

# **Sexual transmission of HIV: a heterogeneous event**

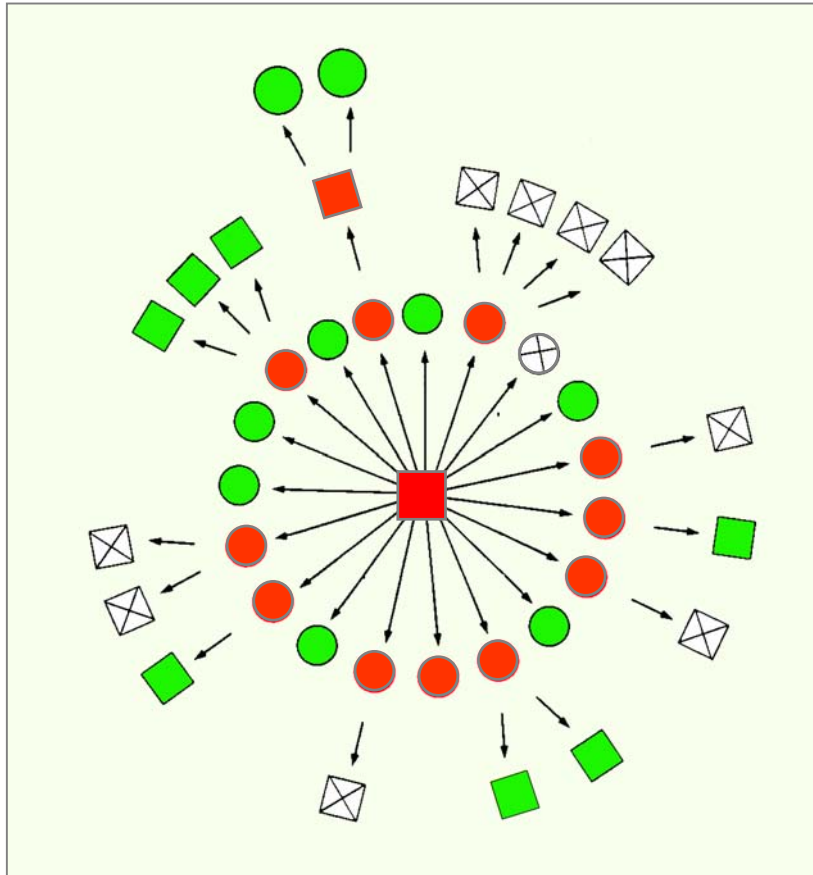
**Deutsch-Österreichischer AIDS Kongress**

**Wien 1.-4. June 2005**

**Pietro L. Vernazza, Infectious Diseases, KSSG**

**St. Gallen, Switzerland**

# Heterosexual Transmission

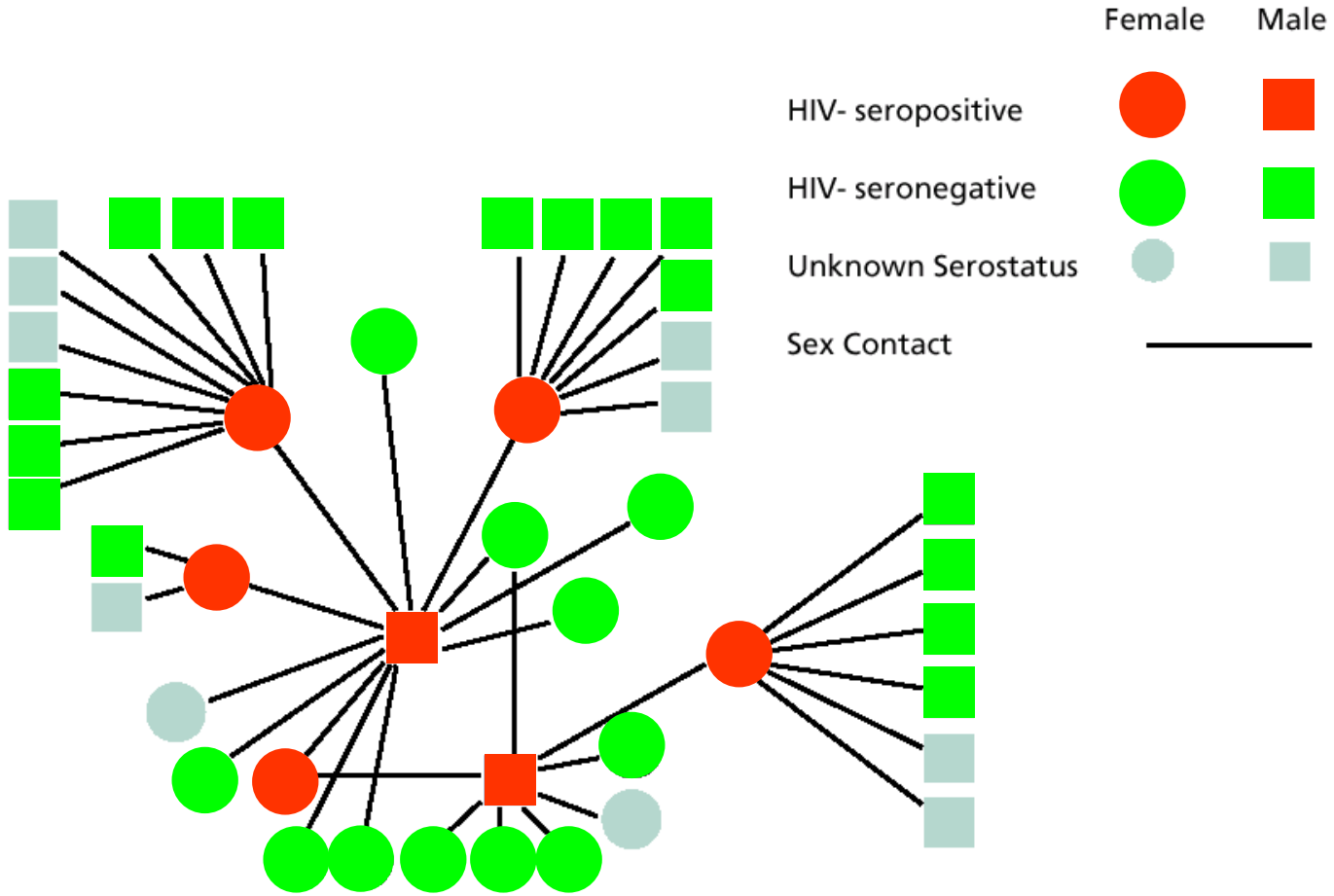


● ♀ HIV-pos.

■ ♂ HIV-neg.

Clumeck N, et al, NEJM, 1989;321:1460

# Sexual network and HIV



MMWR, 2000;49:861-864

# Transmission risk per sex contact

## Partner studies

## Anonymous contact

♀ → ♂ 1- 9% partner pos.  
**<0.3% per contact**

**3.1% - 8.2%**

♂ → ♀ 9-18% partner pos  
**0.3% per contact**

Padian, JAMA 1987  
De Vincenzi, NEJM 1994  
Nicolosi, Epidemiology 1994

Mastro, AIDS 1994  
Cameron, Lancet 1989

# Risk after single sexual exposure

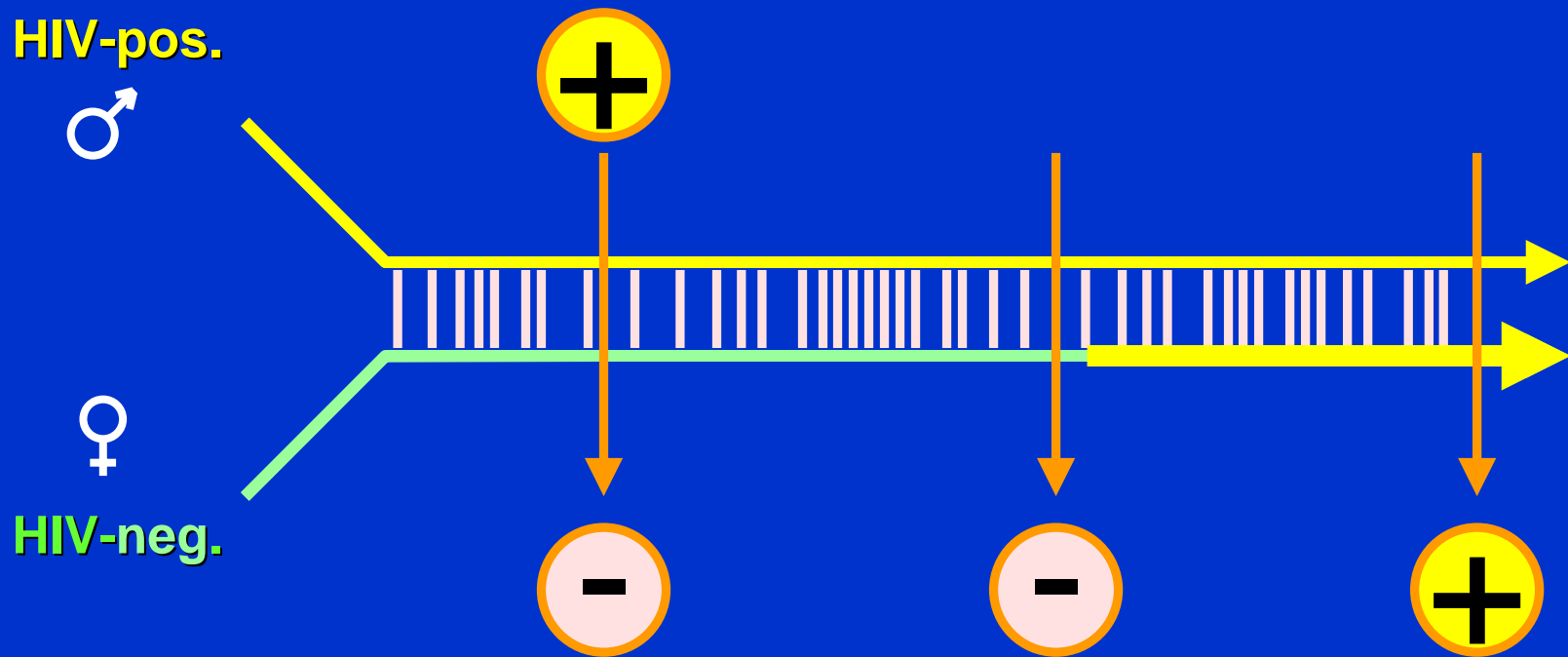
- 422 customers of Kenyan prostitutes
- 293 HIV-neg, prospectively followed
- 12% s/c rate in 12 wk period
  - Non circumcision: OR 8.2 (3-23)
  - GUD OR 4.7 (1.3-17)
- 73 men: only one single contact
  - – 8.2% s/c rate (6/73), 43% of uncircumcised

# Mastro study, Thailand

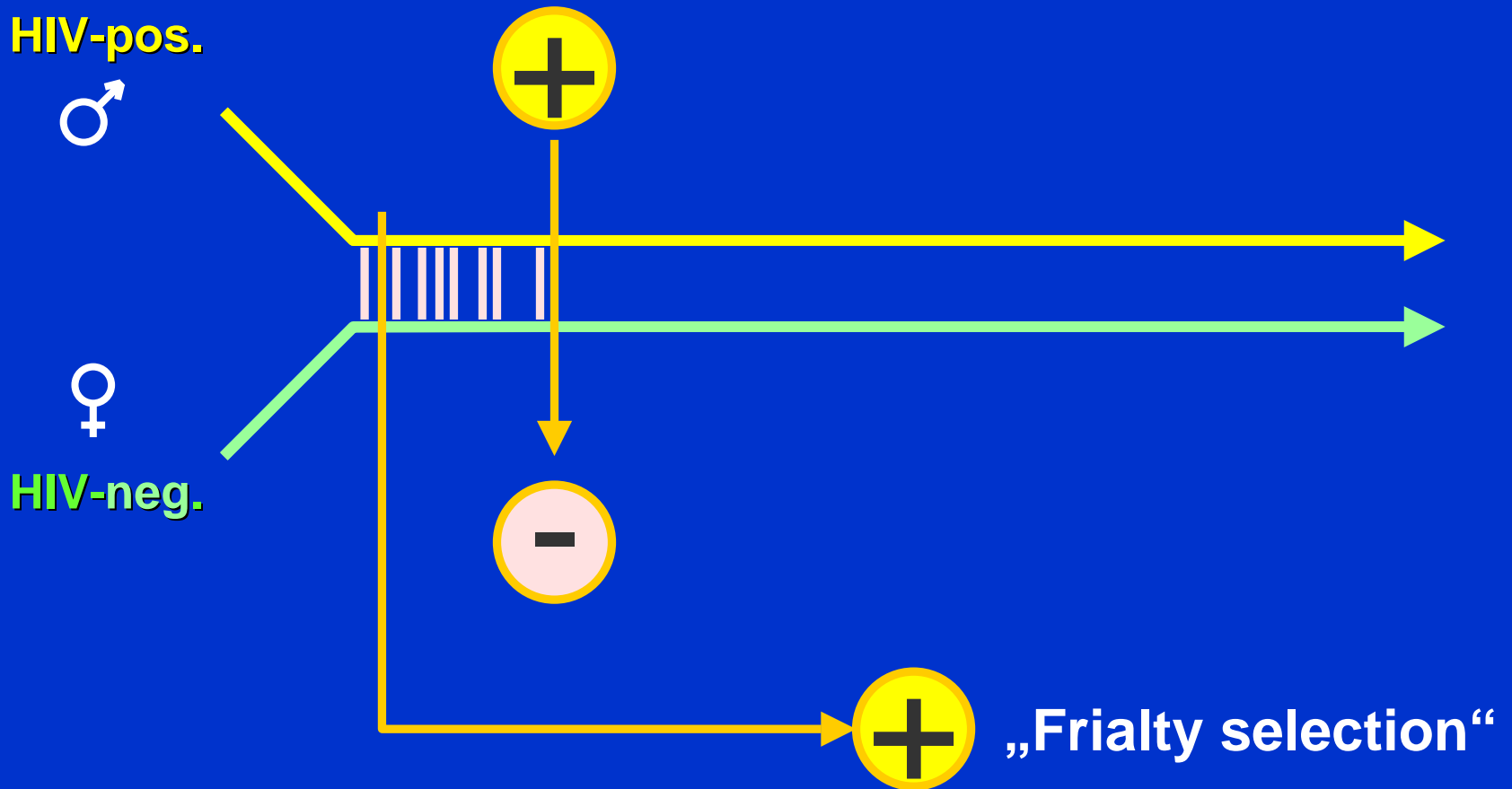
- 1115 military conscripts (21y)
  - 6.9% HIV-pos (n=77)
- Sex with female prostitutes
- mathematical modelling:
  - risk after single contact: 3.1% (2.5-4.0)
  - adjusted for random error in self reported frequency of contact: 5.6% (4.1-7.5%)
- Risk signif. higher in men reporting Hx of STD

# Calculating Transmission Risk in HIV Discordant Couples

Frequently cited: De Vincenzi et al, NEJM, 1994;331:341-6



# Selection of Non-Transmitters





# Results from Math Modelling

- **Transmission risk within partnership highest during early period of sexual relationship**
- **Transmission best perscribed per partnership, not per contact**
- **Wiley et al, Heterogeneity in the probability of HIV transmission per sexual contact: the case of male- to- female transmission in penile-vaginal intercourse. Stat Med 1989: 8:93**
- **Downs et al, Probability of heterosexual transmission of HIV: Relationship to the number of unprotected sexual contacts. JAIDS, 1996, 11:388**
- **Shiboski & Padian: Epidemiologic evidence for time variatlon in HIV infectivity. JAIDS 1998, 19:527.**

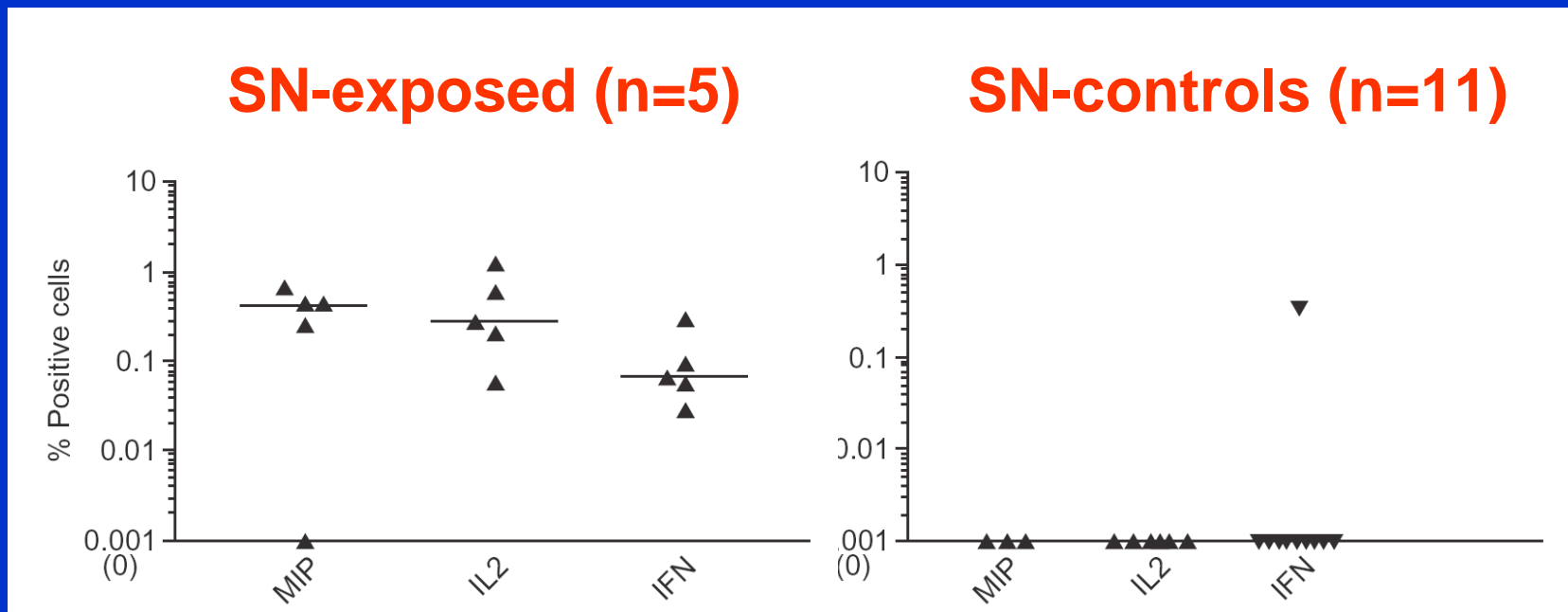
# Reasons for Fertility Selection

- **Genetic predisposition**
  - CCR5  $\Delta$ 32-deletion variant
  - other chemokine polymorphisms
  - HLA phenotype
- **Acquired immunity**
  - cell mediated immune response
  - humoral immune response

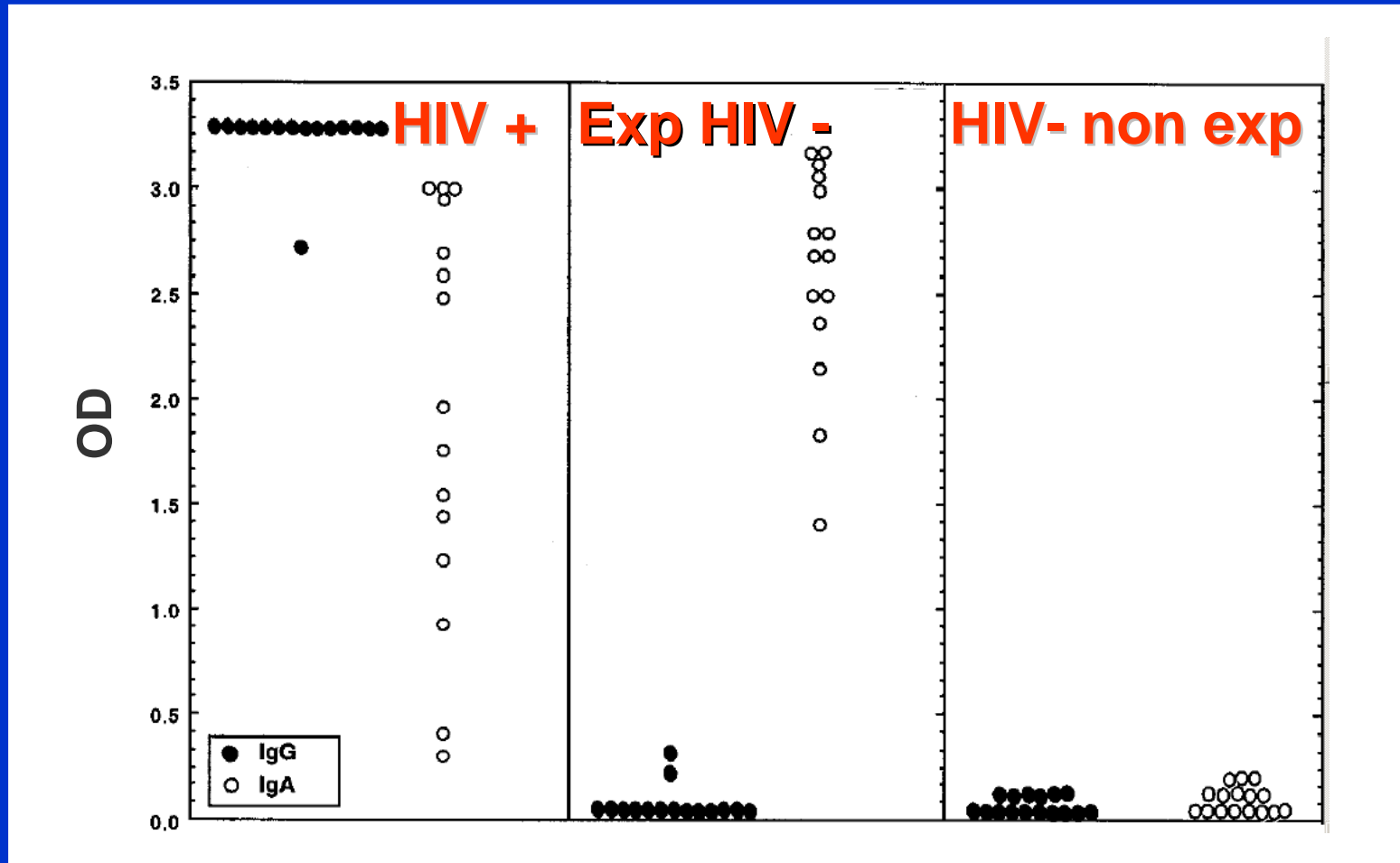
# Immune response in highly exposed seronegative partners

- 12 HIV- partners of HIV-positive
- Frequent unprotected sexual exposure
- Last exposure < 6 months
- No CCR5-deletion mutant
- In vitro p24 stimulation of PBMC
  - Cytokine expression
  - Compared with non-exposed controls

# p24 response in SN-exposed



# IgA in Exposed Seronegative



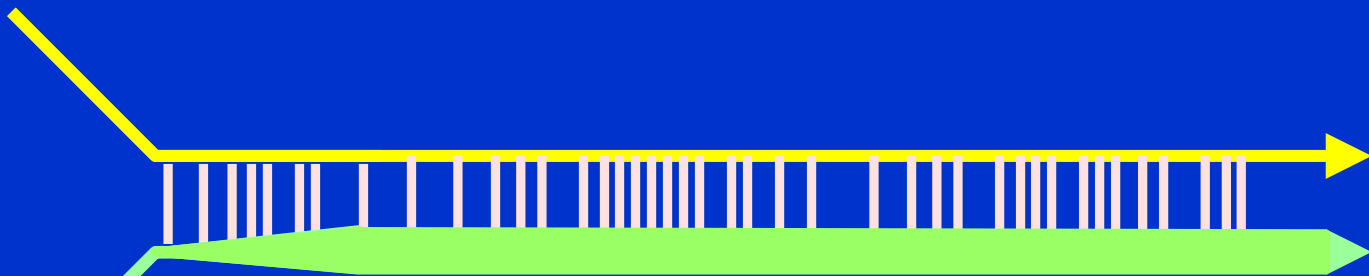
Mazzoli et al, 1999, JID

# Acquired protective Immunity ?

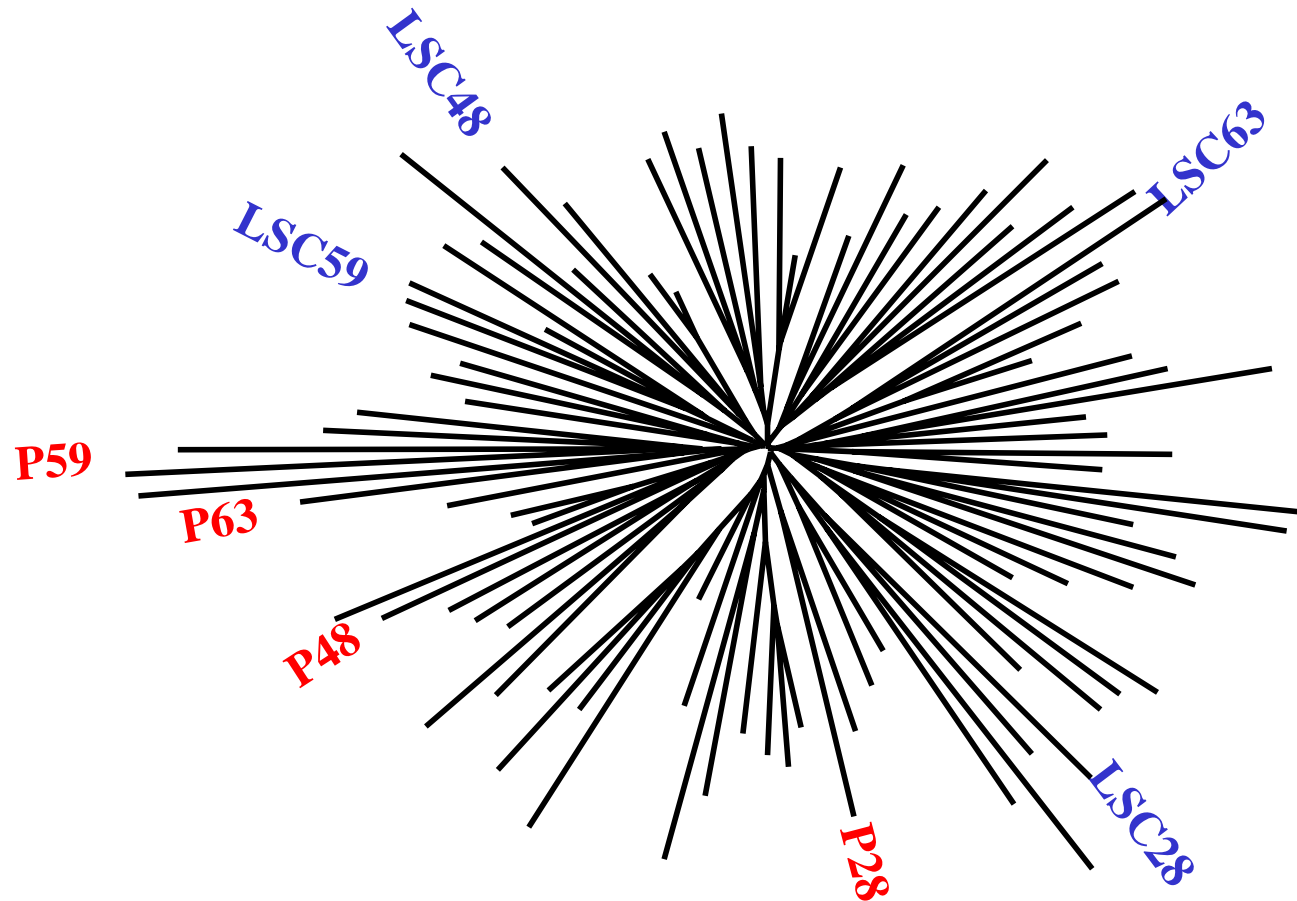
HIV-pos.



HIV-neg.



# Phylogenetic Relationship of HIV-1 C2-V5 Consensus Sequences of LSC, their Long-term Sexual Partners and Control Sequences (n=82) of Subtype B HIV-1 from the Los Alamos Database Published from 1997-2002

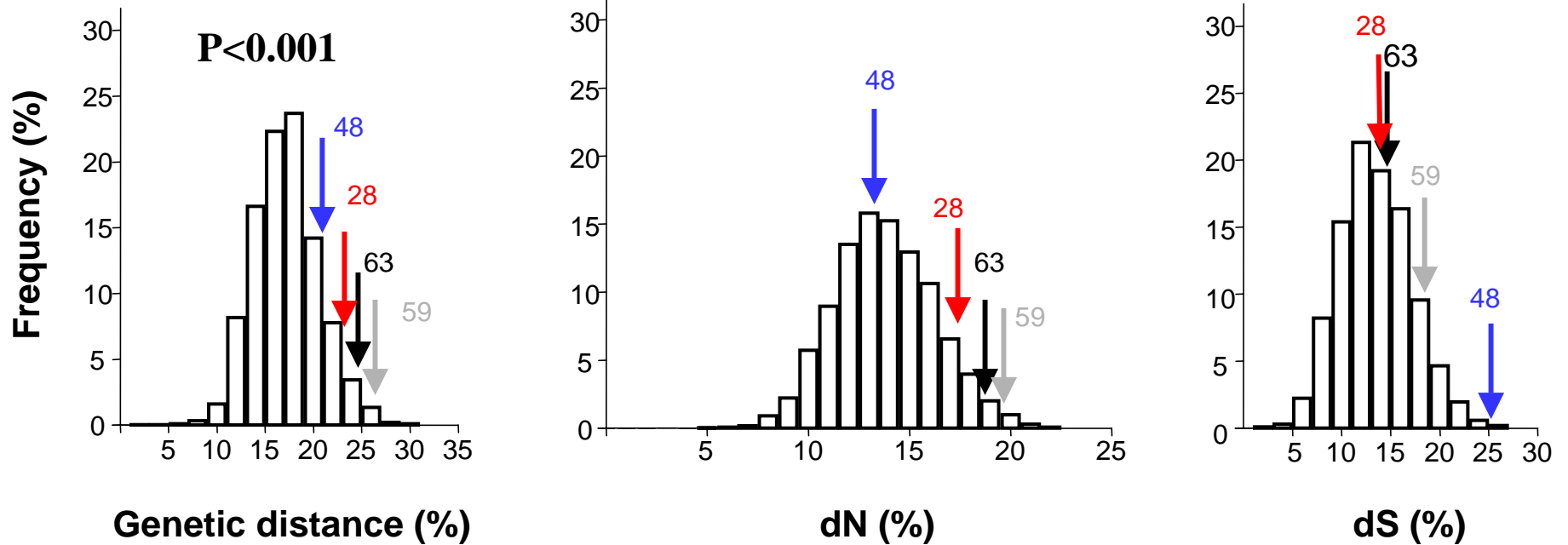


0.05

Zhu et al, CROI 2004

# Pairwise Distance Distributions of HIV-1 C2-V5 Sequences

US (n=82, published 1997-2002)



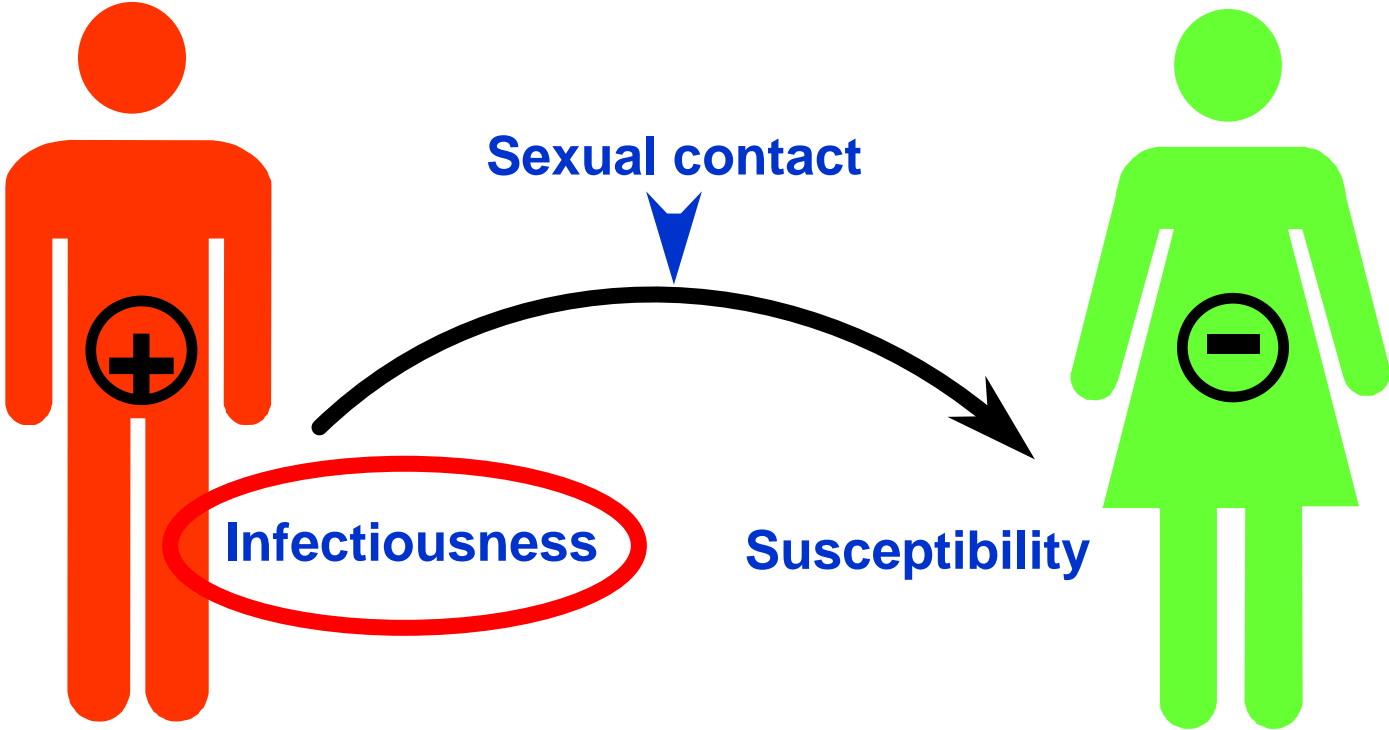
- LSC63 vs. PX63
- LSC48 vs. PX48
- LSC28 vs. PX28
- LSC59 vs. PX59



# Conclusion

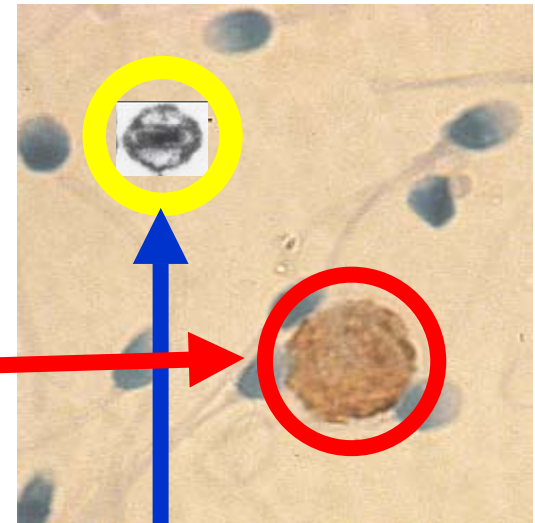
- **HIV transmission risk highly heterogenous**
- **Immune response may reduce risk**

# Sexual Transmission of HIV



# Sexual Transmission of HIV

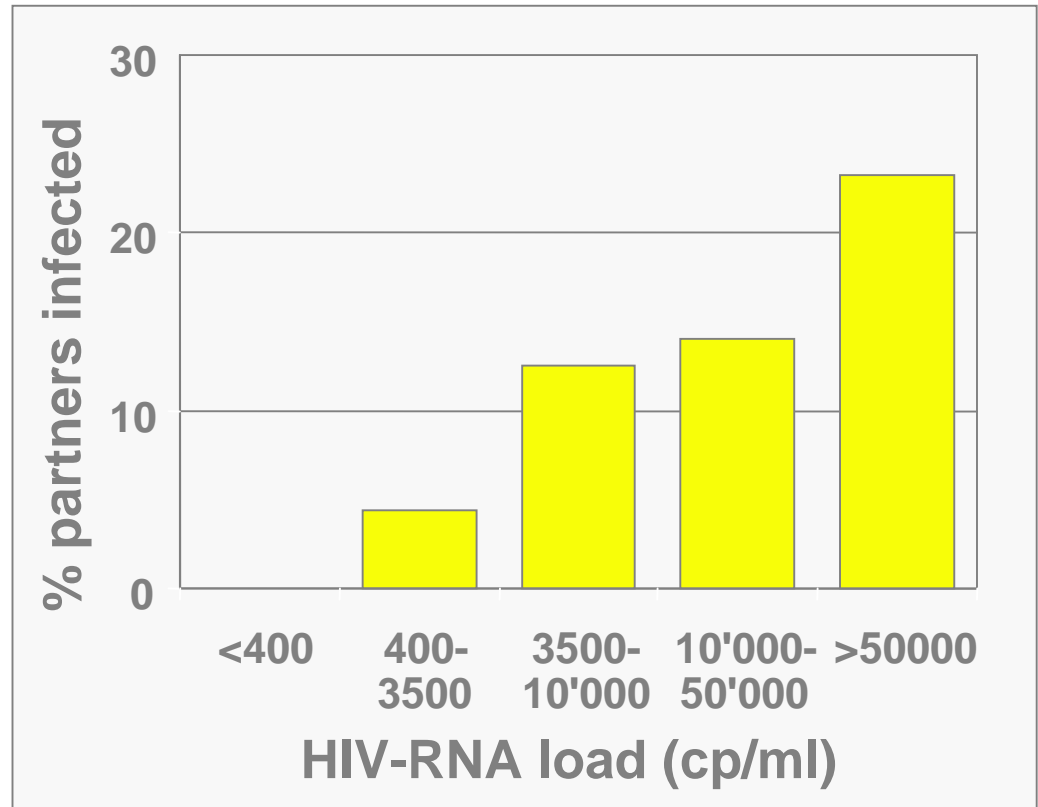
- Risk of transmission enhanced with:
  - Low CD4 counts
  - Symptomatic disease
  - High blood viral load
  - Genital inflammation
  - PHI



$r = 0.5-0.6$

# VL and HIV-Transmission

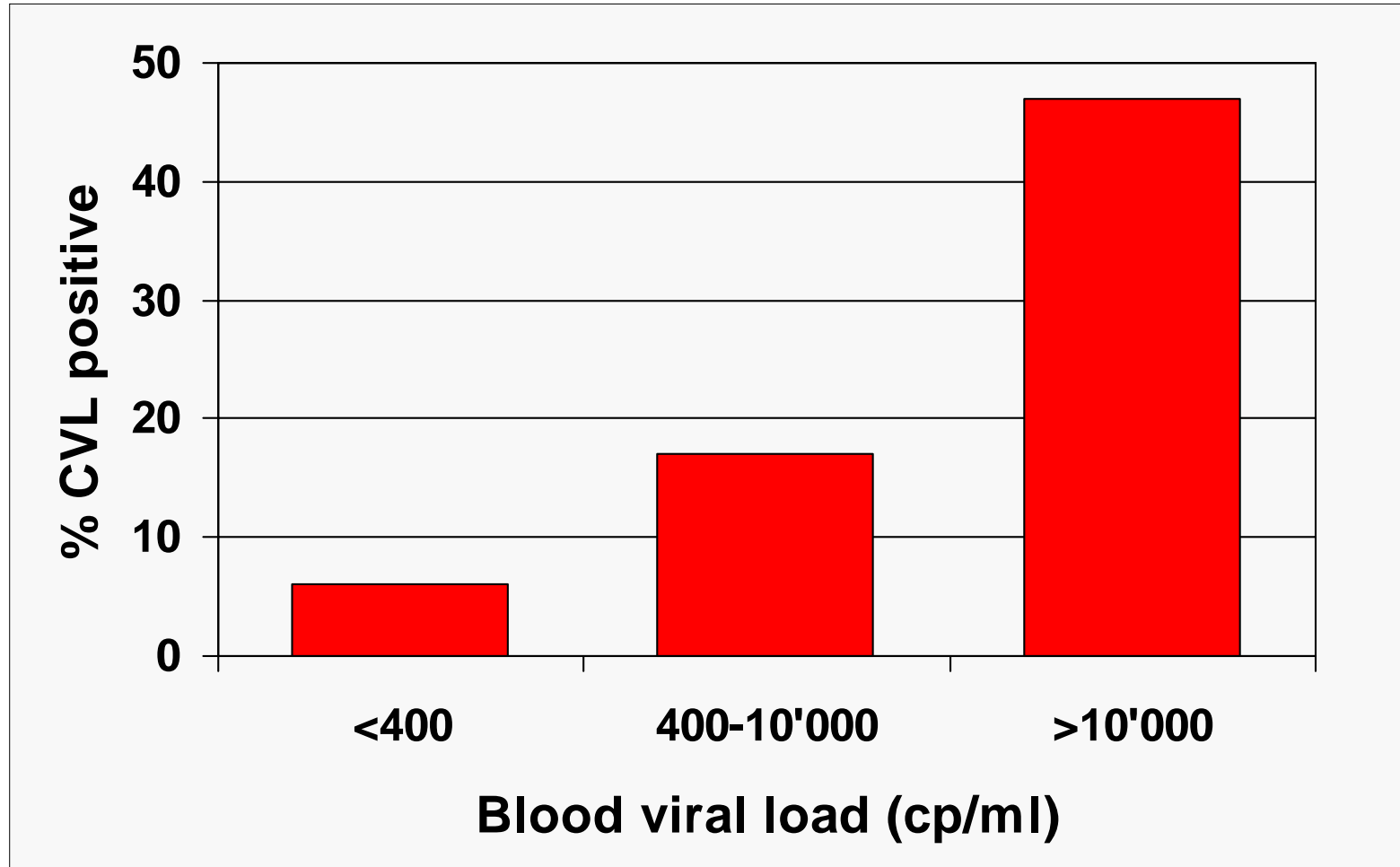
- Rakai (Uganda)
- 453 HIV-disc. couples
- 11.6 % TR / year



Quinn et al, NEJM, 2000,342:921



# Cervical viral load and HAART



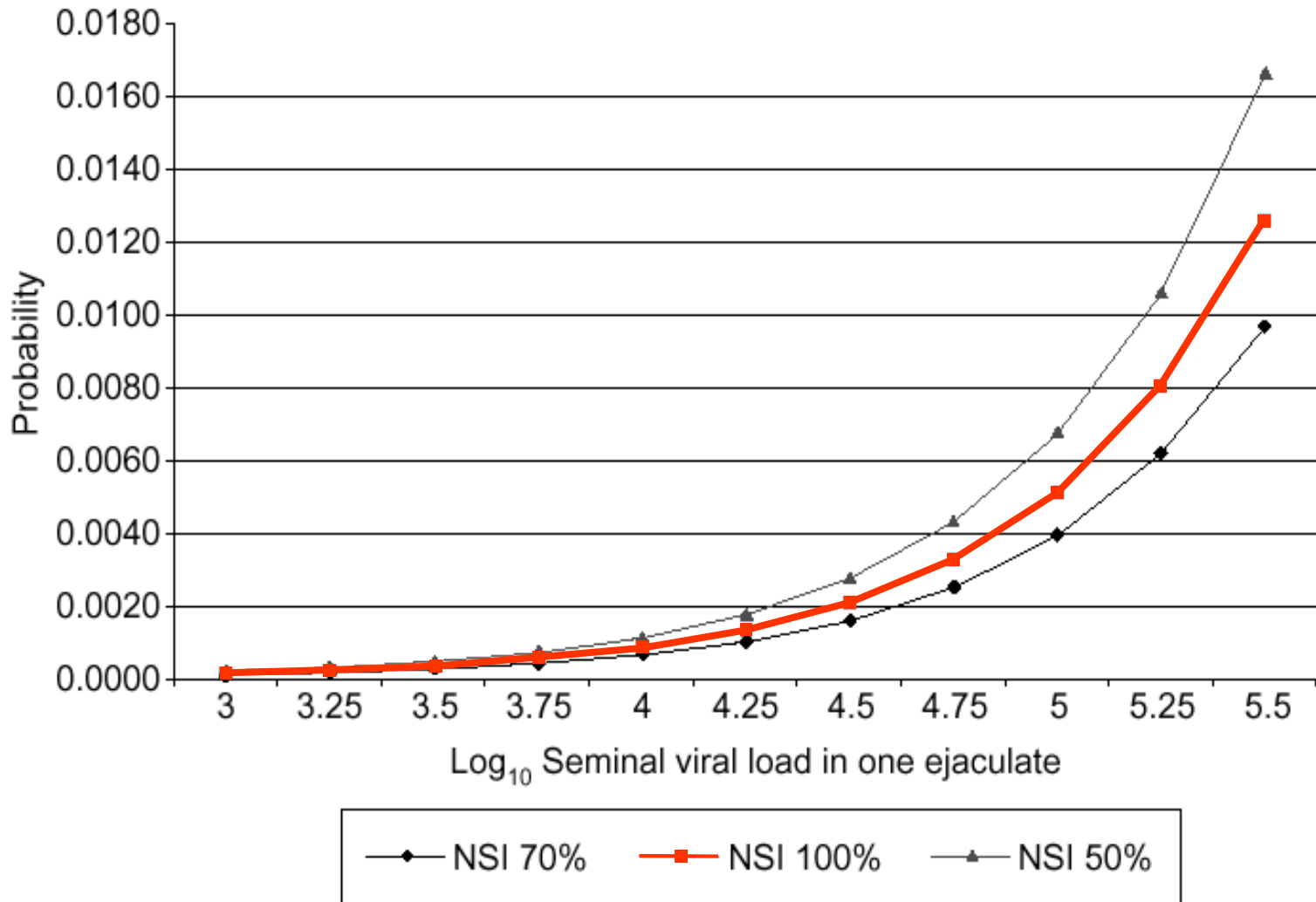
Cu-Uvin et al., AIDS, 2000; 14:415

# HIV in Semen and Risk of Tx

**Viral burden in genital secretions determines male-to-female sexual transmission of HIV-1: a probabilistic empiric model**

**Hrishikesh Chakraborty, Pranab K. Sen<sup>a</sup>, Ronald W. Helms<sup>a</sup>,  
Pietro L. Vernazza<sup>b</sup>, Susan A. Fiscus<sup>c</sup>, Joseph J. Eron<sup>d</sup>,  
Bruce K. Patterson<sup>e</sup>, Robert W. Coombs<sup>f</sup>, John N. Krieger<sup>g</sup> and  
Myron S. Cohen<sup>d</sup>**

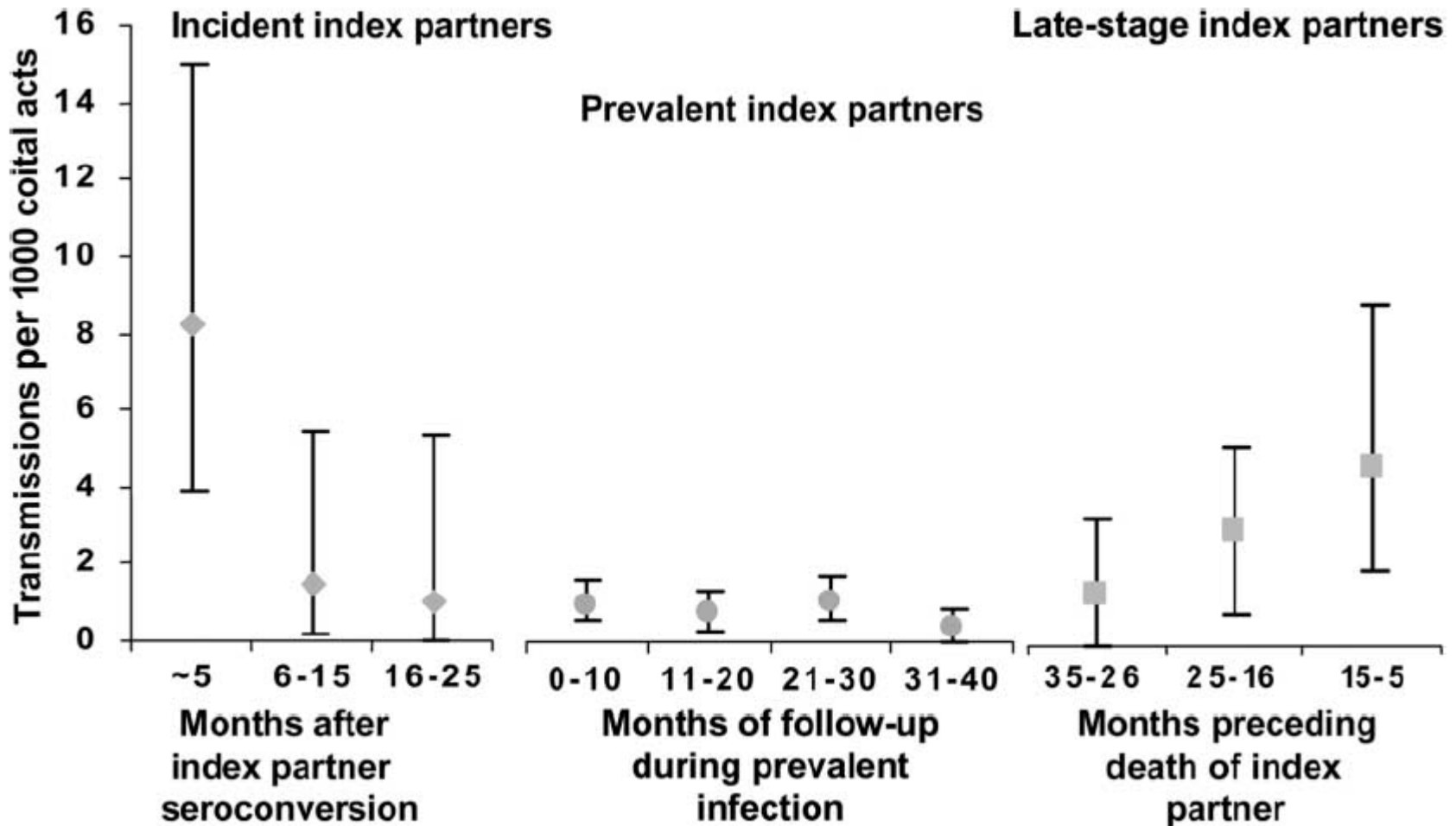
# HIV in semen & risk per coital act



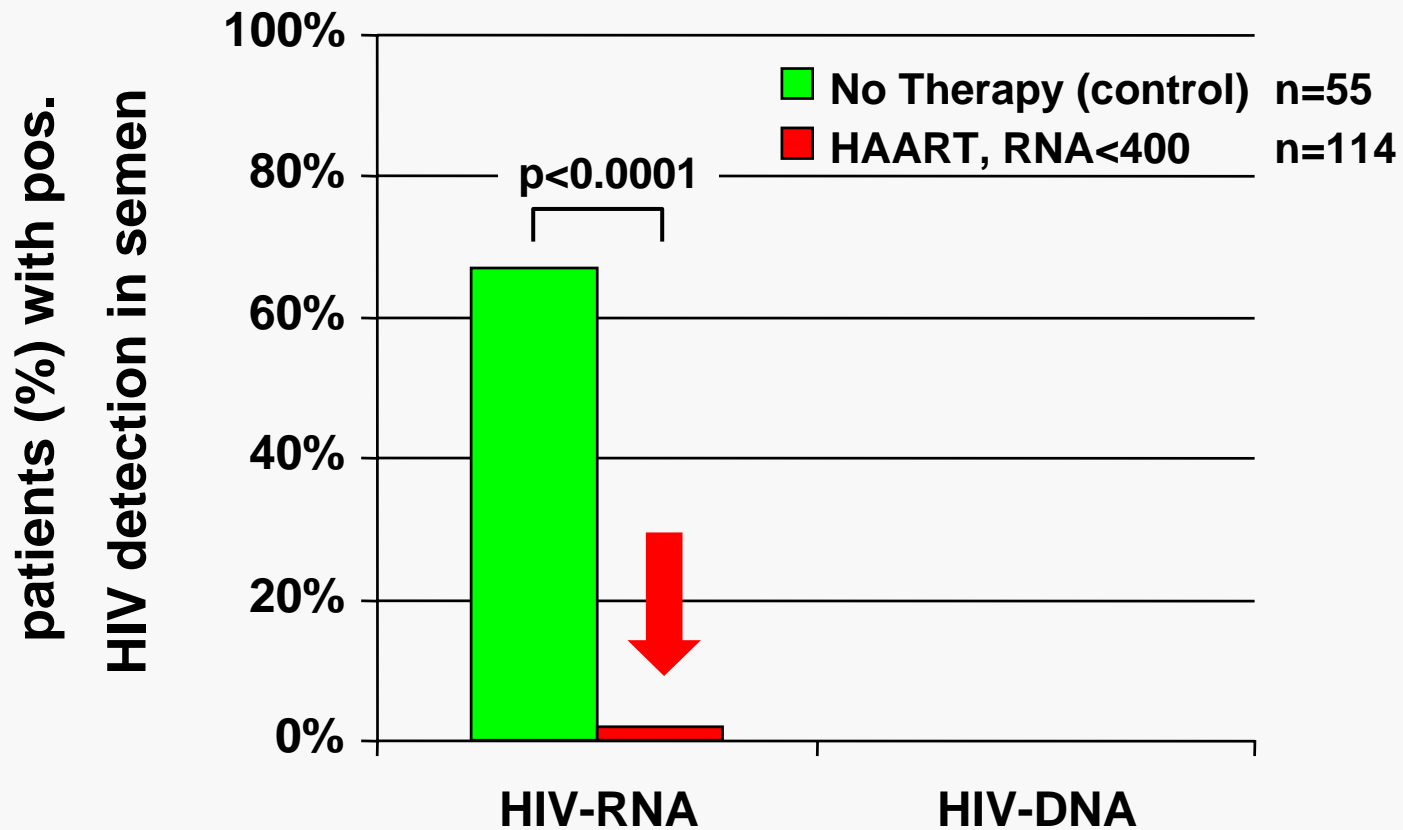


# Risk per coital act in couples

- 235 monogamous, discordant couples, Uganda

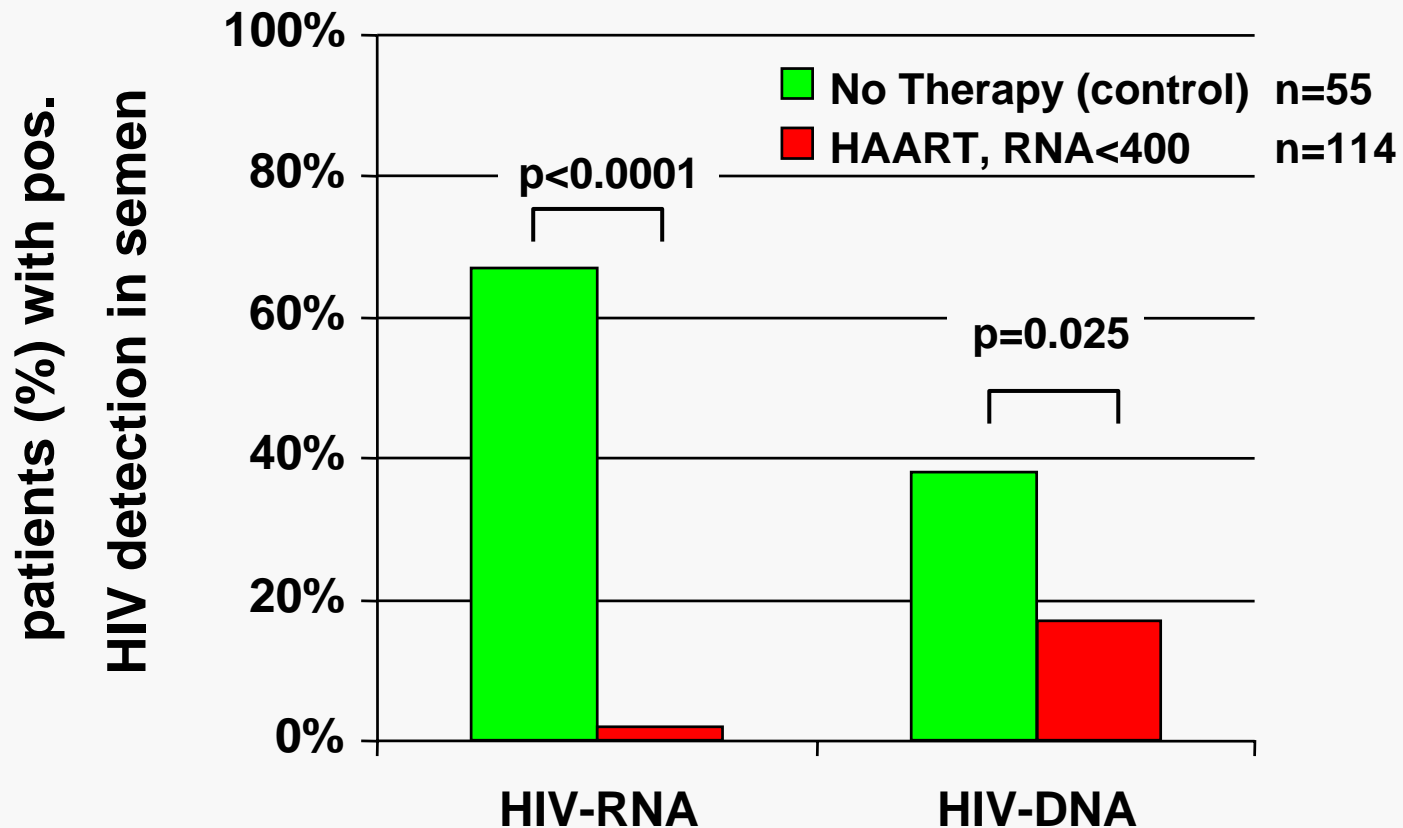


# HIV in Semen during HAART



Vernazza et al., AIDS, 2000; 14:117-21

# HIV in Semen during HAART



Vernazza et al., AIDS, 2000; 14:117-21

# Decline in infectivity\* w. HAART

- HIV incidence in SF-MSM during 1994-1999

Time period at risk for infection	No. of Subjects	Infectivity	Mean no. of unprotected RAI partners	Crude incidence rate/year
4/94 – 9/95	534	0.12	0.6	1.36%
9/95 – 11/96	481	0.12	0.75	1.29%
11/96 – 9/97	445	0.048	0.8	0.78%
9/97 – 3/99	320	0.048	1.3	1.02%

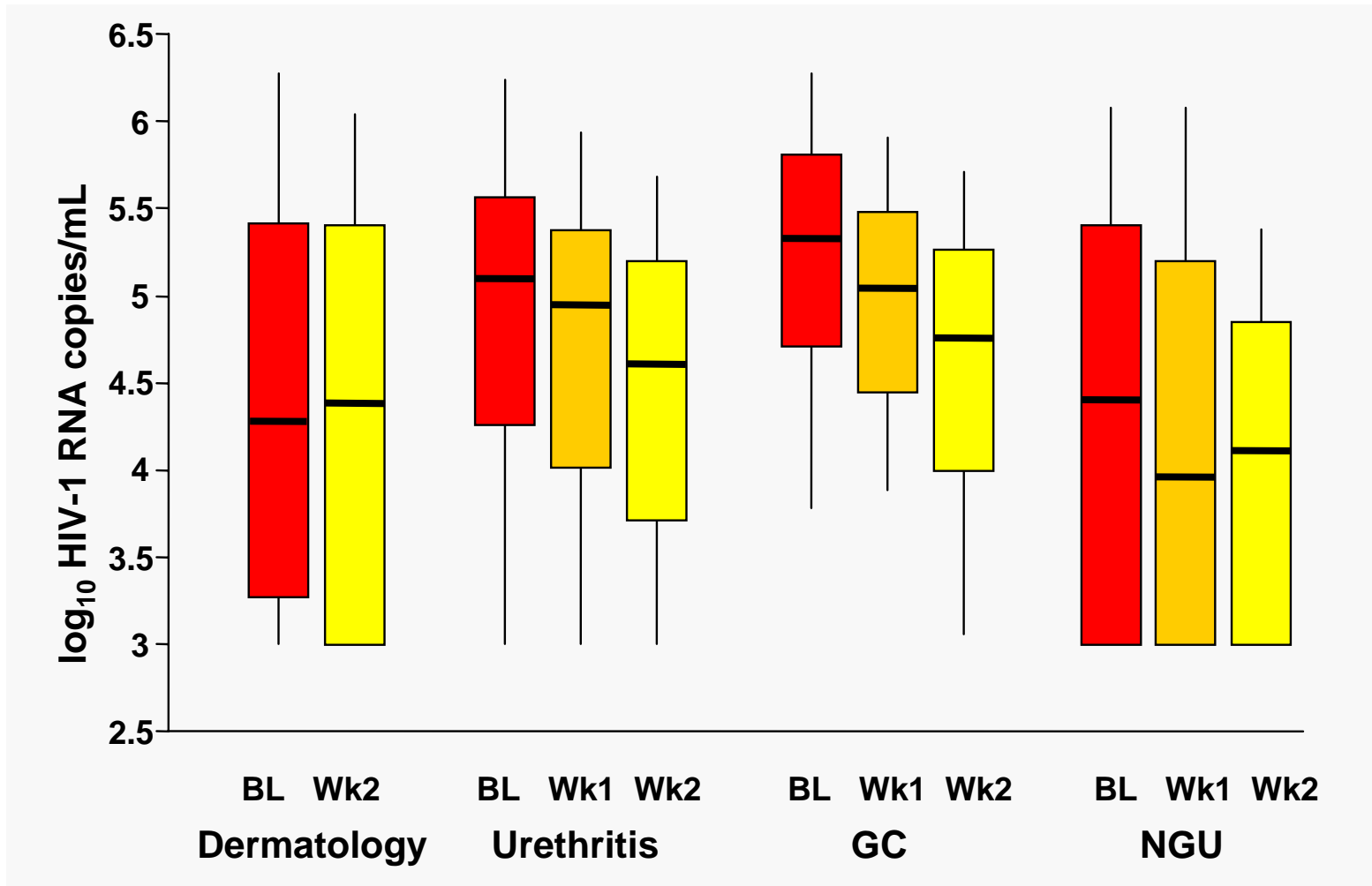
\* per-partnership probability of trx from HIV+ partner

  
- 60%

# Conclusion 2

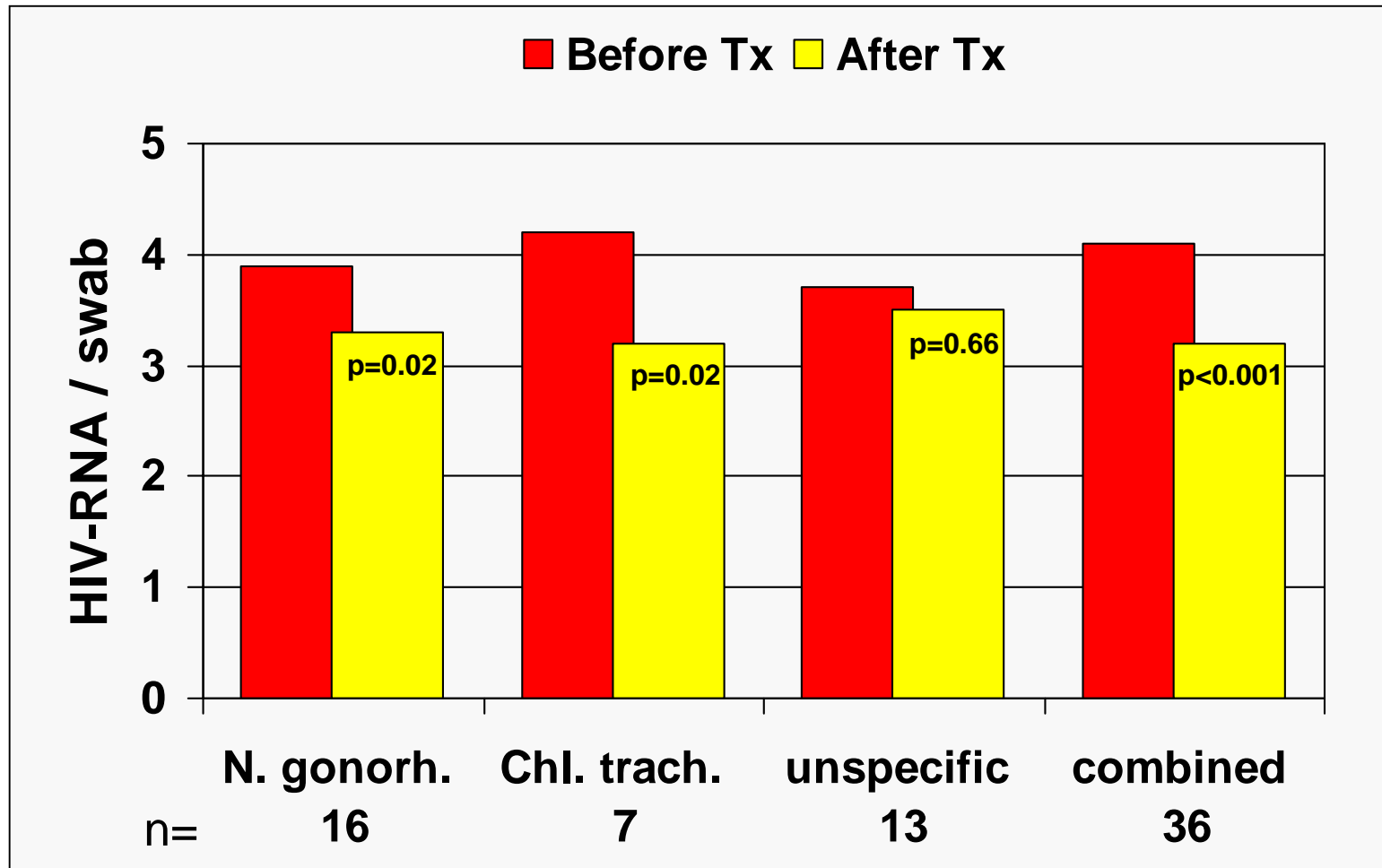
- HIV transmission risk highly heterogenous
- Immune response may reduce risk
- **Viral load (genital / blood) most potent predictor of trx risk**

# Malawi urethritis project: HIV-RNA in semen



Cohen et al, Lancet 1997; 349:1868-73

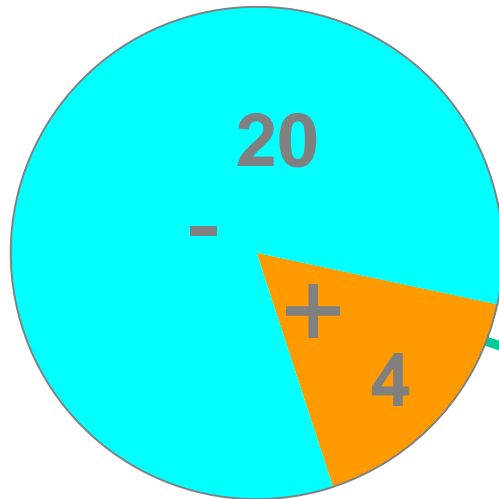
# Tx of Cervicitis and Shedding of HIV



McClelland et al, AIDS 2001; 15:105-110

# Urethritis during HAART (n=24)

## Plasma HIV-RNA



## Semen HIV-RNA

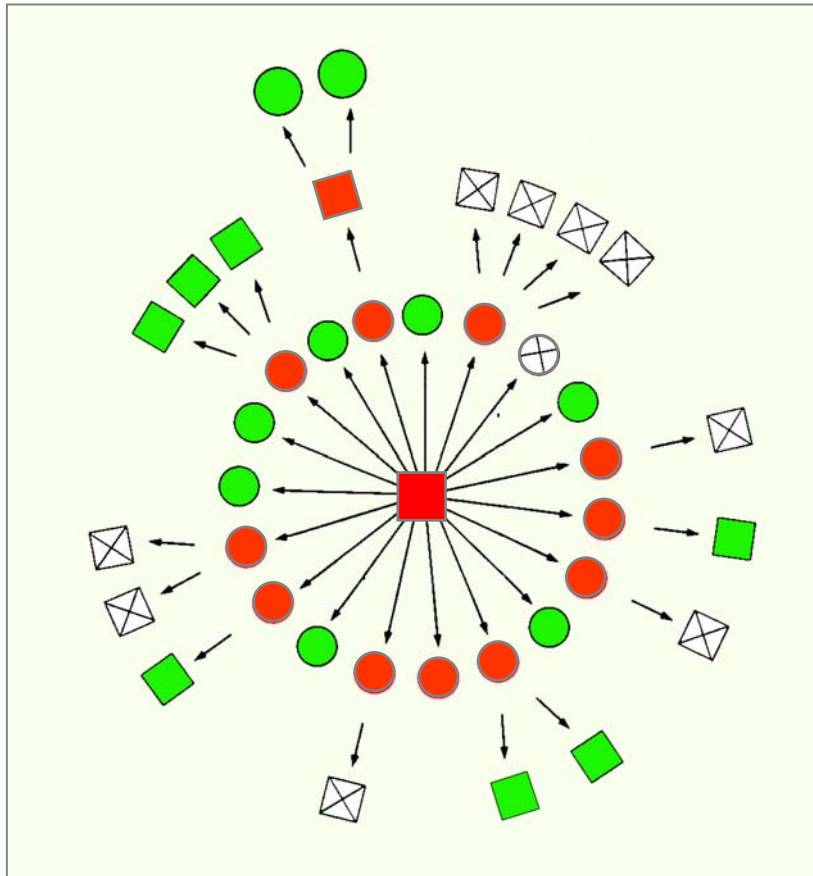
**2 / 20 positive**  
(low level)

**4 / 4 positive**  
(high level)

Sadiq et al, AIDS 2002, 16:219-25



# Heterosexual Transmission



● ♀ HIV-pos.

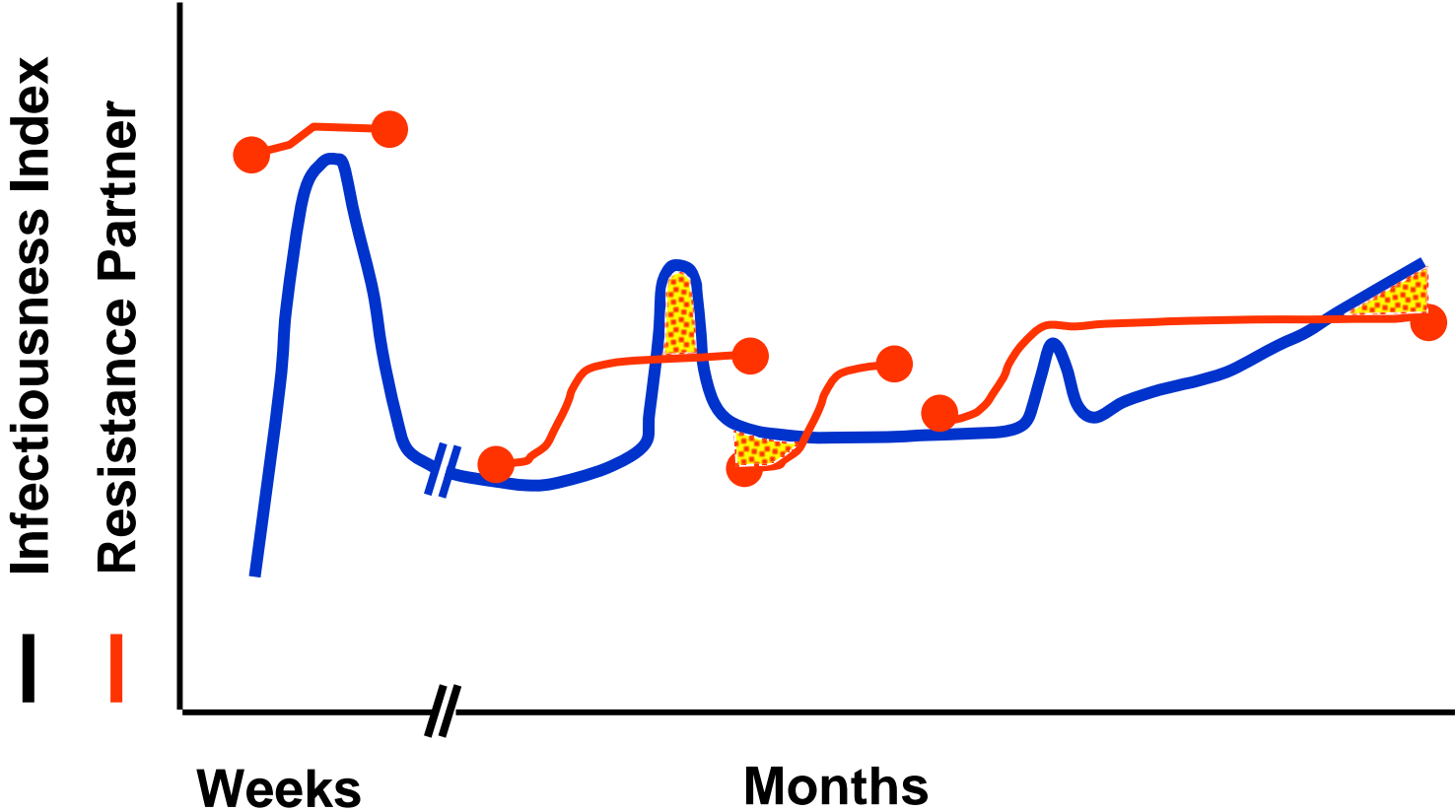
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Clumeck N, et al, NEJM, 1989;321:1460

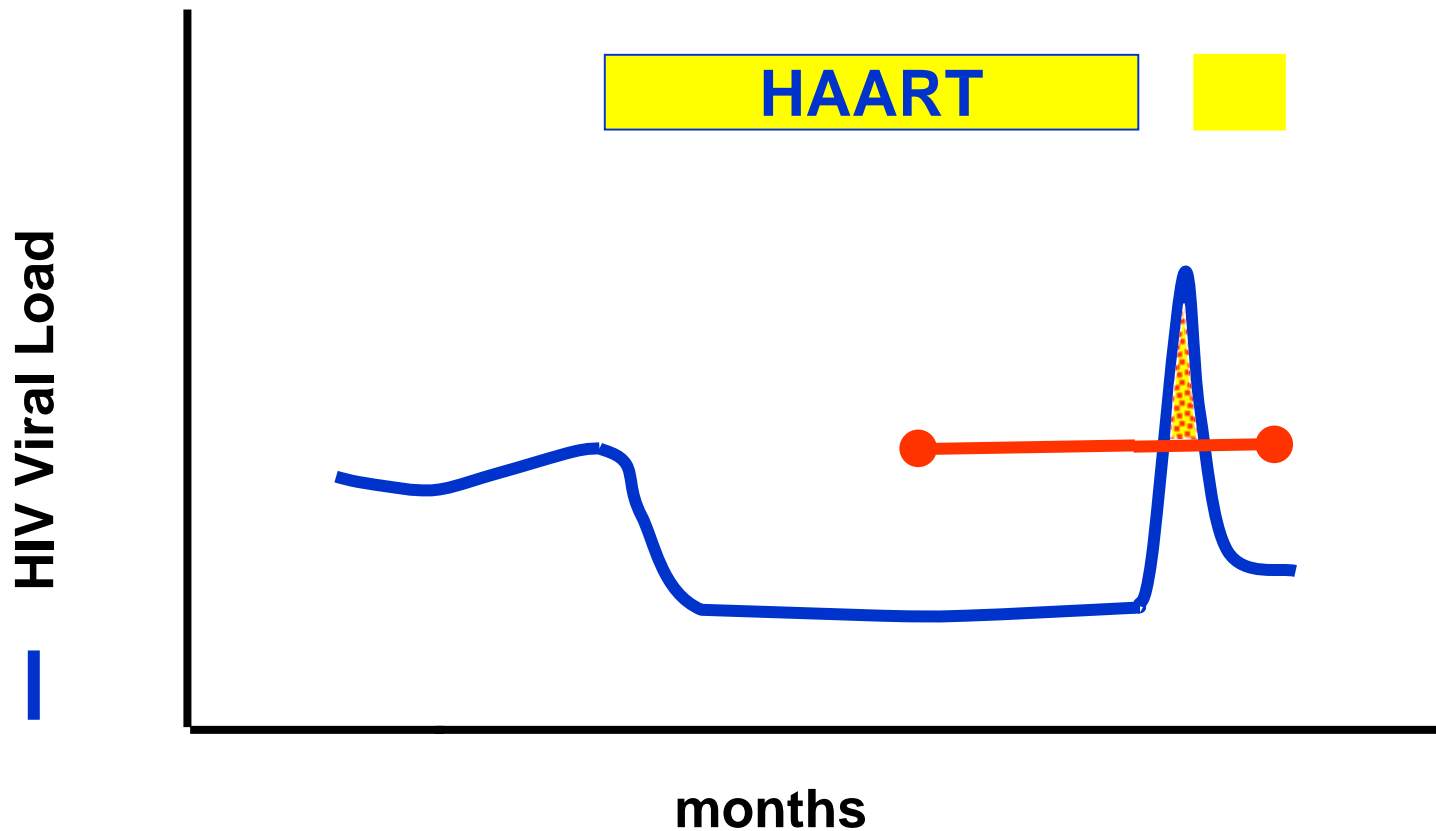
# Conclusion 3

- HIV transmission risk highly heterogenous
- Immune response may reduce risk
- Viral load (genital / blood) most potent predictor of trx risk
- **STDs enhance trx risk**

# Infectiousness & Susceptibility



# Cave: Treatment interruption



Bernasconi et al, JAIDS, 2001; 27:209–211

# Consequences for clinical practice

- **STD's should be carefully monitored**
  - **STD prevention remains a key issue**
  - **Transmission risk likely to be highly variable over time**
- ? Effect of HAART on txm risk**