

The Washington Post

[Back to previous page](#)

Two studies show that drugs used to treat AIDS can be used to prevent HIV infection, too

By [David Brown](#), Updated: Wednesday, July 13, 5:01 AM

Two new studies done in three African countries have shown for the first time that AIDS drugs taken daily can cut by more than half a person's chance of becoming infected with HIV through heterosexual intercourse.

The results, announced early Wednesday, provide more evidence that the drugs responsible for saving the lives of millions of HIV-infected people over the last 15 years may also be the most useful tool for preventing new infections.

In the last 12 months, other research has shown that antiretroviral drugs in either pills or vaginal gels can help prevent infection in specific groups — women and male homosexuals. The new studies show the strategy also works in the broad population of heterosexual men and women in Africa, the group by far most affected by the 30-year-old pandemic.

The standard treatment of HIV infection is three or more antiretroviral drugs taken daily for life once the virus has begun to measurably damage the immune system. When used for "pre-exposure prophylaxis" (PrEP) one or two drugs are taken daily.

One of the new studies, conducted in Kenya and Uganda, was stopped a year and a half early because the results were so dramatic. The other, run in Botswana, ended on schedule in the spring. Researchers planned to describe its results at a meeting in Rome next week but moved the announcement up.

The news adds urgency to efforts to provide vast quantities of antiretroviral drugs to the developing world. Today, 6.6 million people there are taking the medicines for infections they have. Someday, a greater number may take them to avert infection. Worldwide, about 34 million people are living with HIV. Two-thirds are in sub-Saharan Africa.

"These results are fundamentally important for HIV prevention, especially in Africa," said Jared Baeten, a physician at the University of Washington who co-directed the study in Kenya and Uganda.

"Our biggest challenge now is how do we move from research to getting things out to the general public where they're most needed," said Lynn Paxton, an epidemiologist at the Centers for Disease Control and Prevention who led the Botswana study.

In the University of Washington study, called "Partners PrEP," 4,758 couples were recruited from nine locations starting in July 2008. In each couple one person was infected with HIV and the other wasn't.

The uninfected partners were randomly assigned to take a drug called tenofovir; or tenofovir and another drug, emtricitabine, which is a combination sold under the trade name Truvada; or placebo. Everyone was counseled on how to avoid infection and was provided condoms.

Through the end of May there'd been 47 infections in people assigned placebo, but only 18 in those taking tenofovir (a 62 percent reduction) and 13 in those taking Truvada (73 percent fewer).

Both women and men were equally protected. The rate of serious side effects was similar in the three arms of the study, although the researchers did not provide details about complications in their announcement.

In the Botswana study, 1,219 men and women were enrolled and assigned to take either Truvada or placebo. Nine taking Truvada became infected compared to 24 taking placebo—a 63 percent reduction in those on the active drug. People taking Truvada had a greater frequency of side effects such as nausea and dizziness.

While the results of the two studies were similar, they differed greatly from one called FEM-PrEP reported earlier this year. In it, 2,000 women in Kenya, Zimbabwe and South Africa took Truvada or placebo, and Truvada provided no protection. The researchers are trying to figure out why.

Baeten believes a big reason his experiment showed promising results is that the subjects took their pills 97 percent of the time. (In the CDC study in Botswana, people took them 84 percent of the time). He speculated that FEM-PrEP failed to show protection because its participants simply skipped too many doses.



Ready to Rebuild Your Retirement?

If you have a \$500,000 portfolio, download the guide by *Forbes* columnist and money manager Ken Fisher's firm. It's called "The 15-Minute Retirement Plan." Even if you have something else in place right now, it still makes sense to request your guide!

 [Click here to download](#)

FISHER INVESTMENTS™

“I think adherence is the biggest driver of the difference between our study and theirs,” he said.

The Botswana study cost \$31 million, all paid by the U.S. government. The study in Kenya and Uganda had a budget of \$63 million provided by the Bill and Melinda Gates Foundation, but all that money was not used because the experiment closed early.

The drugs used in the studies are made by the California biotech company, Gilead Sciences, which donated them for the research.

Last week, Gilead signed an agreement with a Geneva-based organization called the Medicines Patent Pool that will allow generic pharmaceutical companies in India to make cheap versions of tenofovir and emtricitabine for use in 111 low- and middle-income countries even though the drug is still covered by patents in the United States.

Sponsored Links

Hot Stock Pick - OBJE

New Issue, Obscene Jeans Inc Explosive Investment Potential
www.ObsceneJeans.com

Staples® - Weekly Ad:

Back to School: 50% Back in Rewards on Backpacks and \$1 Paper Ream after Easy Rebate
www.staples.com/backtoschool

President Lowers Rates

Mortgage Rates Hit 2.75%. As Seen On Good Morning America!
www.SeeRefinanceRates.com

[Buy a link here](#)

© The Washington Post Company