2 Is The Loneliest Number

July 1, 2005 By Liz Highleyman

Martell Randolph, a Los Angeles activist, spends hours surrounded by other HIVers. But she often feels as alone as PWAs did in the early years when no one knew what the hell had hit them. The soft-spoken Randolph has HIV 2, the strain common in West Africa but rare in the U.S.—and tricky to treat (see “A Different Duck” below.) “The mos tfrustrating thing,” she says, “is that I’ve never met another person with HIV 2.” In fact, the feds report a mere 132 U.S. cases, although some experts fear that there are many more undiagnosed—not least among the estimated 300,000 HIVers who have never been tested.

Randolph, now 42, fell ill in 1999. She’d had a monogamous relationship with an African man in Rome in 1990, but “didn’t suspect anything amiss.” After two inconclusive HIV tests, Randolph “started to freak out.” A coworker at New York City’s GMHC sent her to Manuel Revuelta, MD—one of a handful of HIV 2–savvy U.S. docs—who solved the mystery. Hospitalized with PCP pneumonia and 13 T cells, Randolph felt “life was closing in on me.”

Slowly, she climbed out of the hole. On solo Kaletra (reasonable for HIV 2, which moves slower than HIV 1), her T cells hit 900—“the most miraculous turnaround I’d seen,” Revuelta says. But she’s now resistant to Kaletra and is awaiting tipranavir—in trials for HIV 1and reputedly effective against HIV 2.

“I have to educate the people taking care of me,” Randolph says—like teaching lab techs that HIV 1 viral-load tests won’t measure HIV 2. She adds, “I hope this story will help others with HIV 2 find me.” And diagnosis.

A Different Duck
How HIV 2 differs from HIV 1:
Testing: Western blot, but not ELISA and OraSure, can tell HIV 2 from HIV 1.

Treatment: Non-nukes and some protease inhibitors (PIs) don’t quash HIV 2. Martin Schutten, MD, of the Netherlands’ Erasmus Medical Center, likes two nukes plus a boosted PI (Crixivan or Kaletra, not Lexiva or Viracept). HIV 2 enters cells differently from 1, so entry inhibitors like Fuzeonare iffy. Experimental PI tipranavir has worked in trials.

Monitoring: HIV 2 requires its own PCR and resistance tests—but CD4 cells register similarly for

both strains.

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