

P29 INCREASING HIV INCIDENCE IN A HIGH RISK HETEROSEXUAL POPULATION SUITABLE FOR VACCINE TRIALS IN HONDURAS
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Objective: To reconstruct past, cross-sectional prevalence, and incidence of new HIV infections among female commercial sex workers (CSW) attending the two largest STD clinics in Honduras, located in Tegucigalpa and San Pedro Sula. **Design:** Retrospective cohort study. Direct measures of seroconversion rates were obtained through periodic HIV testing in this population. **Methods:** Data were abstracted from clinical records of CSW tested for HIV and other STD between Jan 1991 and March 1997. We calculated the annual period prevalence of HIV infection for all women, and the seroconversion rate (incidence of new infection) for those who had at least one follow-up visit during the study period. **Results:** Of 1106 women tested for HIV, 151 (14%) were found to be seropositive. Cross-sectional prevalence decreased significantly each year from 13% in 1991/93, to 12% in 1994, 9% in 1995, and 5% in 1996/97 (p<0.01). Of those who were negative on their initial test, 525 were re-tested during a six year period. There were 31 incident HIV infections documented during 1083.27 person-years (PY) of follow-up, giving an overall seroconversion rate of 2.9/100 PY (95% CI:3.9-1.9). Despite falling prevalence, the incidence of new infections increased from 1.3 per 100 PY in 1991/93, to 2.6 per 100 PY in 1994/95, and 4.8 per 100 PY in 1996/97. Seroconverters were more likely to be residents of Tegucigalpa (p<0.01), older than 30 years (p<0.01), and to have history of at least one episode of sexually transmitted disease (p=0.05). **Conclusion:** These estimates of seroconversion demonstrate that Honduran commercial sex workers are at increased risk for HIV and are a suitable population for future behavioral and clinical interventions. Results obtained from the ongoing HIV prospective incidence study conducted in the same population will help to validate these data.

P30 The Influence of Changes in Knowledge of Vaccine Trial Concepts on Willingness to Participate in HIV Vaccine Trials Over 18 Months Follow-Up in the Vaccine Preparedness Study of the HIVNET
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Participation in HIV vaccine trials requires individuals at-risk of HIV infection to be willing to participate and knowledgeable about the special issues of participation in HIV vaccine trials. Koblin et al. previously found that participation in previous vaccine preparedness studies was associated with reduced willingness to join future studies (1998), but the findings were cross-sectional. We examined longitudinal data in 4892 individuals in the Vaccine Preparedness Study of the HIVNET followed for 18 months. There was a general decline in willingness over time. Among 3791 completing all four semi-annual visits, 52.2% were consistently willing, 13.8% were consistently unwilling, 5.7% started unwilling and became willing, 15.1% became unwilling, and 13.2% were inconsistent. Although knowledge was not related to willingness in multivariate repeated measures analysis, transition analysis showed that becoming unwilling was associated with increases in knowledge (OR = 1.06, 95% CI 1.01-1.11). Further investigation revealed an interaction between change in knowledge and change in willingness: those with low knowledge were more likely to become unwilling as knowledge increased. In conclusion, increase in knowledge affects change in willingness. Identification of specific knowledge concepts which may be affecting willingness will be important and will have implications for the role of education about vaccine trial concepts both before and during HIV vaccine trials.

P31 Feasibility of efficacy trials on HIV vaccines: Cohort Bela Vista

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In 1992 the Brazilian Government established a Plan of HIV vaccines. In Sao Paulo, one of the sites chosen to develop studies of feasibility of efficacy trials, it was constituted a cohort of men that have sex with men (MSM), the Project Bela Vista. The objective of this work is to analyze some of the results obtained. **Methods:** The volunteers' recruitment began in August of 1994. The present results refer to the subjects involved in the Project until July of 1998. The inclusion criteria in the cohort were: age 18 to 59 years; MSM; HIV negative; non intra venous drug users. After informed consent, the volunteers accomplished clinical exam, laboratory tests for HIV and social-behavioral interview, that repeated each 6 months. **Results:** Answered the call of the Project 1016 potential volunteers, 114 (11.2%) HIV positive. The snow-balling process was the main responsible for the volunteers' arrival, corresponding for almost 60.0% of the total. 836 volunteers were included in the follow-up. In elapsing of the study there were 28.8% losses of follow-up. After four years, there were 13 serum conversions (incidence 0.0156). HIV subtypes have been characterized in only 6 of the seroconverters: B (5) and F (1). **Conclusions:** The results indicate the need to address the recruitment process, predominantly snow-balling, for groups of higher prevalence of HIV positive. Efforts should be made in order to decrease the number of lost of follow-up, what is contradictory with the recruitment in groups of higher prevalence. **Funding:** UNAIDS/WHO; Ministry of Health-Brazil; State of Sao Paulo Health Secretary; FAPESP/CNPQ.

P32 Clinical trials with candidate HIV/AIDS vaccines in Brazil

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In 1992 a Brazilian Plan for HIV Vaccines was defined by the Ministry of Health with 4 components: (1) Virological: A Brazilian Network to isolate and characterize the strains of HIV; (2) Epidemiological Studies: cohorts of HIV seronegatives to determine incidence and risk factors; (3) Clinical: including phase I-II trials with candidate products; (4) Social-behavioral Studies: including the evaluation of motivations to participate in vaccine trials and implementation of safer sex procedures. **Results:** The samples of HIV were characterized as such: 90% clade B, 8% F, 1% C and 1% D. A candidate vaccine based on a synthetic peptide was tested in a phase I-II trial in 30 low risk individuals. The product was shown to be safe and immunogenic (inducing a transient humoral response). Three open cohorts were established in 1994 to follow homo/bisexual male in: a) Belo Horizonte, 536 were tested (8.4% HIV+ at entry); 15 individuals seroconverted (incidence density of 0.019/100 person year. b) Rio de Janeiro, 1,178 tested (24.5% HIV+), 18 seroconverted (incidence of 0.028). c) Sao Paulo, 1,016 tested (11.2% HIV+), 13 seroconverted (incidence of 0.016). **Conclusions:** The Plan is now being reformulated. The overall incidence has been relatively low and thus the future for a reliable efficacy trial will certainly depend on a global participation, establishing small trials with the different concepts in many sites throughout the world. **Funding:** MOH (CNDST-AIDS), WHO-UNAIDS, FAPESP, FAPEMIG, CNPq.