

Anita Shet, MD, an infectious diseases physician at the Aaron Diamond AIDS Research Center in New York, has been following trends in the transmission of drug-resistant strains of HIV in New York City. "In the past," she says, "we have seen that drug resistance was not such a big problem." Ten years ago, she notes, about 13% of newly infected people in New York had a drug-resistant strain. Now, as she reported at this year's Infectious Diseases Society of America annual meeting, "it has risen to an alarming number": 27%.

WHY THINGS ARE CHANGING

Rapid reproduction is one of HIV's key characteristics, so mutations, some of which are drug-resistant, occur easily. Superinfection—infection with a second strain of HIV—is possible not only because of these mutations but because of how HIV acts in the body. "We know that HIV does not give you lasting immunity like other viruses do," Shet explains. For example, "with

chicken pox, once you get an infection, you are protected. But with HIV, once the virus enters the body, the body begins to make antibodies to the virus. But that does not protect against another infection."

It is far from clear how common superinfection is. Only a few cases have been thoroughly researched and reported. These include the first superinfection case in Canada—a man who was reinfected 10 months after he had first been infected, which was reported in August—and a report published in September by researchers at the University of California, San Diego, describing three men who had been superinfected six to 12 months after their initial infections.

These cases put to rest any question of whether superinfection can occur. Yet alongside these case reports is research such as the Positive Partners Study, led by Robert Grant, MD, an investigator at the Gladstone Institute of Virology and Immunology at the University of California, San Francis-

co. The ongoing Positive Partners Study regularly tested 33 HIV-positive heterosexual and gay male couples who had unprotected sex and, as Grant reported at the International AIDS conference, held in Bangkok in July, the study did not find any evidence of superinfection [see "Study Finds No Sign of Superinfection," *HIV Plus*, November 2004].

Some scientists are now floating the theory that there may be a limited period of time in which someone who has become infected with HIV is susceptible to superinfection. "Early in infection," says Dale Hu, MD, MPH, who is acting associate director for laboratory sciences at the Centers for Disease Control and Prevention's National Center for HIV, STD, and TB Prevention, "the immune system may not have developed a strong enough response to prevent subsequent reinfection, or superinfection." This theory could help explain why the reported cases of superinfection have occurred only in people infected for less than three years

FIRST PERSON

Working to Prevent Further Infections

By Robert Brandon Sandor

IN THE MID 1990s I HOSTED MY first Poz Party—an exclusive opportunity for HIV-positive men to meet, network, socialize, and have sex with other HIV-positive men in a fun, safe, and comfortable environment. The concept proved to be the forebear of today's HIV prevention strategy called serosorting, through which HIV-positive people have sex only with others already infected with the virus.

Charles Darwin wrote, "It is

not the strongest of the species that survives or the most intelligent; it is the one that is most adaptable to change." And look at how we have changed! American society as a whole in the 21st century is beginning to accept serosorting as another valid form of HIV prevention, and we—the HIV community—are helping to lead the way in stopping the spread of the virus.

But in a broader sense, serosorting is about much more than just stopping HIV transmissions. Whenever two HIV-positive people—gay or straight, men or women—hook up for sex, it is about respect: respect for one's

self-esteem, respect for one's partners, and respect for our society. It also helps HIV-positive people avoid the stigma of our serostatus, to meet friends and partners like ourselves, to gain a sense of belonging, and to remind ourselves of what we are—alive and productive members of our society.

As a rule, since my first party, I have always provided condoms for people who want them, because some HIV-positive people are worried about becoming superinfected or catching a sexually transmitted disease other than HIV. But regardless of whether condoms

are used, HIV transmissions to uninfected people do not occur at my parties—or any other time HIV-positive people engage in serosorting. Those who are HIV-negative remain protected against the virus.

And that is a goal we all should work toward.

Sandor is the organizer of Brandon's Poz Parties, gatherings held for HIV-positive men regularly in New York City; Washington, D.C.; Palm Springs, Calif.; and Fort Lauderdale, Fla. For more information about the Poz Parties visit www.poz4poz.com.