

## HEALTH

## Ugandan researchers find cheap drug to prevent infant HIV

Jim Lobe

*Special to Sentinel-Voice*  
WASHINGTON (IPS)— In a major advance in the fight against AIDS, U.S. and Ugandan researchers have developed an inexpensive new drug regimen that effectively prevents the virus that causes the disease from being transmitted between mother and child.

If the interim results of the new treatment hold out in subsequent tests, the therapy could prevent hundreds of thousands of HIV infections in infants in some of the poorest countries of the world, according to public-health experts here.

The treatment, including only two doses of the drug Nevirapine, costs less than \$4 per child—about 70 times less expensive than the standard AIDS-prevention drug, Zidovudine (AZT), according to the U.S. National Institutes of Health, which funded the study.

"These new drugs will have a profound impact in the developing world," said Daniel Zingale, executive director of AIDS Action, an independent group here which lobbies the government and pharmaceutical companies to increase AIDS prevention research and reduce costs for anti-AIDS drugs.

AIDS has spread especially quickly among women of childbearing age, according to recent reports. In parts of Africa, up to 30 percent of pregnant women are infected with HIV and 25 percent to 35 percent of their infants will be born with the infection.

UNAIDS estimated that approximately 1,800 HIV-infected babies were born every day in the world's poor nations and 1.2 million

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children under the age of 15 were living with the disease at the end of 1998. Almost all HIV-infected children were believed to have acquired the virus from their mothers before or during birth or through breastfeeding.

Until now, very little—if anything—could be done to prevent most infections in a way that was affordable to most poor mothers in developing countries. The AZT regimen, widely available in middle-income developing countries, carried a price tag of some \$270, roughly equivalent to the annual per capita income in Mali and many other poor African nations.

The study, which was conducted by researchers at the Johns Hopkins University School of Medicine and the University of Washington School of Public Health in the United States and Uganda's Makerere University of Medicine, began two years ago at Makerere's Mulago Hospital.

Women in their ninth month of pregnancy were organized in two groups. Members of the first group were required to take a 200-mg dose of oral Nevirapine at the onset of labor, followed by another dose administered to their babies within three days of birth. Women in the second group took standard doses of AZT during labor, followed by additional doses given to the newborn twice daily for the first week of life.

To researchers' surprise, Nevirapine was markedly more effective. At 14 to 16 weeks of age, 13.1 percent of infants who received the drug were infected with HIV, compared with 25.1 percent of those in the AZT group.

If implemented widely, the new therapy potentially could prevent some 300,000 to 400,000 newborns each year from beginning life infected with HIV, according to the NIH.

Some experts counseled patience, however, Peter Piot, head of the United Nations AIDS program in Geneva, called the study a "major gain" but noted that it will take time before the therapy can be used on a large scale in developing countries.

Because drug therapy is only one part of a complex effort to prevent HIV, Zingale noted, pilot programs must first be developed. The breakthrough comes at a critical moment in the global fight against AIDS. The disease has become the fourth-leading cause of death in the world and the number one killer in Africa, according to the World Health Organization.

The last great advance in the fight against AIDS came three years ago when researchers disclosed that combinations of new drugs, called protease inhibitors, had allowed many people infected with HIV to lead relatively normal lives. But, the

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## Doctors failing to ask about domestic violence

LOS ANGELES (AP) — Doctors are failing to find victims of domestic violence by not asking all their patients about abuse during routine office visits, according to a new study. About 10 percent of 400 primary care physicians surveyed in California said they would inquire about abuse during routine exams. By comparison, 79 percent said they would ask if the patient showed signs of injury.

"That's reason to be concerned, especially in the context of knowing that physical violence occurs in 4 (million) to 6 million relationships each year," said the study's lead author, Michael Rodriguez of the University of California, San Francisco Medical Center.

Rodriguez based his estimate of the scope of domestic violence on two national studies, one conducted by the University of Rhode Island and the other by the Commonwealth Fund Survey.

The study was reported in the latest issue of the Journal of the American Medical Association. Since 1993, the AMA has encouraged physicians to ask all patients about their exposure to domestic violence.

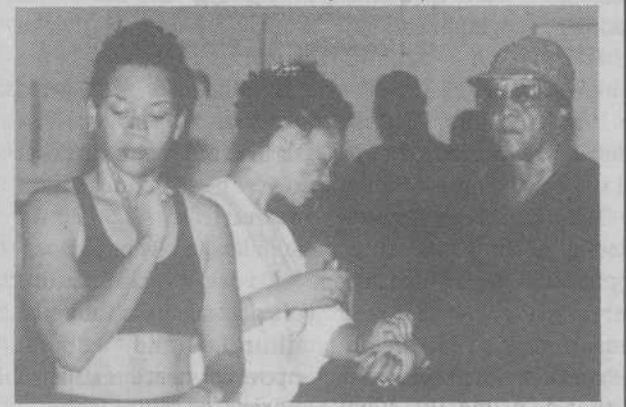
"Overall, the most important thing to emerge from this is that routine screening is still woefully uncommon in the primary care settings," said Patricia Salber, president of Physicians for a Violence Free Society and a former emergency room doctor.



### LET'S GET PHYSICAL

(Above) Moche Lee, co-host of BET's weekly series *Heart and Soul*, leads participants in an exercise routine during the National Medical Association's annual meeting at the Hilton Hotel in Las Vegas, NV.

Sentinel-Voice photos by Ramon Savoy



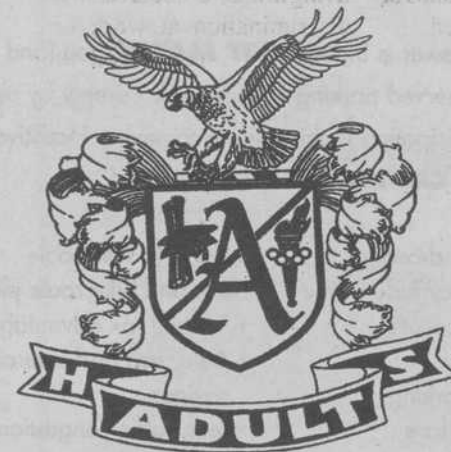
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