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TABLE 1. *Progression rates*

Source	Progression rate per 28 weeks
Moss et al. (3)	4.31%
Tindall et al. (4)	3.02%
Kaplan et al. (5)	5.12%
Placebo group	5.00%

ural history studies that included only patients with more than 200 CD4+ cells/mm^3 at the start of observation. The rates per 6 months were 4% (3), 2.8% (4), and 4.75% (5). We have reviewed the data for the placebo group in the Roberts study and the 28-week progression rate among patients with more than 200 CD4+ cells at baseline is 5% (Table 1).

The progression rate in the placebo group of the ribavirin study appears to be consistent with the natural history literature.

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HTLV-I Coinfection in a HIV-1-Infected Peruvian Population

To the Editor: Because of recent evidence that HTLV-I infection may be prevalent in South America in groups at risk for AIDS, the sera of individuals living in Peru infected with HIV-1 were tested for HTLV-I (1). Five hundred fifty-three HIV-1-positive serum samples were identified from an extensive serosurvey involving more than 65,000 blood donors and various high-risk groups, including homosexuals, prostitutes, and hemophiliacs. This survey was conducted between February 1987 and October 1989 under the auspices of the Peruvian Ministry of Health.

All serum samples obtained from the initial survey were screened by ELISA (Genetic Systems) for HIV-1 antibody; positive samples were retested by ELISA and subsequently by Western blot (DuPont) in repeatedly reactive samples. The same approach using ELISA (Cambridge Bioscience) and Western blot (DuPont) was employed to test for HTLV-I antibody in 552 of 553 samples identified as positive for HIV-1. Samples were considered to be HTLV-I positive if they were immunoreactive to both proteins p24 and gp46 by Western blot or reactive to p24 and positive by radioimmunoprecipitation assay (RIPA) (2,3).

The study population included 495 males (mean age of 32.0 years; range of 4 to 71 years) and 57 females (mean age of 31.9 years; range of 1 to 76 years). The self-reported racial composition of the population consisted of 82% Mestizos, 2% Indians, 3% Blacks, 12% Whites, and 0.5% Orientals. Forty-one percent of males indicated that they were homosexual and 18% bisexual. Most females either had a history of sexual contact with a HIV-1-seropositive male (33%), were clinically immunocompromised and without known risk factors (28%), or were prostitutes (18%). Parenteral drug abuse is rare in Peru, and only one male study subject was known to have abused i.v. drugs.

In males, 92 (18.6%) serum samples were positive for HTLV-I antibody, and 3 (5.3%) were positive among females. To distinguish between HTLV-I and HTLV-II infection, blood samples from three male cases with dual infection were evaluated by polymerase chain reaction, which indicated that these three samples contained HTLV-I (4,5).

The mean age of the 92 males with dual infection (35.4 years; range of 10 to 71 years) was slightly higher than in other males (mean of 31.2 years). The mean age of the three dual-infected females (40.0 years; range of 33 to 46 years) was also higher than other women (31.4 years). None of the three Orientals was positive for HTLV-I. Self-reported symptoms of AIDS were not increased in coinfected patients.

Potential risk factors of infection, including sexual relations with foreigners and previous blood transfusions, were not increased in individuals with dual infection. However, males reporting homosex-

ual or bisexual activity were more often seropositive for both retroviruses (22.4% compared to 13.0%; $p = 0.01$). Also, dual-infected males reported a significantly higher mean number of different sex partners (4.5 ± 20.1) during the month prior to sample collection than males infected with HIV-1 alone (mean of 1.2 ± 3.8; $p = 0.002$). Too few females were infected with HTLV-I to evaluate potential risk factors of infection.

These data suggest that HTLV-I may be a more common infection in high-risk groups in Peru than in other areas of South America and the Caribbean (1,6,7). The findings of this study also suggest that sexual contact may be an important mode of HTLV-I transmission in Peru. Additional studies are being conducted to determine if the clinical progression of mixed HIV-1/HTLV-I infection is more rapid than the clinical course of individuals infected with HIV-1 or HTLV-I alone (8,9).

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Condom Use Among Transvestites in Italy

To the Editor: In Italy, in the last few years, the practice of prostitution among males, in particular transvestites, has widely and constantly increased. We previously evaluated the conditions of 27 male prostitutes, 15 of whom are transvestites, seen between September 1985 and March 1987, in three cities in northeast Italy (1). Our data showed that three of 27 (11%) had human immunodeficiency virus (HIV) seropositive tests. We also found that condoms were used by only 41% of the clients of these prostitutes and that the receptive anal intercourse was the most common sexual practice (1). In the same period, we evaluated the HIV seroprevalence among 304 female prostitutes from four different Italian cities. Three of 190 (1.6%) professional prostitutes and 41 of 114 (36%) i.v. drug user prostitutes were found to have HIV-positive tests (2). We subsequently set up a prospective study on the sexual behavior of the street female and male prostitutes, either with their clients or with nonpaying partners, in particular on the frequency of condom use. They were directly approached on the streets by two professional prostitutes and asked to fill in a questionnaire. The pilot study of this study is hereby reported. Twenty-seven transvestites were interviewed; their median age was 29 years (range, 17–42). None of them was part of the previously reported group of transvestites (1). Only three reported a history of i.v. drug use. The median number of clients, most of them bisexuals, was 260 (range, 10–1,000) per month. Twenty-five of the 27 subjects reported always using condoms with