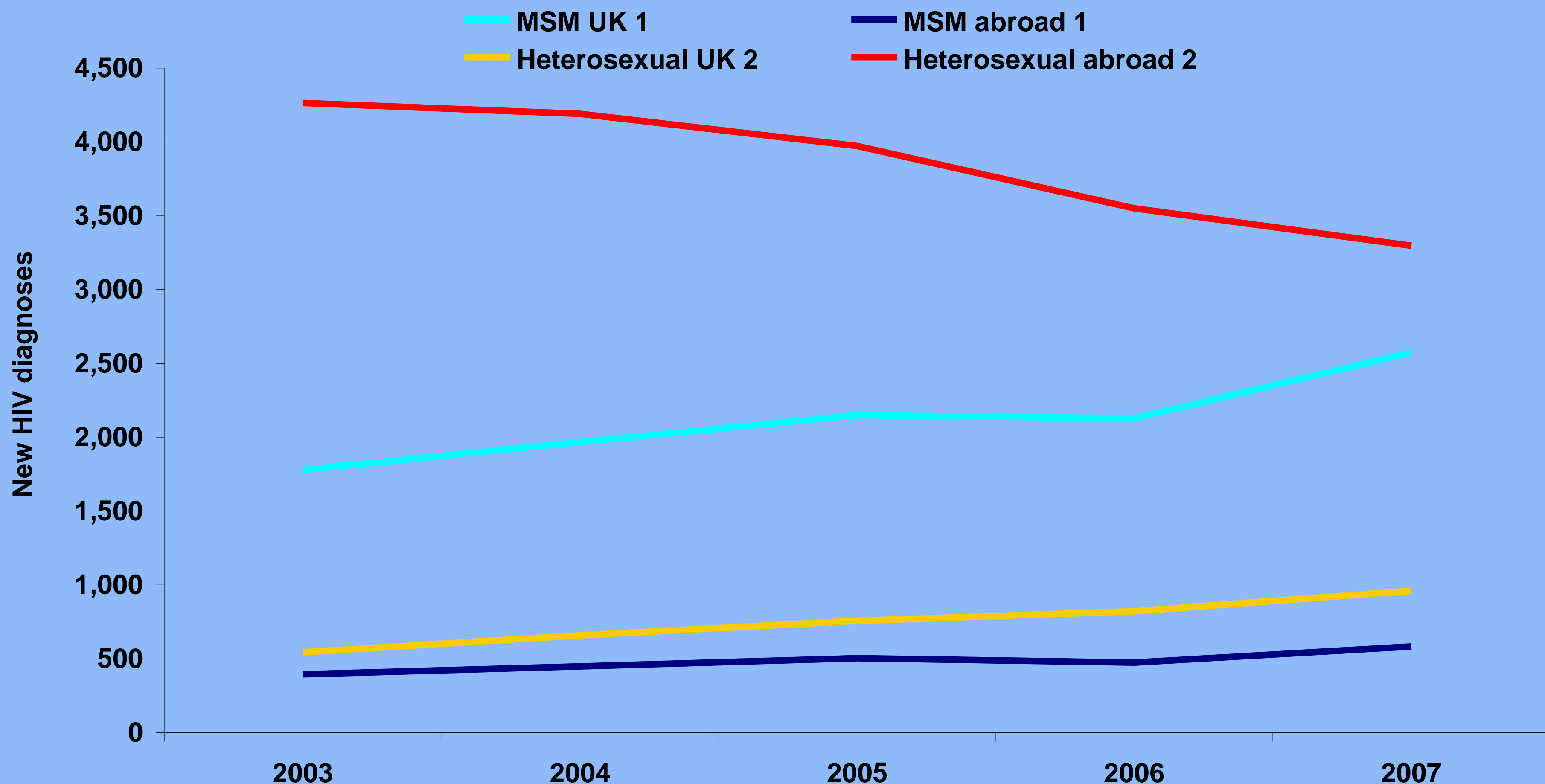
New HIV diagnoses

5,000
4,500
4,000
3,500
3,000
2,500
2,000
1,500
1,000
500
0

1998 1999 2000 2001 2002 2003 2004 2005 2006 2007

Proportional adjustment for missing information applied

Adjusted numbers of new HIV diagnoses by probable risk group and country of infection, UK



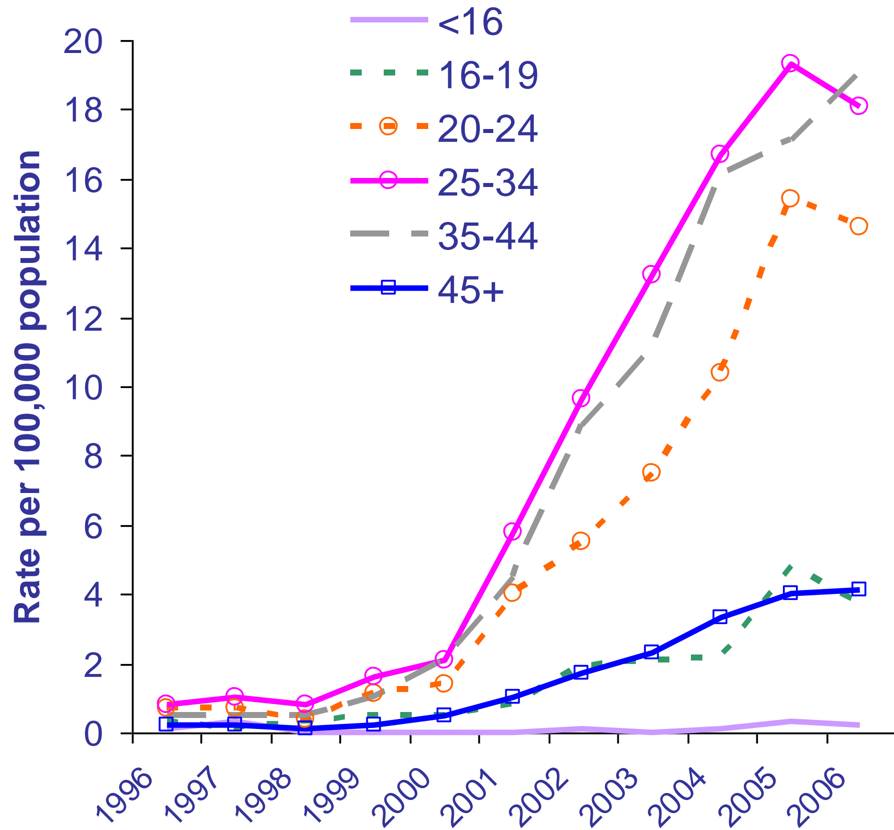
1 Proportional adjustment applied for missing information (both probable risk and country of infection)
2 Additional proportional adjustment applied to the UK acquired group for persons with evidence of sexual contact both in the UK and a country abroad where national HIV prevalence is estimated to be <1%

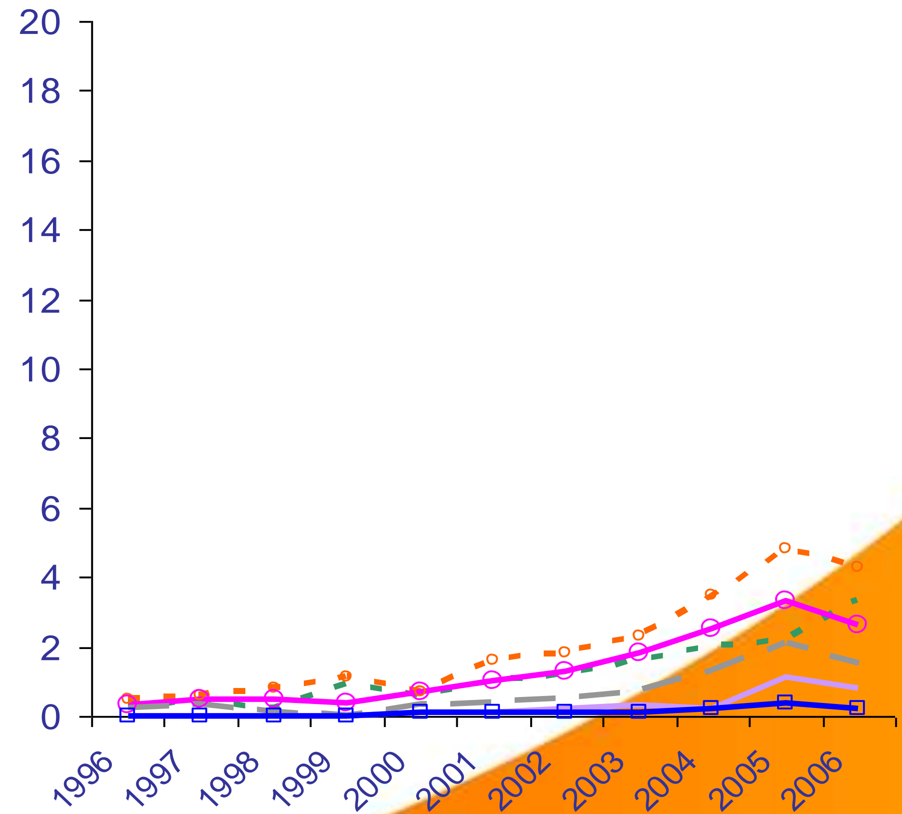
Number of new diagnoses of selected STIs, GUM clinics, United Kingdom: 2006

	2006	% change 2005-2006	% change 1997-2006
Chlamydia	**113,585**	**4%**	**166%**
Genital warts	**83,745**	**3%**	**22%**
Genital herpes	**21,698**	**9%**	**31%**
Gonorrhoea	**19,007**	**-1%**	**46%**
Syphilis	**2,766**	**-1%**	**1,607%**

Routine GUM clinic returns

Rates of diagnoses of infectious syphilis (primary & secondary) by sex and age group, GUM clinics, United Kingdom: 1997 - 2006





Routine GUM clinic returns

Number of diagnoses of infectious syphilis (primary and secondary) by sex and male sexual orientation, GUM clinics, United Kingdom: 1997 – 2006

Number of cases

1600
1400
1200
1000
800
600
400
200
0

Males (homosexually acquired)
Males (heterosexually acquired)
Females

1997 1998 1999 2000 2001 2002 2003 2004 2005 2006

Routine GUM clinic returns

Resumen

- 25 años tratando de prevenir una enfermedad fácilmente prevenible
- Miles de millones de dólares invertidos
- Nuevas infecciones en 2007: 2.7 millones
- ¿Qué ha pasado?
- Tres razones:
  - Intervenciones disponibles no son suficientemente efectivas
  - Pobre implementación
  - No se ha invertido suficiente

Oportunidades para la Prevención

No Expuesto	Expuesto (precoital/coital)	Expuesto (postcoital)	Infectado
Conductal, Estructural Circuncisión Condones	Vacunas TAR PrEP Microbicidas	Vacunas TAR PEP	Tratamiento del VIH para Reducir Infectividad
AÑOS	HORAS	72h	AÑOS

Cohen M. et al. Prevention of the sexual transmission of HIV-1: preparing for success. Journal of the International AIDS Society 2008, 11:4

PrEP: Estudios Actuales

STUDY/FUNDER	LOCATION	STRATEGY	POPULATION	STATUS	COMPLETION
CDC	United States	Oral tenofovir	400 men who have sex with men	Fully enrolled	2009
CDC	Thailand	Oral tenofovir	2,400 injectable-drug users	Enrolling participants	2009
CDC	Botswana (2 sites)	Oral Truvada	1,200 heterosexual men and women	Enrolling participants	2010
iPrEX Study/ NIH, BMGF	Peru, Ecuador, United States, other sites TBD	Oral Truvada	3,000 men who have sex with men	Enrolling participants	2010
Partners PrEP Study/BMGF	Kenya, Uganda	Oral tenofovir, oral Truvada	3,900 serodiscordant heterosexual couples	Enrolling participants	2012
FHI FEM-PrEP Study/USAID, BMGF	Kenya, Malawi, South Africa, Tanzania (6 sites)	Oral Truvada	3,900 higher-risk women	Planning/ expected start Q1, 2009	2012
MTN VOICE Study/ NIH	Southern Africa (sites to be determined)	Oral tenofovir, oral Truvada, vaginal tenofovir gel	4,200 sexually active women	Planning/ expected start Q1, 2009	2012

Abbreviations: BMGF—Bill & Melinda Gates Foundation; CDC—U. S. Centers for Disease Control and Prevention; FHI—Family Health International; iPrEX—Iniciativa Profilaxis Pre-Exposición; MTN—Microbicide Trials Network; NIH—U. S. National Institutes of Health; USAID—U. S. Agency for International Development.

Fuente: FEM-PrEP Trial Update. Issue #1. Jan. 2009

Microbicidas: Estado de la Investigación en 2008

Mas de 50 productos — **6 productos** — **3 productos** — **3 productos**

Pruebas de Laboratorio 2-6 Años	Fase I (seguridad) 1 a 6 meses	Fase II (seguridad) Hasta 2 años	Fase III (eficacia) 2 a 4 años
	25 – 40 personas	**200-400 personas**	**3,000-10,000 personas**

Estudios simultáneos en algunos casos: VIH+, seguridad del pene y del recto

10 ó más años

Fuente: Actualización del proceso de la Alianza, primera semana de cada mes - http://www.microbicide.org/publications

Sitios de ensayos clínicos en 2008

LAS AMERICAS:
- Estados Unidos: Fase I, II, IIB
- Puerto Rico: Fase I
- Republica Dominicana: Fase I

EUROPA
- Bélgica: Fase I

ASIA
- India: Fase II
- Tailandia: Fase I

ÁFRICA OCCIDENTAL:
- Camerún: Fase I, II

ÁFRICA SUBSAHARIANA:
- Kenia: Fase I
- Malawi: Fase II, IIB
- Ruanda: Fase I/II
- Sudáfrica: Fase I, IIB, III
- Tanzania: Fase I, I/II, III
- Uganda: Fase III
- Zambia: Fase IIB, III
- Zimbabwe: Fase I, II, IIB

Fuente: Alliance for Microbicide Development

Productos más adelantados

Producto Patrocina la prueba	**# mujeres a ser enroladas**	**Ubicación**	**Resultados preliminares esperados en**
Buffer Gel HPTN035-NIH	3,220 mujeres	Sudáfrica, Malawi, Tanzania, Zambia y Filadelfia	Abril 2009
Tenofovir gel (1%) Caprisa, CONRAD, USAID, FHI	1.250 mujeres	Sudáfrica	2010
PRO2000 (.5%) HPTN035-NIH	3,100 mujeres	Sudáfrica, Malawi, Zambia, Zimbabwe y Filadelfia	Abril 2009
PRO2000 (.5%) DFID, MRC	9,673 mujeres	Sudáfrica, Uganda, Zambia, Tanzania	Diciembre 2009

Fuente: ***Alliance for Microbicide Development***

HPTN 035

- Fase II/IIb: Seguridad y efectividad de PRO 2000 (0.5%) y BufferGel en prevenir transmisión de VIH de hombre a mujer

- Feb 05 - Sep 08 / 3.099 mujeres VIH– en Malawi, Sur Africa, Zambia, Zimbabwe y EE.UU.

- Distribución aleatoria
  1. BufferGel
  2. PRO 2000 gel
  3. Placebo gel
  4. No gel

Gel: aplicación 1 hora antes de rel. sex.

Karim SA et al. Safety and Effectiveness of Vaginal Microbicides BufferGel and 0.5% PRO 2000/5 Gel for the Prevention of HIV Infection in Women: Results of the HPTN 035 Trial. CROI 2009. Montreal. Abst. 48LB

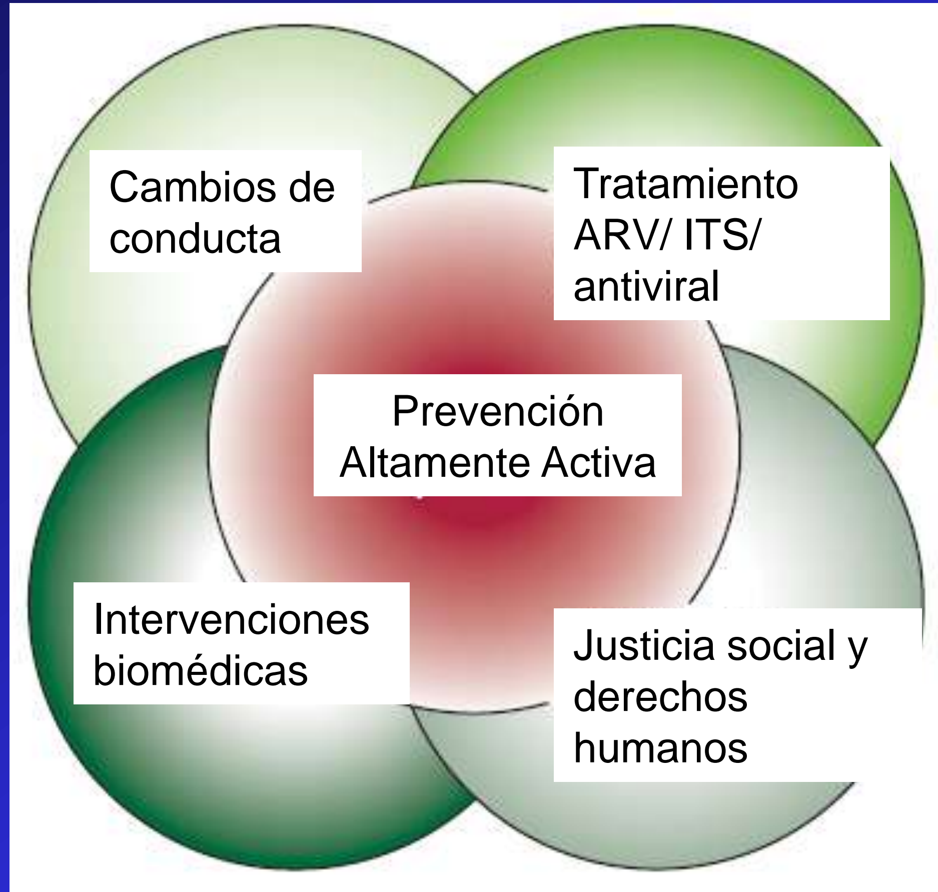
HPTN 035: Resultados

- PRO 2000 Gel: 30% efectivo en prevenir infección
- BufferGel: Ningún efecto preventivo
- Los 2 gels fueron seguros
- Primer ensayo clínico en demostrar que un gel vaginal puede prevenir infección por VIH

Karim SA et al. Safety and Effectiveness of Vaginal Microbicides BufferGel and 0.5% PRO 2000/5 Gel for the Prevention of HIV Infection in Women: Results of the HPTN 035 Trial. CROI 2009. Montreal. Abst. 48LB

Prevención Altamente Activa (Prevención Combinada)

Liderazgo y aumento de esfuerzos en prevención y tratamiento



Participación comunitaria

Coates, TJ et al. Behavioural strategies to reduce HIV transmission: how to make them work better. Lancet 2008; Published Online August 6, 2008 DOI:10.1016/S0140-6736(08)60886-7

CLUBE DA MULHER MADURA

Sexo não tem idade pra acabar. Proteção também não.

El sexo no tiene edad para acabar. La protección tampoco.

BLOCO DA MULHER MADURA

Use condones. Es cosa de mujer segura (protegida)

USE CAMISINHA. É COISA DE MULHER SEGURA.

Sexo não tem idade para acabar. Proteção também não.

A vida sexual continua depois dos 50. E toda mulher tem o direito de exercer sua sexualidade e de se cuidar. Por isso, a camisinha é tão fundamental. Ela protege você do vírus HIV e de muitas outras doenças. Use. Mostre que você tem postura.

www.saude.gov.br

DISQUE SAÚDE 0800 61 1997

Secretaria Especial de Políticas para as Mulheres

Ministério da Saúde

Conclusiones

- Con la disponibilidad de tratamiento efectivo, el reto de prevenir la transmisión sexual de VIH se ha aumentado
- En ausencia de una vacuna,
  - la prevención de la transmisión sexual del VIH requiere nuevos enfoques y nuevas herramientas
  - Múltiples intervenciones, enfoque multisectorial
- Dados los estudios en curso, se anticipan nuevos hallazgos/evidencias en los próximos años

VIAGRA