

MALARIA COULD AFFECT HIV RATE

Temporary increase in malaria infections could increase HIV transmission, say researchers

Health services in developing countries should integrate programmes treating HIV / AIDS and malaria, say researchers. This follows publication of a study showing that having malaria could make people with HIV more likely to transmit the virus, reports **SciDev.Net**, London.

The study, published last week in the *Lancet*, showed that levels of the HIV virus in the blood almost doubled when patients got malaria. Eight to nine weeks after being treated for malaria, HIV levels returned to what they were at the start of the study.

Even a temporary increase in virus concentration could increase HIV transmission; warn the researchers, led by Malcolm Molyneux of the Malawi.

Molyneux's team looked at 367 people with HIV in Thyolo district, Malawi. Of these, 148 developed malaria during the study, but the team was only able to collect sufficient information for analysis from 77 of these patients.

The researchers suggest that malaria causes HIV levels to increase because the human body's immune system produces more white blood cells to attack malaria parasite. But stimulating the immune system like this activates the HIV virus, which begins replicating.

This increase in viral concentration could, say the researchers, be sustained long enough to increase the risk of risk of HIV transmission.

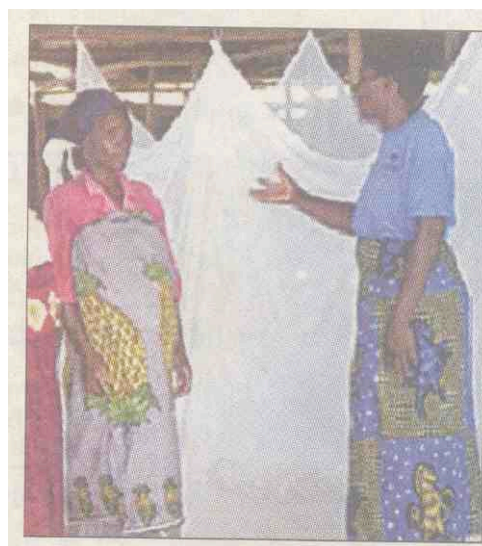
In an accompanying commentary in *The Lancet*, James Whitworth of the London School of Hygiene and Tropical Medicine and Kisten Hewitt of the Health Protection Agency Centre for Infections, also in London, say that increases in transmission of HIV are important. Better integration of health services for the two diseases is therefore crucial.

They suggest the temporary increase in viral load reported by Molyneux's team could equate to about a 50 % increase in HIV transmission during this period.

Neil French, of the Malawi-Liverpool-Wellcome Trust laboratories, told *SciDev.Net* that discovering the exact interaction between malaria and HIV would be difficult because the research would be difficult because the research would require treating people under study for neither disease.

Such "non-intervention" would be unethical, given the increasing availability of HIV and malaria drugs in areas affected by both diseases.

French points out that the two diseases overlap on social as well as biological levels. The poorest in society are most likely to be infected by HIV and least likely to have access to bed nets to prevent malaria.



Disease control programmes should come together to provide a Comprehensive package of care.

In the developed world, the threat of simultaneous infection with HIV and other diseases has been reduced by the use of anti-retroviral drugs. In the developing world, however, being infected by both malaria and HIV could be more important because drugs against HIV are not widely available.

Meanwhile, **Reuters** reports that Botswana, which is also affected by malaria, is battling one of the world's highest HIV / AIDS infection rates. But it has made major inroads in its campaign to fight the deadly epidemic through public education.

The Botswana Aids Impact Survey is the latest measure of success for the country's efforts to stem new infections and keep those already infected alive through free distribution of antiretroviral drugs. The survey showed that 89 % of people in Botswana know how to prevent HIV infection, and less than 6 % had more than one sexual partner in the last 12 months.