August 2006 • Vol.4 • No.8

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AIDS VACCINE BULLETIN • WWW.IAVIREPORT.ORG

Spotlight

AIDS vaccines for adolescents

As HIV continues to infect millions of people throughout the world, more and more of the newly infected are between the ages of 15 and 24. Young people in this age group now account for almost half of all new HIV infections, with nearly three million becoming HIV infected each year. Despite these startling statistics, AIDS vaccines have so far not been tested in adolescent volunteers.

"The epidemic is becoming more youth-driven," says Linda-Gail Bekker of the Desmond Tutu HIV Centre in Cape Town, who is preparing for AIDS vaccine trials involving adolescents in South Africa. Research shows that despite increased efforts to reach adolescents and provide them with information about HIV prevention, young people in many communities are having sex and pursuing injection drug use at an earlier age. This makes the optimal age for vaccination even younger, since adolescents should ideally receive a preventive AIDS vaccine before they become sexually active. "That's our big motivation," adds Bekker.

But before AIDS vaccine trials with promising candidates can be initiated in adolescents, researchers must tackle potentially thorny legal, ethical, and regulatory issues, and make sure they adequately address the concerns of parents about their children participating in research. Many organizations are currently working to develop guidelines and protocols that will enable future trials to be conducted successfully with adolescent volunteers. Progress in these areas will help guarantee that an effective AIDS vaccine, when available, will reach both adult and adolescent populations as quickly as possible, offering the greatest chance for curbing the pandemic. "I think we need to keep the pressure on," says Bekker. "As we move closer to more promising candidates, we don't want to be caught short."

An adolescent epidemic

In the US, 40% of all new HIV infections are now occurring in individuals younger than 25. Although the risk facing teenagers varies greatly from place to place, in many countries, especially in Africa, the situation facing young women is particularly dire. Young women in South Africa continue to be at very high risk of HIV infection, with studies showing that HIV prevalence rates approach 16% among girls between age 15 and 24, four times the infection rates seen in boys of the same age. In Botswana nearly 25% of girls between the ages of 15 and 19 are already HIV infected.

Statistics like these are helping to fuel discussions amongst researchers, sponsoring organizations, and regulatory agencies about how and when to test AIDS vaccine candidates in younger volunteers. "Everyone has been cautious about moving into adolescents with AIDS vaccines," says Michael Robertson, a lead investigator on Merck's Phase IIb AIDS vaccine trial. "But when you look at the epidemic in Africa, adolescents are the highest incidence group and if you're going to make headway in dealing with the epidemic you need to involve them."

Researchers were given some guidance recently on adolescent trials by the US Food and Drug Administration (FDA). In a document issued in May 2006 (Development of Preventive HIV Vaccines for Use in Pediatric Populations, www.fda.gov/cber/guidelines.htm) the agency provided vaccine trial sponsors with direction on the requirements for licensure in adolescent populations. Most regulatory agencies like the FDA that oversee the approval and licensure of medicines and vaccines require that experimental products are tested in the population in which they will be used. For most vaccines this is in infants, who are susceptible to many diseases that they would normally catch during early childhood. Infants are also at greatest risk of developing life-threatening symptoms from viral infections because their immune systems haven't fully developed. Extensive childhood immunization programs have been implemented in many countries where sufficient healthcare infrastructure exists, and have drastically reduced mortality rates.

But there is much less of a precedent for adolescent vaccination. A vaccine against hepatitis B virus (HBV) was the only one to target this age group until a vaccine for human papillomavirus (HPV) was recently licensed by the FDA for girls aged 9 to 26 (see February 2006 *Spotlight* article, *Cervical cancer vaccines*). The large efficacy trials for the HPV vaccine involved thousands of adolescent (age 12-18) and pre-adolescent girls, and many researchers are closely monitoring the acceptance and inclusion of this new vaccine into immunization programs to help gauge the response to vaccines still in development that aim to prevent other sexually-transmitted infections, including HIV and herpes simplex virus type 2. "It's an excellent model for AIDS vaccine researchers," says Jeffrey Safrit of the Elizabeth Glaser Pediatric AIDS Foundation.

Special Issue

XVI International AIDS Conference
Toronto, Canada

Results from HPV and HBV vaccine trials also give researchers good reason to be optimistic that adolescents may respond even better to vaccination than adults. Clinical trials with both vaccines induced stronger immune responses in younger volunteers. The primary concern will be establishing safety data in these populations rather than immunogenicity, says Robertson.

The guidance document issued by the FDA suggested that strong safety and immunogenicity data for AIDS vaccine candidates should be collected in adults before adolescent trials begin. The agency also emphasized that efficacy data collected in adults could only be extrapolated to adolescents if researchers could successfully identify the immune responses that are predictive of protection, also known as correlates of protection. Establishing which immune responses correlate with protection is not a simple task and for both HPV and rotavirus vaccines (see July 2006 *Spotlight* article, *Vaccines enter battle against an intestinal virus*) correlates of protection have not been identified even after large Phase III efficacy trials.

For AIDS vaccine candidates it may therefore be necessary to run large efficacy trials in adolescents. It is unlikely that these can only be done in the US since HIV incidence rates there are generally too low among adolescents to support a conclusive Phase III trial, says Audrey Smith Rogers, an epidemiologist at the US National Institute of Child Health and Human Development. The guidance document by the FDA recommends that trials sponsors discuss AIDS vaccine efficacy trials planned in other countries to ensure that this data can be applied to adolescent approval in the US.

Researchers in South Africa and Botswana are leading the charge due to the high prevalence of HIV infection among adolescents in these countries. The South African AIDS Vaccine Initiative (SAAVI) is currently collaborating with the HIV Vaccine Trials Network (HVTN) to prepare a protocol for an adolescent trial. The World Health Organization (WHO) and the African AIDS Vaccine Program (AAVP) also sponsored a meeting earlier this year in Gaborone, Botswana, to address some of the challenges of including adolescent volunteers in AIDS vaccine trials. And Merck is now considering testing its lead vaccine candidate in adolescents in South Africa as part of a Phase IIb trial that will start there later this year in cooperation with the US National Institutes of Health and the HVTN. "The plans are very much in the discussion phase," says Robertson. "We've discussed expanding the planned trial and amending the age cutoff to include adolescents, or adding another small safety and immunogenicity trial there just for adolescents."

Key challenges

But before an actual trial begins these groups are working to overcome some of the key challenges that are unique to adolescent trials. Chief among these is the need to obtain informed consent from both the adolescent and their parent or guardian prior to enrollment (see June 2005 *Primer* on *Understanding Informed Consent*). US and South African law both require that parental consent be provided for any trial involving minors where the vaccine isn't guaranteed to provide some benefit, and Bekker predicts that many parents may be reticent, at least initially, to allow their children to participate, necessitating education and counseling for both adolescents and parents. "Once you give them the statistics, you can easily change people's perception," she says. "Parents are very aware that their children are in danger."

Parental consent also requires striking a balance between involving parents and protecting the confidentiality and privacy of the volunteer. Adolescents may be uncomfortable disclosing their potential risk behaviors to a parent or guardian. This may become even more complicated in efficacy trials, where enrollment is dependent on the volunteer being sexually active and therefore at some risk of HIV infection, says Rogers.

This raises legal and ethical issues about involving adolescents in trials before they have reached the legal age for sexual consent, which varies from country to country. "The implication is that you're saying the age of consent isn't applicable," says Bekker. "I'm a bit squeamish about that, even though I've been a great protagonist." A possible solution to this dilemma is including in efficacy trials only adolescents over the age of sexual consent and reserving Phase I and II trials for younger volunteers.

Regardless of these sexual consent issues, trial protocols are being developed to protect these adolescent volunteers by tailoring the informed consent process and counseling sessions to specifically address their concerns, as well as those of their parents. "These are the same issues we faced with our HPV program," says Robertson. The experiences in running these efficacy trials are helping the company plan future AIDS vaccine trials in teenagers.

Another concern for parents when making the decision to allow their child to participate is the potential that volunteers in AIDS vaccine trials may test positive on HIV tests without actually being HIV infected (see November 2005 *Primer* on *Understanding HIV Testing*). And researchers will also face obstacles, including the retention of adolescent volunteers who tend to be more mobile than adults. "I don't think these are insurmountable problems," says Rogers.

For these trials to be successful, expertise must come from outside the vaccine field. Involving adolescent organizations and community-advisory boards that can offer peer support to volunteers could greatly improve the experience of adolescent volunteers. "My take has always been that this can be done, but it can't be done by everyone," says Bekker. "You have to have groups who are used to working with adolescents."

Preliminary research indicates that many adolescents are eager to participate in AIDS vaccine research. Results from a feasibility study conducted by Bekker in South Africa indicate that 53% of 256 adolescents (age 11-19) were willing to participate in a trial. However the most common reason given for participation was the perception that it would offer them protection from HIV infection. This raises the concern of behavioral disinhibition in trials, where volunteers feel a false sense of protection from a vaccine candidate that hasn't yet proven effective. As a result they may continue or increase behaviors that put them at higher risk of HIV infection. Disinhibition is an important consideration in any prevention trial, but may be even more critical for adolescents. "It's a valid concern but I don't know that there's data out there to support it," says Bekker.

Including adolescents in trials is viewed as a necessary step in making an eventual AIDS vaccine available to this population, but the need to protect this vulnerable group from stigma and other social harms is imperative during the conduct of the trials.

AIDS Vaccine Program at the XVI International AIDS Conference, August 13-18, 2006 Toronto, Canada

This special issue provides a guide to the AIDS vaccine-related sessions at the XVI International AIDS Conference in Toronto. Readers not attending the conference can go to www.aids2006.org and search by abstract number, author, or keyword for further information on these sessions. The September issue of *VAX* will feature coverage of the key findings from the meeting related to AIDS vaccine research and other HIV prevention technologies.

Session/Venue (Format)	Time	Abstract	Title	Speaker (Country)
Saturday, August 12				
Partnerships for the Future (SM) *Renaissance Toronto Hotel Downtown*	12:00-18:00	n/a	AIDS vaccine research in the developing world	S. Berkley (US); P. Kaleebu (Uganda); G. Ramjee (S. Africa) M. Wainberg (Canada) P. Piot (Switzerland)
Sunday, August 13				
Almost Everything You Ever Wanted to Know About Vaccinology: How Vaccines Work (SM) *Skills Building Room 8, Level 200*	10:15-12:15	n/a	Basic principles of how vaccines work and updates on the latest research to help media and community advocates understand vaccine development	S. Plotkin (US); J. Esparza (US)
Viral Load as a Surrogate Marker for AIDS Vaccine Efficacy (SM) *Skills Building Room 7, Level 200*	12:30-14:30	n/a	Exploring the issues behind using viral load as a surrogate marker for vaccine efficacy and addressing the practical challenges and opportunities of developing and using partially effective HIV vaccines	L. Corey (US); N. Letvin (US); T. Quinn (US); R. Veazey (US)
Monday, August 14				
Taking Stock: Current Challenges in the Global Response (PS) *Session Room 1, Level 800*	08:45	MOPL01	HIV transmission and pathogenesis: A viral perspective	J. Overbaugh (US)
Priorities in Ending the Epidemic (S) *Session Room 1, Level 800*	10:45	MOSY0101	Panel Discussion	W.J. Clinton (US)
	10:45	MOSY0102	Panel Discussion	W. Gates (US)
Regulation of Viral Evolution (S) *Session Room 9, Level 100*	11:25	MOSY0403	HIV-1 fitness costs associated with mutations to escape immune pressure	E.J. Arts (US)
Host Response in Acute Infection, Setting the Stage for Disease Outcome (AS) *Session Room 12, Level 100*	10:45	MOAX0101	Polyfunctional immune responses to HIV in acute infection	M. Betts (US)
	11:00	MOAX0102	Inflammatory cytokines in the female genital tract in acute HIV-1 infection	L. Bebell (South Africa)
	11:15	MOAX0103	Interferon regulatory factor 1: A novel determinant of resistance to infection by HIV-1 in highly exposed uninfected sex workers	H. Ji (Canada)
	11:45	MOAX0105	Comprehensive analysis of HIV-specific IL-2 and IFNγ immune responses in acute infection, LTNPs, and progressive disease	N. Lubaki (Canada)
Accelerate Research to End the Epidemic (PD) *Key Challenge Area 1, Level 800*	12:50	MOKC102	Phase III trial of HIV prime-boost vaccine combination in Thailand: Completion of the screening phase	S. Rerks-Ngarm (Thailand)
Neutralizing Antibodies to HIV (AS) *Session Room 6, Level 800*	14:15	MOAA0201	Probing the promiscuity of the HIV-1 neutralizing 2F5 antibody	J.P. Julien (Canada)
	14:30	MOAA0203	The E2DISP antigen display sytem: A novel HIV vaccine approach	D. Lauman (US)
	14:45	MOAA0204	Vaccine-relevant mimotopes selected with neutralizing IgG present in plasma from long-term non-progressors (LTNP) by phage display	U. Dietrich (Germany)
	15:00	MOAA0205	Maternal neutralizing antibodies to a CRF01_AE primary isolate are associated with low intra-partum transmission of HIV-1 in Thailand	T. Samleerat (Thailand)
	15:15	MOAA0206	Loop deletions in gp120 expose the CD4 binding site for improved binding of 1b12 and F105 antibodies	I. Berkower (US)
Ethics and Community Involvement in Research (AS) *Session Room 10, Level 100*	14:15	MOAD0201	Enhancing the process of informed consent in cross-linguistic research trials	C. Penn (South Africa)
	14:30	MOAD0202	Communication in the informed consent process of an AIDS vaccine trial	J. Watermeyer (South Africa)
	15:15	MOAD0205	Increasing access to voluntary counseling and testing (VCT) through mobile VCT services; case study of six communities in Oyo state	U.R. Okeke (Nigeria)
Biology and Pathogenesis of HIV (PE) *Poster Area - Track A, Level 800*	12:30-14:00	MOPE0030	Do neutralizing antibodies against HIV-1 arise from autoantibody precursors?	X. Wang (Canada)
		MOPE0040	HIV-1 specific T lymphocyte responses in HEPS Chinese	H. Liu (China)
		MOPE0041	Identification of $CD8^+$ T cell subsets with noncytotoxic anti-HIV activity	M.S. Killian (US)
		MOPE0043	Function of HIV-specific $CD8^+$ T cells in a cohort of LTNPs	M. López (Spain)
		MOPE0044	Tat-specific $CD8^+$ T lymphocytes more effectively suppress SIVmac239 replication than those directed against Nef, Gag, and Env in a functional *in vitro* assay	J. Loffredo (US)
Epidemiology, Prevention and Prevention Research (PE) *Poster Area - Track C, Level 800*	12:30-14:00	MOPE0320	Future impact of an HIV-1 vaccine and highly active antiretroviral therapy (HAART) on the HIV/AIDS epidemic in South Africa	R. Hogg (Canada)
		MOPE0340	HIV incidence and risk factors for HIV transmission in an HIV vaccine feasibility study in rural Uganda	E. Ruzagira (Uganda)
		MOPE0423	High HIV incidence and retention rates within an HIV vaccine preparedness cohort in Cape Town, South Africa	K. Middlekoop (South Africa)
		MOPE0562	Recruiting cohorts for HIV prevention trials ethically and equitably	F. Ntombela (South Africa)
		MOPE0567	HIV vaccine acceptability among women at risk: The importance of social and structural factors (Project VIBE)	L. Kakinami (US)

SM: satellite meeting; **PS**: plenary session; **S**: symposium; **AS**: abstract session; **PD**: poster discussion; **PE**: poster exhibition; **SBW**: skills building workshop; **BS**: bridging session

Session/Venue (Format)	Time	Abstract	Title	Speaker (Country)
Social, Behavioural and Economic Sciences (PE) *Poster Area - Track D, Level 800*	12:30-14:00	MOPE0696	Intellectual property (IP) issues for AIDS vaccines at the crossroads	R. Reinhard (US)
		MOPE0702	Optimizing research IP for vaccines	K. Fisher (US)
		MOPE0720	A small dose of HIV? HIV vaccine mental models and heuristics among communities at risk (Project VIBE)	D. Seiden (US)
		MOPE0783	The use of an educational video during informed consent in an HIV clinical trial in Haiti	P. Joseph (Haiti)
		MOPE0786	PUENTES: investigators setting bridges with community partners for successful clinical trials implementation	P. Goicocha (Peru)
		MOPE0793	Be part of something big! Promoting volunteerism in HIV clinical trials	M.d.R. Leon (Peru)
		MOPE0800	Prospects and challenges of involving adolescents in future HIV vaccine trials	N. Soka (South Africa)
		MOPE0801	Assessing commmunity involvement in HIV prevention research	S. Morfit (US)
Policy (PE) *Poster Area - Track E, Level 800*	12:30-14:00	MOPE0914	Social harms in HIV vaccine trials: perceptions of South African stakeholders	X. Xaba (South Africa)
		MOPE0942	Ethical strategy for informed consent among married couples involved in HIV research in rural Malawi	E. Mbweza (US)
		MOPE0943	The principle of free and informed consent: gaps between theory and practice	J.P. Belisle (Canada)
		MOPE0944	Meeting the requirements of committees for the protection of human subjects	M. Rosa (Puerto Rico)
		MOPE0945	Young rural South Africans' experiences in HIV prevention research	R. Jewkes (South Africa)
Towards a New GCP: "Good Community Practice" in Prevention Research (SBW) *Skills Building Room 1, Level 200*	10:45-12:15	MOPL01	Interactive workshop to explore ways to more meaningful engagement with communities in the search for new prevention options	M. Warren (US)
Tuesday, August 15				
Prevention: Proven Approaches and New Technologies (PS) *Session Room 1, Level 800*	8:45-10:15	TUPL01	Conceptual frameworks and HIV/AIDS prevention paradigms	C. Pimenta (Brazil)
		TUPL02	Microbicides and other prevention technologies	G. Ramjee (South Africa)
		TUPL03	Dynamics of HIV/AIDS vaccine research: From dream and nightmare to reality and hope	F. Barré-Sinoussi (France)
Achieving Access to Prevention, Care, and Treatment (AS) *Session Room 11, Level 100*	11:45	TUAD0205	Funding HIV prevention in developing countries: Equity vs. efficiency	A. Lasry (Canada)
Innate Immunity and Dendritic Cells (PD) *Poster Discussion Site A, Level 800*	13:00	TUPDA06	New innate correlates in Caucasian HIV-exposed seronegative individuals	F. Veas (France)
	13:05	TUPDA07	Role of TLR 2 and TLR 4 polymorphisms in resistance and susceptibility to HIV-1 infection	C. Marlin (Canada)
	13:10	TUPDA08	Immunomodulation of dendritic cells from HIV-1 infected persons for enhanced stimulation of anti-HIV-1 T cell immunity	C.R. Rinaldo (US)
A World Without AIDS: The Long Road to Effective HIV Vaccines (S) *Session Room 2, Level 800*	14:15	TUSY0301	Scientific challenges for the development of HIV vaccines	R. Sékaly (Canada)
	14:25	TUSY0302	Challenges to industry in developing HIV vaccines	J. Tartaglia (France)
	14:35	TUSY0303	Engaging the community in HIV vaccine issues	E. Levendal (South Africa)
	14:45	TUSY0304	The Global HIV Vaccine Enterprise	A. Mahmoud (US)
HIV Prevention: Evolution and Change in Programme Development (S) *Session Room 5, Level 800*	14:35	TUSY0503	Beyond rhetoric to action: Power and community in HIV prevention	N. Iwere (Nigeria)
Scientific Challenges to More Effective HIV Prevention (S) *Session Room 11, Level 100*	14:15	TUSY0801	What basic science advances could significantly improve our ability to control the HIV/AIDS pandemic?	K. Holmes (US)
	14:30	TUSY0802	Social and ethical barriers to more effective control of HIV	J. Singh (South Africa)
	14:45	TUSY0803	Prevention science gaps and the HIV/AIDS pandemic	R. Washington (India)
Ethical Issues in Clinical Trials: Tenofovir and Beyond (AS) *Session Room 12, Level 100*	16:30	TUAE0302	Revisiting the ethics of HIV prevention research in developing countries	C. Weijer (Canada)
	16:45	TUAE0303	Overcoming the challenges of prevention research: Lessons learned from the tenofovir pre-exposure prophylaxis trials	Y. Halima (UK)
	17:00	TUAE0304	Beyond the checklist: Assessing understanding of participation in HIV vaccine trials in South Africa	X. Xaba (South Africa)
Epidemiology, Prevention, and Prevention Research (PE) *Poster Area - Track C, Level 800*	12:30-14:00	TUPE0425	HIV vaccine preparedness studies in North America, 1995-2005	S. Dhalla (Canada)
		TUPE0428	Towards a new GCP: "Good Community Practice" in prevention research	M. Warren (US)
		TUPE0472	HIV related knowledge, attitudes and practices (KAP) reported by a rural Ugandan population selected in preparation for vaccine efficacy trials	M. Katende (Uganda)
Wednesday, August 16				
Advancing Treatment and Universal Access: A Report on State-of-the-Art and Progress (PS) *Session Room 1, Level 800*	8:45-10:15	WEPL04	Prevention and universal access: An issue of sustainability	A. Binagwaho (Rwanda)
Claiming Rights for Women in HIV/AIDS (S) *Session Room 4, Level 800*	11:15	WEAD0103	HIV vaccine concerns and mistrust among vulnerable communities: Towards proactive, culturally-appropriate interventions (Project VIBE)	P.A. Newman (Canada)

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Session/Venue (Format)	Time	Abstract	Title	Speaker (Country)
Host Factors (AS) *Session Room 7, Level 700*	10:45	WEAA0101	Invited introduction: Host factors mediating resistance and susceptibility to HIV infection and disease	TBA
Effectiveness of Anti-HIV T Cell Immunity (AS) *Session Room 9, Level 100*	10:45	WEAA0201	Designing a vaccine strategy: Implications of viral escape and SHIV-specific CD8 T cells at transmission and during acute infection	C.S. Fernandez (Australia)
	11:00	WEAA0202	Incorporation of sequence diversity increases the rate of detection of HIV-specific T cell responses	N. Frahm (US)
	11:30	WEAA0204	Vaccine induced T-cell responses in immunised rhesus macaques correlate with SIV replication kinetics *in vitro* but not *in vivo*	W. Ochieng (Germany)
25 Years of AIDS - Reflecting Back and Looking Forward (SS) *Session Room 1, Level 800*	12:45	WESS0101	The science response	A. Fauci (US)
	12:52	WESS0102	The global response	P. Piot (Switzerland)
	12:59	WESS0103	A lifetime of living with HIV/AIDS	H. Broadbent (US)
	13:06	WESS0104	Activist response	G. Gonsalves (US)
	13:13	WESS0105	Early developing country response	E. Madraa (Uganda)
Accelerating Research: Approaches That Work (PD) *Key Challenge Area 1, Level 800*	13:00	WEKC104	Adding it all up: Funding for HIV vaccine and microbicide research and development between 2000 and 2005	K. Fisher (US)
Mucosal and Innate Immunity (AS) *Session Room 6, Level 800*	14:15	WEAA0301	Differential cytokine responsiveness to toll-like receptor (TLR) ligand stimulation in HIV-1 resistant sex workers from Nairobi, Kenya	T.B. Ball (Canada)
	14:45	WEAA0303	Multiple newly identified uridine-rich TLR7/8 ligands within the RNA of HIV-1 activate human CD8+ T cells	A. Meier (US)
T Cell Immunity to HIV in Acute/Chronic Infection (AS) *Session Room 6, Level 800*	16:15	WEAA0401	Long-term nonprogressor's journey into progressive disease: Association with escape from cellular immune control	K. Kemal (US)
	16:45	WEAA0404	T cell responses to human endogenous retroviruses in primary HIV infection: A novel vaccine strategy?	K. Garrison (US)
Clinical Research, Treatment, and Care (PE) *Poster Area - Track B, Level 800*	10:15-18:30	WEPE0182	A multifaceted approach to recruitment of a diverse and high risk MSM cohort for preventative vaccine trials	R. VanDerwarker (US)
		WEPE0183	An integrated HIV vaccine recruitment campaign in action: Targeted approaches for enrollment of diverse populations in a phase II study	P. Frew (US)
		WEPE0184	Lessons learned in developing research counselling and testing (RCT) in East Africa	N. Bahati (Kenya)
		WEPE0185	Working together for an AIDS vaccine: Building innovative partnership and public ownership	S. Das (India)
		WEPE0186	Motivation to participate in HIV vaccine trials in Uganda	E. Mugisha (Uganda)
		WEPE0187	Building and retaining a group of potential volunteers for HIV vaccine trials in Rio de Janeiro, Brazil	M. Souza (Brazil)
		WEPE0188	Molecular homology between canarypox virus 005 and spinal cord myelin basic protein explain AIDS vaccine-induced myelitis	M.K.G. Tran (France)
		WEPE0189	Site preparedness for AIDS vaccine clinical trials in India	S. Kochhar (India)
		WEPE0190	Clinical trials of the first Russian HIV vaccine Vichrepol are in progress	I. Nikolaeva (Russian Fed.)
		WEPE0191	Clinical care package for AIDS vaccine trial particpants in India	A. Shrotri (India)
		WEPE0192	Vaccine support networking: Preparing community for AIDS vaccine trial participation in the Rift Valley in Kenya; linking research to community	S.M. Tuvako (Kenya)
		WEPE0193	Gender concerns in HIV vaccine research: Reflections from key stakeholders in East Africa	L. Nyblade (US)
		WEPE0194	Prevalence of neutralizing activity to AAV-based HIV-vaccine candidates in selected countries in Africa	P. Fast (US)
		WEPE0195	Regulatory and ethical approval for AIDS vaccine clinical trials—experience from five developing countries	R. Hecht (US)
		WEPE0196	Reasons volunteers from Phan Thong district, Chon Buri province, Thailand missed appointments while participating in a phase III HIV vaccine trial	R. Pummarin (Thailand)
		WEPE0197	WHO's global and regional initiatives to support regulation of HIV vaccince clinical trials in developing countries	L. Chocarro (Switzerland)
		WEPE0198	Personal experience as a volunteer in an HIV vaccine trial in Uganda	W.T. Richard (Uganda)
		WEPE0199	Demographic characteristics of prevalent HIV-infected volunteers screened for the phase III HIV vaccine trial, Thailand	N. Sawasdeemee (Thailand)
		WEPE0200	Willingness to participate in HIV vaccine trials among artisans in Ibadan, Nigeria	O. Onigbogi (Nigeria)
		WEPE0201	Monitoring participant safety in HIV vaccine trials—a three-tiered approach	P. Farrell (US)
		WEPE0202	Migration and HIV vaccine development in Masiphumelele, South Africa	G.M. Clark (US)
		WEPE0203	Establishing standards of care and treatment in the context of vaccine trials	D. Tarantola (Australia)
		WEPE0204	Therapeutic vaccination with MVA.HIVA vaccine significantly boosts T cell responses in chronically infected HAART treated HIV-1 patients	B.O. Ondondo (Gambia)
		WEPE0205	Predictive factors related to the immunological outcome in HIV-1$^+$ patients undergoing analytical treatment interruption following therapeutic vaccination	C. Rodríguez-Sainz (Spain)
		WEPE0209	Construction of an expression vector containing immunogenic epitopes of HIV-1 p24 and gp41 proteins as DNA vaccine candidate against HIV-1	F. Roodbari (Iran)

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Social, Behavioural, and Economic Sciences (PE) *Poster Area - Track D, Level 800*	10:15-18:30	WEPE0640	The perception of the experimental vaccines against AIDS among candidates for trials of anti-AIDS vaccines and the general public in Brazil	G. Cardoso (Brazil)
Count the Benefits: Modelling the Impacts of AIDS Vaccines in a Comprehensive Response to HIV/AIDS (SBW) *Skills Building Room 11, Level 200*	14:15-17:45	WESB22	Workshop presenting two complementary models which are being used to estimate the potential impact of an AIDS vaccine on the epidemic and to quantify the health and economic benefits of a vaccine	R. Hecht (US); S. Osmanov (Switzerland); P. Ghys (France)
Thursday, August 17				
Preclinical Vaccine Development (AS) *Session Room 6, Level 800*	10:45	THAA0101	Enhanced HIV/SIV specific cellular immunity in macaques following a novel peptide immunotherapy (OPAL)	S. Kent (Australia)
	11:00	THAA0102	Non-infectious papilloma virus-like particles (VLPs) inhibit HIV replication: Implications for immune control of HIV replication by IL-27	J.M. Fakruddin (US)
	11:15	THAA0103	Prime-boost vaccination with plasmid DNA and a chimeric adenovirus type 5 vector with type 35 fiber induces protective immunity against HIV	K. Okuda (Japan)
	11:30	THAA0104	Comparative evaluation of CD70, LIGHT and 4-1BBL as costimulators of human anti-viral memory CD8 T cells	C. Wang (Canada)
	11:45	THAA0105	Chimeric CD40L/SHIV virus-like particles enhanced dendritic cells activation and boosted immune responses against HIV	Q. Yao (US)
Vaccine Research (AS) *Session Room 12, Level 100*	14:15	THAX0201	Knowledge and attitudes about HIV vaccine research among health workers in two provinces in Kenya: Baseline survey conducted Feb-Apr 2005	F. Manguyu (Kenya)
	14:30	THAX0202	Use of conjoint analysis methods to assess HIV vaccine acceptability in three populations (Project VIBE)	S.J. Lee (US)
	14:45	THAX0203	Seven points of entry for ACTION—microbicides, vaccines, and treatment (MTV) advocates agenda	S. Mellors (South Africa)
	15:00	THAX0204	Safe administration of DNA (pTHr.HIVA) and MVA.HIVA to 169 HIV-1 uninfected volunteers enrolled in phase I/II trials	A. Guimaraes-Walker (UK)
	15:15	THAX0205	Differences in willingness to pay for self and family members for an AIDS vaccine in Uganda	P. Patil (US)
Biology and Pathogenesis of HIV (PE) *Poster Area - Track A, Level 800*	10:15-18:30	THPE0003	Design and immunogenicity of HIVCON, a novel HIV-1 vaccine candidate based on conserved regions of clades A-D	S. Letourneau (UK)
		THPE0005	Development of Varicella Zoster virus as a persistent, replicating SIV-HIV vaccine vector	D.O. Willer (Canada)
		THPE0007	Replication-deficient vaccinia virus DIs recombinant as an effective and safe mucosal vaccine for immunodeficiency virus	N. Yoshino (Japan)
		THPE0012	Humoral and cellular immune-targeted prime-boost HIV vaccine consisted of recombinant BCG and replication-defective vaccinia virus DIs	K. Matsuo (Japan)
		THPE0013	A low-dose codon-optimized recombinant BCG-based HIV vaccine	M. Kanekiyo (Japan)
		THPE0014	Mucosal HIV binding antibody (BAb) and neutralizing activity (NA) in response to a gp 120 preventive vaccine (VaxGen VAX004 trial)	R.M. Novak (US)
		THPE0015	Identification of MHC identical macaques for AIDS research	D. O'Connor (US)
		THPE0016	Feline immunodeficiency virus (FIV)—cat model for AIDS: T cell immunity important for prophylactic vaccine protection	R. Pu (US)
Choices for Women: Promoting Investment in Multiple Female Initiated or Controlled HIV Prevention Methods (Panel Discussion) *Global Village*	14:45-16:15	n/a	Panel discussion on innovative prevention strategies	J. Natarajan (India); J. Matthews (US); B. Patel (US); J. Jacobson (US)

PS: plenary session; **S**: symposium; **PD**: poster discussion; **AS**: abstract session; **PE**: poster exhibition; **SBW**: skills building workshop; **BS**: bridging session

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VAX is a project managed by Kristen Jill Kresge.

VAX is a monthly bulletin from *IAVI Report*, the publication on AIDS vaccine research published by the International AIDS Vaccine Initiative (IAVI). It is currently available in English, French, German, Spanish and Portuguese as a downloadable pdf file (www.iavireport.org) or an e-mail bulletin.

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