

# Condom Use Curbs Duration of HPV Infection

BY TIMOTHY F. KIRN  
Sacramento Bureau

LOS ANGELES — Condom use does matter in human papillomavirus infections, because it is associated with a shorter persistence of infection in females, according to a study of 57 sexually active female adolescents.

The study, which followed the adolescents for an average of 2.2 years, found that in those who reported the least-frequent condom use, the mean duration of an HPV infection was 251 days, compared with a mean duration of 138 days for those reporting the most, Marcia L. Shew, M.D., said at the annual meeting of the Society for Adolescent Medicine.

Noting that a recent National Institutes of Health report concluded that previous studies have not provided good enough evidence to know whether condom use prevents or influences HPV infection and transmission, Dr. Shew said, "We were so excited when we found out that condoms had a role, and it makes sense because condom use has clearly been shown to be associated with more frequent regression in cervical intraepithelial neoplasia."

The study, which, in addition to the weekly vaginal swabs collected by the subjects, looked at cervical swabs collected by the investigators every 3 months, found that 49 of the 57 subjects got at least one infection during the average 2.2 years, for a cumulative incidence of 86%, said Dr.

Shew of Indiana University, Indianapolis.

Among them, there were 241 individual infections, or about 5 per individual. Of those infections, 168 were of a high-risk, oncogenic type of papillomavirus, and 73 were of a low-risk type. The types most frequently detected were 52 and 16, both high-risk types, and 66, a low-risk type.

Factors associated with longer duration included: oncogenic type, coinfection with chlamydia, a greater number of sexual partners, and less condom use.

Analysis indicated that the mean duration of infection with an oncogenic type papillomavirus was 226 days vs. a mean 159 days for the infections with nononcogenic types. Mean duration of infection in those cases that occurred with a concur-

rent chlamydia infection was 333 days vs. 96 days. And the average duration of an infection in an individual with multiple sexual partners was 436 days, vs. 96 days in those individuals who had only one or no partners during the infection.

Some of the possibilities that might explain why condom use results in shorter infections include the fact that someone who is having repeated sex with an infected individual might be exposed to a higher viral load, or even that semen is proinflammatory, and that somehow contributes, Dr. Shew said.

"We feel these findings have substantial clinical and public health significance, and clearly may help to reduce viral transmission," she added. ■

# Newly Diagnosed HIV+ Women Skip Pap, Despite Higher Risk

BY JANE SALODOF MACNEIL  
Southwest Bureau

LOS ANGELES — Many women do not go for recommended Pap testing after being diagnosed with the human immunodeficiency virus, despite being at elevated risk for cervical cancer.

Chart reviews of 428 women at an urban HIV clinic found 48% had Pap tests within a year of enrollment at the clinic. Yet the clinic's physicians had referred all the women for testing, many of them repeatedly, Laurie C. Zephyrin, M.D., reported at the annual meeting of the Society for Gynecologic Investigation.

"Those women who had other social factors or who tended to be sicker tended not to have their Pap tests. But they were referred. The primary care physicians were definitely doing their job in referring patients," said Dr. Zephyrin of the department of obstetrics and gynecology at Johns Hopkins University in Baltimore.

Guidelines call for Pap testing every 6 months in the first year after diagnosis with HIV, and once annually thereafter, according to Dr. Zephyrin. With so many women not being screened in the first year, she called for simplifying the health care de-

livery system to make tests more accessible at primary care sites. "I really think there needs to be a reorganization of how we deliver care, particularly to women with conditions such as HIV," she said.

Dr. Zephyrin and her coinvestigators followed women who enrolled in a large urban HIV clinic affiliated with Johns Hopkins from January 1998 to November 2002. The population was predominantly African American and low income with a median age of 38. More than a third, or 36%, were intravenous drug users.

One in four patients had normal CD4 counts of at least 500. Dr. Zephyrin said more than 30% had "a diagnosis consistent with AIDS," as reflected in CD4 counts below 200. About three-fourths of the women, 74%, were on highly active antiretroviral therapy (HAART).

The proportion that had a Pap test increased with time spent in the program. Nearly two-thirds, 63%, were screened within 2 years and 75% were screened within 3 years. By the end of 6 years, 87% had at least one Pap test.

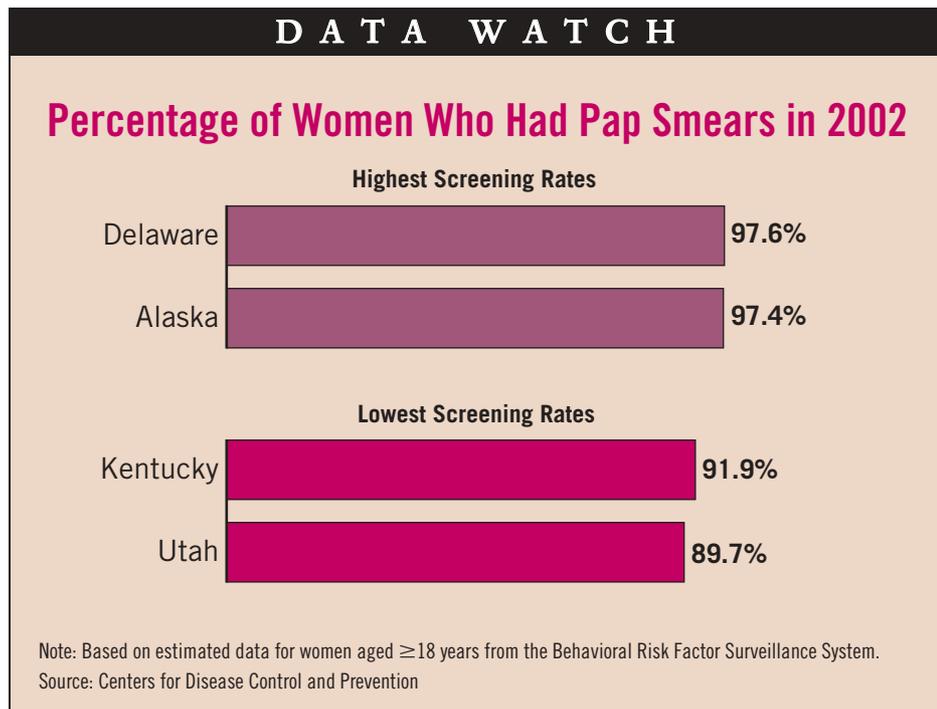
In the first year, black women were 37% more likely to have a Pap test and women on HAART were 38% more likely, compared with their nonblack and non-

HAART counterparts. Dr. Zephyrin speculated that the patients on HAART were in the clinic more often and might have been more compliant.

Compared with women with normal CD4 counts, women with counts of 200-500 were 39% less likely to have a Pap test

during the first year. Similarly, intravenous drug users were 32% less likely than were those who were not users.

Dr. Zephyrin said while 61% of Pap tests were normal, women diagnosed with AIDS were four times more likely to have an abnormal test result in the first year. ■



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