Treating genital HSV in coinfected women showed promising results in Thai, South African trials.

BY TIMOTHY F. KIRN
Sacramento Bureau

LOS ANGELES — Treating genital herpes simplex virus type 2, 60% less vaginal shedding compared with placebo-control women; and a 43% reduction in plasma HSV levels, said Dr. Sinead Delany-Moretlwe, director of research for the reproductive health and HIV research unit at the University of the Witwatersrand, Johannesburg, South Africa. Neither study was without some equivocal results that tempered the investigators' overall assessment of the findings, but both investigators nevertheless concluded that their trial showed benefit. Both also noted that although their studies were short, they were optimistic that longer trials, currently underway, will confirm that HSV suppressive therapy and actual HIV transmission would find that such therapy reduced transmission. Each trial lasted only 3 months. The Thailand study analyzed data from 67 women coinfected with HSV and HIV. The women were assigned into one of two groups. One group was treated for 1 month with acyclovir 800 mg twice daily, and the other served as a control. After a 1-month washout with no drugs, the groups were switched.

Overall, 34% of the women had no vaginal HIV shedding at baseline and so had no change through the trial. However, 35% of the subjects did have a significant reduction in HIV shedding while on acyclovir. And there was a 2.8-fold drop in HIV load in vaginal lavage samples, which was statistically significant, though the mean 0.4-log drop in viral load is not far above the 0.3 sensitivity limit of HIV viral load testing.

Dr. Delany-Moretlwe added that most of the women had never had herpes symptoms, and their HIV was in such an early stage that it was not being treated. And, she said, the treatment might have a more profound effect on people with more advanced disease. "You might expect the impact would be greater in a group with immunosuppression or a group with symptomatic herpes," she said.

"We are hopeful that this study foreshadows positive results from the ongoing trials that are evaluating the effect of suppressive therapy of HSV on transmission of HIV," she added.

The South African study had 169 women treated with acyclovir (200 mg twice daily) or placebo for 3 months. Like the patients in the other study, they were HIV positive and not on antiretroviral therapy.

The study found no statistically significant drop in the vaginal HIV viral load. But it did find a 2.4-fold decline in mean viral plasma load relative to placebo, and a larger percentage of the treated patients found not to be shedding HIV at all visits. Of the treated women, 23% were found to be shedding at fewer than half of the weekly visits compared to 17% of the placebo-control women.

By the third month, HSV shedding had been reduced by 63% in the treated patients compared with the placebo group. "We believe this warrants further investigation over a longer follow-up," Dr. Delany-Moretlwe said.

New Diagnostic Tests, Treatment Noted for Vaginal Trichomoniais

BY ROBERT FINN
San Francisco Bureau

SAN FRANCISCO — Trichomoniais is the cause of about 20% of vaginitis complaints, and there are two new diagnostic tests and one new treatment available for this disorder. Dr. Jeanne Marrazzo said at a conference on contraceptive technology sponsored by Contemporary Forums.

The wet prep remains a valuable diagnostic tool, and metronidazole remains an entirely acceptable treatment, but Dr. Marrazzo, of the University of Washington, Seattle, said that the newer diagnostic techniques are "woefully underused," and that trichomonea has a number of advantages as a treatment. Accurate diagnosis is critical because, "Although we think of this as causing a purulent vagi- nal discharge, often malodor- ous, many if not most women with trichomoniasis are asymptomatic," Dr. Marrazzo said. And a woman may have tri- chomoniass even if she hasn't had sex in many months or years. The organism can remain and be seen during a period of antibiotic use or changing hormonal status.

Although Trichomoniais can usually be seen in a wet prep, the detection rate increases with practice. It's important to look at the wet prep very closely; 20% of the organisms disappear within 10 minutes, and they're all gone within a half-hour. The most common alternative is the BD Af- firm VPIII Microbial Identification Test from Becton, Dickinson and Co. Based on nucleic acid hybridization technology, BD Affirm tests for the presence of Trichomonas, Gardnerella, and Candida species. Results take about 45 minutes. But there are two quicker alternatives. The XenoStrip-T vaginalis test from Xentop Diagnostics Inc., and the OSOM Trichomonas Rapid Test from Genzyme Corp both use dipstick technology and return results in about 10 minutes. Compared with wet mounts, these tests have a sensitivity of 67%-83% and a specificity of 98%-100%.

Until recently, metronidazole, either as a single-dose (2 g) or as an oral regimen, was the only treatment for trichomoniasis. Recently, however, single-dose tinidazole (2 g as well) has been added to the treatment guidelines for trichomoniais, giardia- sis, and amoebiasis.

Tinidazole has a better safety and side-effect profile, and women experience much less of the nausea and vomiting com- monly seen with metronidazole. For the same reason, the MV A can help physicians complete the procedure more rapidly, Dr. Hopkins said. Although some believe that the vacuum aspirator is an important but often neglected tool for preg- nancy terminations, Dr. Frederick W. Hopkins said at a conference on contraceptive technology sponsored by Contemporary Forums.

"We've done a lot of educating about how gentle and brief early surgical abortion is. And the manual vacuum aspirator can be very well utilized in the emergency room [with] women who are having miscarriages," he added. "It can help avoid a trip to the operating room." In the developing world, this instrument is saving women's lives," he said.

There's little practical difference between the electric vacuum aspira- tor (EVA) and the manual vacuum aspirator (MVA). The only differ- ence is the source of the vacuum. One advantage of the EVA is that it provides a limitless source of suction. The suction in the MVA needs to be recharged occasionally.

On acyclovir, 55% of the subjects had a significant reduction in HIV shedding, and there was a 2.8-fold drop in HIV load in vaginal lavage samples.

Herpes Treatment May Stem HIV Transmission

Monitoring during their treatment, said Dr. Eileen Dunne, of their program Sexually Transmitted Diseases Prevention of the CDC.

In a study from South Africa, treated women had a reduction in herpes simplex virus with acyclovir dimin- ishing vaginal shedding and plasma HIV levels in women coinfected with HSV and HIV, which suggests that treating her- pes could have a role in reducing HIV transmission, according to two studies presented at the 14th Conference on Retroviruses and Opportunistic Infections. A study conducted in Thailand by the U.S. Centers for Disease Control and Prevention found that 19% of treated women had a significant reduction in vaginal viral shedding during their treatment, said Dr. Eileen Dunne, of their program Sexually Transmitted Diseases Prevention of the CDC.

The Thailand study analyzed data from 67 women coinfected with HSV and HIV. The women were assigned into one of two groups. One group was treated for 1 month with acyclovir 800 mg twice daily, and the other served as a control. After a 1-month washout with no drugs, the groups were switched.

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Dr. Dunne noted, however, that most of the women had never had herpes symptoms, and their HIV was in such an early stage that it was not being treated. And, she said, the treat- ment might have a more profound effect on people with more advanced disease. "You might expect the impact would be greater in a group with immunosuppression or a group with symptomatic herpes," she said.

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By the third month, HSV shedding had been reduced by 63% in the treated patients compared with the placebo group. “We believe this warrants further in- vestigation over a longer follow-up,” Dr. Delany-Morettwe said.