





CONTROLLING THE EPIDEMIC: THE PROMISE OF ARV BASED PREVENTION

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Forum for Collaborative HIV Research



ACKNOWLEDGMENTS

- Laure Sonnier*** (EATG)
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- Funding from the EUROPRISE network
 - pan-European biomedical HIV-prevention network
 - sponsored by the European Commission, coordinated by Robin Shattock







SYMPOSIUM OUTLINE

- Overview
 - Miller
- Multiple perspectives
 - De Gruttola; McCormack; Hallet; Cairns
- Issues in developing community based research
 - McCormack; Egger; Vernazza
- Roundtable Panel Discussion









MAXIMIZING TREATMENT & PREVENTION

Treatment as Prevention



Treatment IS Prevention





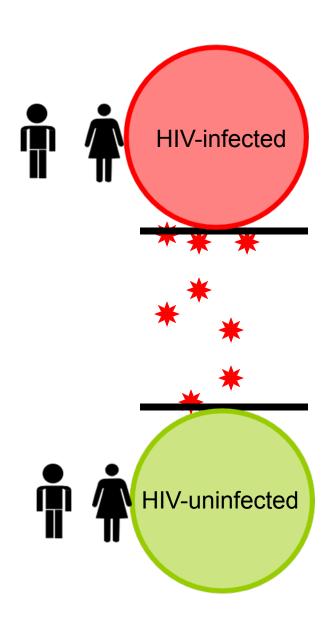




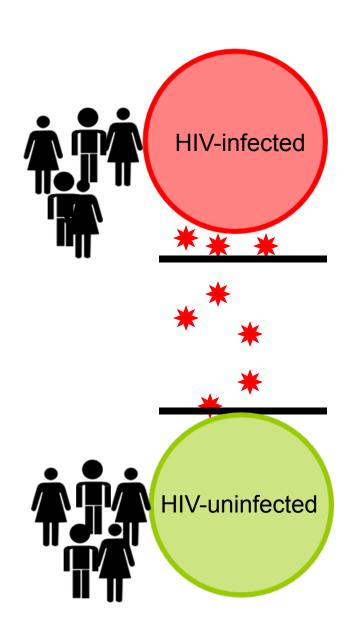
THE PROBLEM







- Decreasing infectiousness/transmission
 - Knowledge of serostatus
 - Link/engage in care
 - Psycho-social support
 - Physical barriers
 - Condoms
 - Biomedical
 - ART
 - Treat STIs
 - Structural/policy
 - Availability of clean needles
 - Availability of family planning
 - Availability of treatment for addiction
- Decreasing susceptibility
 - Genetic
 - e.g. ∆ 32
 - Biological/biomedical
 - Male circumcision
 - •pMTCT
 - •PEP/PrEP/microbicide
 - Behavioral
 - Reducing # of sex partners
 - •Condom
 - Clean needles
 - Socio-cultural
 - Age of sexual debut



•Reducing transmission at the population level

- Societal/Structural
 - •reduce stigma
 - policies (e.g. against discrimination)
 - •social norms (e.g. age of sexual debut)
- •Routine testing and linkage to care services
- Programs
 - wide spread antiretroviral treatment
 reducing community viral load
 - •male circumcision scale up
 - universal pMTCT
 - partner tracing/contact
 - •drug addiction treatment programs





EPIDEMICS AT THE LOCAL LEVEL







RISK FACTORS DRIVING THE EMERGENCE OF A GENERALIZED HETEROSEXUAL HIV EPIDEMIC IN WASHINGTON, DC NETWORKS AT RISK

- Geospatial selection: high HIV incidence and high level of poverty
- 750 individuals interviewed
 - 93% AA
 - 60% annual income < 10,000
- 5.2 HIV-infected
 - 6.3% women; 5.2 % men
- 50% history of incarceration
- 75% <3 sex partners in last year
 - 46% of women had only1
- "Normal" heterosexual relationships within a high prevalence network







THE PROBLEM OF EARLY INFECTION

Myron S. Cohen, M.D., George M. Shaw, M.D., Ph.D., Andrew J. McMichael, M.B., B.Ch., Ph.D., and Barton F. Haynes, M.D.

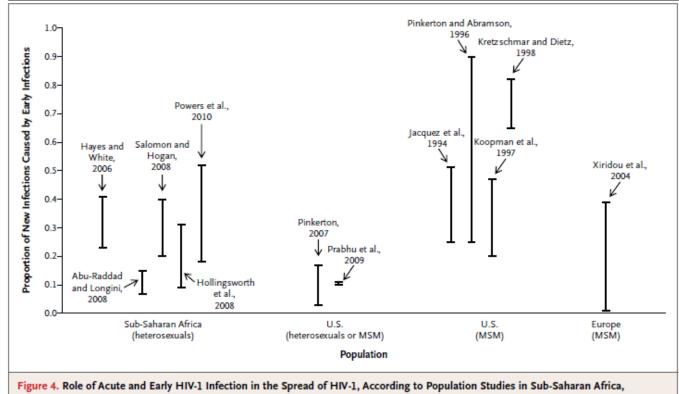


Figure 4. Role of Acute and Early HIV-1 Infection in the Spread of HIV-1, According to Population Studies in Sub-Saharan Africa the United States, and Europe.

N Engl J Med 2011;364:1943-54.









THE PROBLEM OF EARLY INFECTION

The role of acute and early HIV infection in the spread of HIV and implications for transmission prevention strategies in Lilongwe, Malawi: a modelling study



Published Online June 18, 2011 DOI:10.1016/S0140-6736(11)60842-8

Kimberly A Powers, Azra C Ghani, William C Miller, Irving F Hoffman, Audrey E Pettifor, Gift Kamanga, Francis E A Martinson, Myron S Cohen

38.4% (18.6-52.3) of transmissions attributable to early infection

95-99% coverage of chronic infection needed for elimination of HIV









APPROACHING SOLUTIONS







HPTN 052: TREATMENT OF HIV INFECTION REDUCES HIV TRANSMISSION

- 96% reduction in HIV transmission
- 1783 sero-discordant couples

 \rightarrow Start ART @ 350-550 CD4: 1 transmission

→ Start ART @ \leq 200 CD4: 27 transmissions

11 unlinked/potential unlinked transmissions





Partners PrEP Study



4758 HIV discordant couples

(HIV+ partner not yet medically eligible for ART)

Randomize HIV- partners (normal liver, renal, hematologic function)

TDF once daily

FTC/TDF once daily

Placebo once daily

All receiving HIV

prevention services

Follow couples for 24-36 months

1° endpoint: HIV infection in HIV-negative partner Co- 1° endpoint: Safety



EMBARGOED UNTIL RELEASE

Wednesday July 13, 2011, 2:00 a.m. Pacific Daylight Time

PIVOTAL STUDY FINDS THAT HIV MEDICATIONS ARE HIGHLY EFFECTIVE AS PROPHYLAXIS AGAINST HIV INFECTION IN MEN AND WOMEN IN AFRICA

	Placebo	TDF	FTC/TDF
New Infections	47	18	13
% ↓ transmission		62% (34-78)	73% (49-85)
		P=0.0003	P<0.0001

Intensive safe-sex counseling
HIV testing
Free condoms
STI dx, Rx
Monitoring/care of HIV disease







Press Release

For immediate release: July 13, 2011

Media Contact: NCHHSTP - News Media Line, +1-404-639-8895, NCHHSTPMediaTeam@cdc.gov

CDC Trial and Another Major Study Find PrEP Can Reduce Risk of HIV Infection among Heterosexuals

CDC Assessing Data from All Heterosexual Trials to Develop Interim Guidance for Use

	Placebo	FTC/TDF
New Infections	24	9
% ↓ transmission		63%

Intensive safe-sex counseling
HIV testing
Free condoms
STI dx, Rx
Monitoring/care of HIV disease









SUMMARY OF OTHER PREVENTION TRIALS FINDINGS

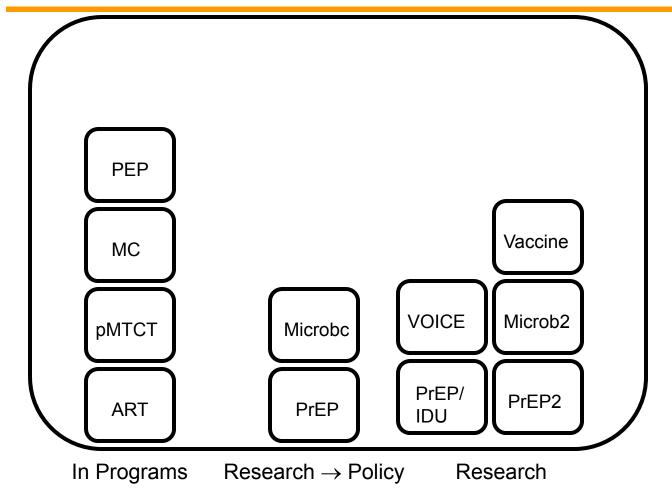
Study	% ↓ Transmission	High adherence
FEM-PREP	NA (Closed for futility)	
IPrEX	44%	73%
Caprisa 004	39%	54%
Adult Male Circumcision	60%	







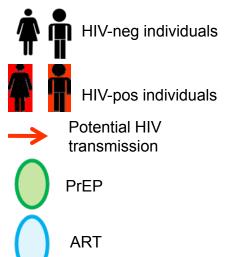
CURRENT FIELD OF BIOMEDICAL PREVENTION INTERVENTIONS



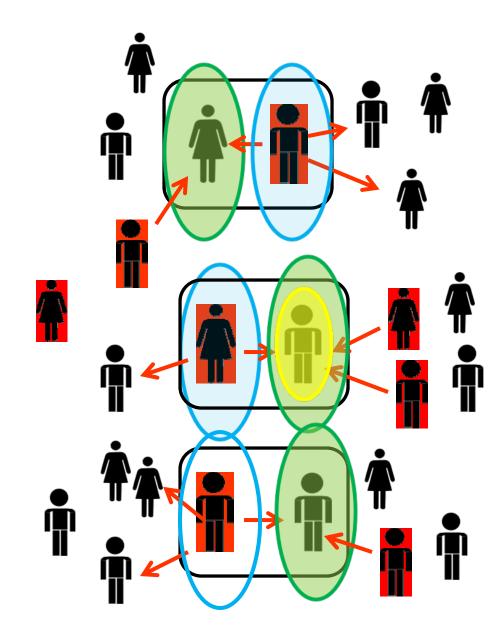












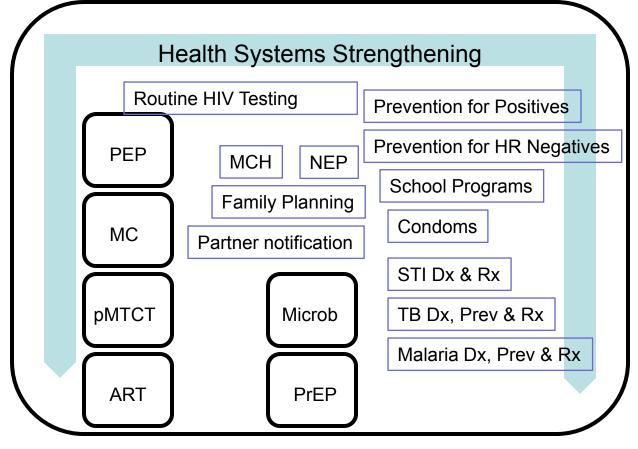








FINDING THE SYNERGIES









RESEARCH CHALLENGES

- Clinical/efficacy research
 - New drugs, new dosing, new formulations
 - Expeditious use of PK/PD and NHP models
 - Smart use of clinical trial sites







RESEARCH CHALLENGES

- Moving from clinical/efficacy research to implementation and cost-effectiveness research
 - What are some of the untapped data sources?
 - Who are the local players?
 - Where are untapped collaborations?
 - Where are the synergies?
 - What are the most effective roll-out strategies?



