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The Node ... where a leaf arises from a stem

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PRESS STATEMENT

On HIV Vaccine Awareness Day UNAIDS calls for scaled-up action to find a vaccine for HIV

GENEVA, 18 May 2014—On HIV Vaccine Awareness Day UNAIDS is urging for global efforts to be stepped up to find an effective HIV vaccine and accelerate progress towards ending the AIDS epidemic.

"Although great strides have been made in preventing new HIV infections alongside expanding access to treatment, we still don't have an effective HIV vaccine," said UNAIDS Executive Director Michel Sidibé. "Finding a vaccine for HIV will be the push we need to achieve zero new HIV infections."

There have been important breakthroughs in vaccine research in recent years. The RV144 trial, conducted in Thailand and reported in 2009, showed that a vaccine could lower the rate of HIV infection by 31% and provided important clues as to how a more effective vaccine might work. Follow-on studies are now aiming to increase the level and durability of protection.

Recent advances in understanding how the virus behaves, and how the immune system responds, have greatly increased the likelihood of finding an effective vaccine. For example, vaccine trials in monkeys have prevented and cleared HIV infection. Ensuring sustained funding for HIV vaccine research will help to transform promising concepts into effective and affordable HIV vaccines.

"Research is bringing us closer to a vaccine every day, thanks to the tenacity of scientists and support from many donors and communities," said Margie McGlynn, President and Chief Executive Officer of the International AIDS Vaccine Initiative. "Only with sustained commitment can we all continue to build on these promising efforts to develop a rich pipeline of vaccine candidates."

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UNAIDS calls for earlier access to HIV and TB testing and treatment services

GENEVA, 24 March 2014—On World Tuberculosis (TB) Day UNAIDS is making an urgent call for global efforts to be stepped up to ensure earlier testing and treatment of TB and HIV. TB remains a leading cause of death among people living with HIV. In 2012, there were an estimated 1.1 million new cases of TB among people living with HIV—with 75% of new cases occurring among people living in Africa.

The dual impact of TB and HIV is devastating for millions of people and their families. This is unacceptable as TB is both preventable and curable. By expanding access to basic TB prevention for people living with HIV the target of reducing TB deaths in people living with HIV by 50% can be reached by 2015.

Scientific studies have shown that early HIV diagnosis and access to treatment for HIV can reduce a person's risk of TB by 65%. When treatment of TB is combined with ART, the risk of TB disease can be reduced by around 90%.

People in high-burden settings should have the opportunity to learn their HIV status and start treatment early in order to prevent active TB disease. If people living with HIV develop active TB disease then immediate ART can reduce their chance of dying by around 50%. Unfortunately, despite what is known about the importance of early diagnosis and treatment of both HIV and TB, millions of people often discover too late that they have HIV and TB.

UNAIDS launched ***Treatment 2015*** (http://www.unaids.org/en/resources/campaigns/treatment2015/) to expand access to HIV treatment, which is important to both HIV and TB prevention efforts. UNAIDS is calling for an innovative, integrated effort to prevent HIV and TB—working together to increase resources and reach everyone living with HIV with key TB prevention interventions, including earlier access to HIV and TB testing and treatment.

UNAIDS is working closely with countries, donors and partners, including the Stop TB Partnership, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the United States President's Emergency Plan for AIDS Relief, to produce sustainable solutions to fully integrate and deliver critical HIV and TB services.

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UNAIDS

The Joint United Nations Programme on HIV/AIDS (UNAIDS) leads and inspires the world to achieve its shared vision of zero new HIV infections, zero discrimination and zero AIDS-related deaths. UNAIDS unites the efforts of 11 UN organizations—UNHCR, UNICEF, WFP, UNDP, UNFPA, UNODC, UN Women, ILO, UNESCO, WHO and the World Bank—and works closely with global and national partners to maximize results for the AIDS response. Learn more at unaids.org and connect with us on Facebook and Twitter.

Revisiting St Paul's Hospital in Vancouver

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It was with quite a bit of nostalgia that I returned to St Paul's Hospital in March for a 2-week elective. More than 10 years ago, I completed my training in Infectious Disease with the University of British Columbia (UBC). St Paul's was one of its training facilities. Located near the Downtown East area of Vancouver which was also the epicentre of its HIV epidemic, this hospital has been inextricably linked to HIV ever since its emergence.

In 1992, the HIV service of St Paul's reorganised itself into the British Columbia Centre for Excellence in HIV/AIDS (http://www.cfenet.ubc.ca), providing not only state of the art patient care, but also pioneering research into almost all aspects of the disease. My time with them allowed me to learn from the best teachers on HIV resistance, salvage therapy, immune reconstitution syndrome, and what not.

On a broader level, there have also been close ties between Hong Kong and St Paul's Hospital. In its early days of development, the specialty of Infectious Disease in Hong Kong received consultation from Dr Neil Reiner and Dr Montessorri of UBC. The Kowloon Bay Integrated Treatment Centre also modelled its service delivery upon that of the Immunodeficiency Clinic of St Paul's Hospital.

Fast forward to 2014, my two week elective successfully helped me realise my objective of learning and relearning clinical HIV management. However, it also unexpectedly implanted in me a very different perspective. It is true that their AIDS floor continues to be busy. Serious AIDS complications still happen to patients, many of them injecting drug users, who are not able to take treatment on a consistent basis. Making hospital rounds on these patients was almost like a refresher course for me, albeit that the treatment of choice might have changed for some diseases.

But the focus has obviously shifted, epitomising also a worldwide trend.

Treatment as prevention – TasP had become the by word in the Centre, especially at a time when it was preparing for the International Treatment as Prevention Workshop (http://www.cfenet.ubc.ca/tasp-international-workshop). And rightfully, the Centre took pride in this worldwide movement. Back in 2010, Julio Montaner, head of the Centre, published one of the landmark papers by inversely correlating the incidence of HIV with the use of antiretroviral in the province.[1] As president of the International AIDS Society, Dr Montaner was also

[1] Montaner JSG, et al. Association of highly active antiretroviral therapy coverage, population viral load, and yearly new HIV diagnoses in British Columbia, Canada: a population-based study. Lancet 2010;376:532

vocal in promoting the concept to other countries. When I was there, he had just returned from Vatican, having obtained support from the Church to subsidize treatment as an effort of prevention.

Cascade of care – Success of TasP hinges on a leakproof cascade of care, in which most if not all of the HIV infected population achieve suppression of the virus. Currently, the computation of this cascade is problematic as epidemiologists struggle to achieve consensus on methodology. In this area of research, the Centre has had more than its fair share of contribution. However, this cannot compare to its laudable effort to improve this cascade in real time and life.

STOP HIV/AIDS – following four years of pilot, the Seek and Treat for Optimal Prevention of HIV/AIDS (STOP HIV/AIDS) programme was officially implemented in Apr 2013 (http://stophivaids.ca). It is not mere slogan, but a real effort in mobilising all community and medical resources to broaden HIV testing and ensure treatment success. That IDU is a predominant risk factor of HIV in Vancouver highlights the importance of the programme. One of its components is to engage community physicians, to whom support is generously provided on all aspects of management of HIV disease.

The 'new' AIDS-defining conditions – coinciding with a preceptorship programme for community physicians, I was able to join many of the clinical sit-in sessions and tutorials provided for them. Remarkable in the clinical teaching was the near absence of traditional AIDS-defining diseases. In their place were topics such as treatment of hepatitis B and C, metabolic complications, and how to work with social workers. This simply reflects the reality of the care landscape nowadays. Indeed, it is important that all treatment providers focus their care where it is needed the most.

What a difference a decade makes! No doubt HIV is still with us, but the fact that we are tackling the very idea of treatment as prevention is nothing short of amazing. Extrapolating from the rapid pace of development, it would not be too farfetched to dream that in my next visit to St Paul's, I will be learning how to implement a community HIV cure programme.