

Travel and immigration limitations for people with HIV remain a concern

The United States moving closer to lifting HIV entry ban.

Bans on travel and immigration for people with HIV/AIDS still exist in several countries, including the United States. However, a variety of organizations, including the Infectious Diseases Society of America, the HIV Medicine Association and the Center for Global Health Policy, have applauded the Obama administration as it pushes closer to lifting the restriction.

According to a policy paper from the International AIDS Society, as of January 2009 there were 63 countries that impose some form of HIV-specific restrictions on entry, stay or residence. There are eight countries that do not allow people with HIV to enter under any circumstances or for any length of stay. Five countries require proof of seronegative status if the length of stay exceeds a particular duration. Twenty-eight countries deport people when their seropositive status becomes known.

In some countries, including Saudi Arabia, foreigners found to have HIV can be detained prior to deportation.

Depending on the country, the restrictions target people visiting friends or family, businesspeople, students or others seeking education, people seeking political asylum, tourists or people seeking to become permanent residents or citizens of the country involved.

The restrictions in the United States prevent foreigners with HIV from entering the country except in rare cases in which a waiver can be granted. The ban also prevents immigrants with HIV from becoming legal permanent residents.

The first step to remove the ban was taken in July 2008, when then-President Bush signed into law a bill containing an amendment that would abolish the restrictions. However, HIV remained on the U.S. Department of

Health and Human Services (HHS) list of "communicable diseases of public health significance" that bar people from entering the country. The most recent development is that HHS proposed to remove HIV from the communicable diseases list.

The Obama administration is expected to respond to this proposal by publishing a regulation that would officially remove HIV from the list, at which point foreigners with HIV would be granted the same entry rights into the United States as those who do not have HIV. ■

PERSPECTIVE:

The ban in the United States requires people to declare their HIV status as they come into the country. Or worse, it requires them to lie about it. If they lie and evidence is found at immigration that they are positive, they are ejected. This is a gross violation of human rights. The United States is one of the only countries in the world that has this barrier. It is a serious issue.

My understanding is that the ban is going to be lifted. If and when it does, it will really be worth noting. After the restrictions were imposed by President George H. W. Bush, opposition to them could not gain any real traction, even during the Clinton administration.

This ban is important because it is a reflection of the fear and stigma surrounding HIV. It represents the sentiment that you can protect the country against the epidemic with legislation. All of this was clearly wrong at the time. Over time, it has become even more obviously misguided.

It has taken a long time to move on this because it is difficult to change laws. It takes a lot of effort. Also, a lot of policymakers are not focused on HIV/AIDS at this point. Many interest groups have clung to the fear, stigma and discrimination. The fear is largely not as appropriate as it was in the early stages of the epidemic.

On a related note, the travel ban was the central cause for the International AIDS Conference not to come back to the United States. The conference has not been held here since 1990. If the restrictions are lifted and the conference is held here again, it would demand significant comment.

— Paul Volberding, MD

Infectious Disease News Editorial Board member

Genetic variation associated with survival benefit in blacks with HIV

Kulkarni H. *Blood*. 2009;doi:10.1182/blood-2009-04-215186.

Compared with leukopenic European Americans with HIV, leukopenic blacks with HIV may have a survival advantage that can be explained by the Duffy antigen receptor for chemokines genotype, according to data from a natural history cohort study. In addition, white blood cell variability during HIV disease was strongly predicted by the Duffy Antigen Receptor for Chemokines genotype.

The study included genetic and clinical data from 1,132 participants in the U.S. Military's HIV Natural History Study. The researchers tested for

Duffy Antigen receptor chemokines (DARC) variation. To determine the effect of varying WBC levels on survival rates, they evaluated patients' WBC counts at diagnosis and throughout the course of disease.

At the time of diagnosis, the prevalence of leukopenia was significantly higher in blacks (28%) compared with European Americans (15%) or other ethnicities (13%). Additionally, WBC counts were significantly lower in blacks with HIV during the course of the disease.

According to the researchers, leukopenia was associated with increased

disease progression from HIV to AIDS, regardless of known predictors for AIDS development. In addition, DARC genotype variation explained differences in WBC counts among blacks with HIV.

A significant survival benefit was demonstrated only among leukopenic participants with DARC variations. The advantage was increasingly pronounced in participants with progressively lower WBC counts. According to the researchers, this suggested that the interaction between DARC and WBC counts was the primary influence on disease progression in blacks. ■

Copyright of Infectious Disease News is the property of SLACK Incorporated and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.