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Science & Medicine | Aggressive HIV Treatment Programs Could Reduce New HIV Cases Up to 60%, Study Finds [Jul 07, 2008]

Aggressive programs to treat HIV-positive people using highly active antiretroviral therapy could reduce the number of new HIV cases by as much as 60%, according to a study published Tuesday in the *Journal of Infectious Diseases*, Toronto's *Globe and Mail* reports.


For the study, Julio Montaner, head of the [British Columbia Centre for Excellence in HIV/AIDS](#), and colleagues used a new mathematical model to determine whether providing HAART to more people living with HIV in British Columbia would reduce future cases in the province. The study found that providing treatment to 75% of HIV-positive people would reduce the annual number of HIV cases in British Columbia by 30%. In addition, if treatment was provided to 90% and 100% of HIV-positive people, the number of new cases would decrease by 50% and 60%, respectively, the study found. "Bottom line, we showed that no matter how you configure it, the more people you treat, the more [HIV] infections you prevent," Montaner said.

The study found that expanding HAART coverage also could save tens of millions of dollars in future health care costs. The study estimated that HAART costs about \$17,290 Canadian dollars, or about \$17,000, per person in British Columbia annually.

Montaner noted that the results have prompted negotiations with the provincial government for more aggressive treatment programs. According to the *Globe and Mail*, although antiretroviral drugs are provided at no cost in British Columbia, "social, mental and economic difficulties" that HIV-positive people experience have resulted in just 50% accessing HAART. Montaner said that more effort is needed to seek out HIV-positive people, rather than waiting for them to ask for treatment. "This study provides additional motivation to bring treatment to the people and ultimately engage them in receiving it,"



Montaner said, adding, "There is now a clear, direct incentive to do so" (Mickleburgh, *Globe and Mail*, 7/3).

 The study is available [online](#).

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