

At last!! A session that presented new and exciting scientific data, coming from a collaboration between CAPRISA, the Univ. Manitoba (just a coincidence that I'm excited?) and the Univ. Washington. Some elegant research finally demonstrating by phylogenetic analysis of the virus in HIV-positive individuals that young women (less than 25 years of age) were being infected by men aged 25-40, but these men were being infected by women aged 25-40 (who had presumably been infected themselves earlier by older men). A cycle of infection that could be broken by VMMC and ART for the men, test and treat for the older women and PrEP for the younger women. A harder task would be changing community norms about older men – younger women relationships.

Further work by this group also demonstrated that women who had genital inflammation were more likely to become HIV-infected, and that the presence of *Prevotella bivia* bacteria was strongly associated with HIV acquisition. This bacteria, along with *Gardnerella* is found in bacterial vaginosis (BV), and it was also found that the presence of *Gardnerella* was a major factor in the failure of vaginal PrEP in the CAPRISA 004 trial, even in those who were adhering. It therefore can be postulated that if women are tested and treated for BV before starting PrEP (a simple test of vaginal pH and then treated with metronidazole if their pH is greater than 4.5) the efficacy of vaginal PrEP would be greatly improved.

I was excited by this presentation because as far as I know it is the first demonstration that the “sugar daddy” phenomenon to explain the high prevalence in young African women is real, and not just an anecdotal assumption. And a biochemical reason for HIV acquisition even in the presence of vaginal PrEP is exciting too.

Prof Larry Gelmon, U Manitoba, EHPSA Technical Adviser

1430 – Special Session TUSS06 – New Evidence: Why Do Young Women in Africa Have High Rates of HIV Infection?