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# HIV VACCINES AND THE COMMUNITY

The Community Advisory Board Bulletin

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## Scientific Steering Committee De-mystified

by Bill Snow, San Francisco CAB



If I haven't met you, my name is Bill Snow and I'm the current CAB representative on the HVTN Scientific Steering Committee (SSC). I've had experience on the steering or executive committees of both AVEG and HIVNET in years past. During my term on this committee, I hope to keep you informed, convey CAB issues to the SSC, and prepare for other CAB members to take on this role. I'm going to use this column every other month to let CAB members know what's going on in the HVTN Scientific Steering Committee and give you a sense of how I see our role in the network. If you have questions or comments about the column, please feel free to contact me directly at WmSnow@aol.com or 510-524-5257 (West Coast time).

Because HVTN is a much larger and more decentralized network, the role of the Steering group is in some ways much more for administration and oversight than it was for earlier networks. The idea is to have the science committees (Phase I/II, Phase III, Laboratory Sciences, International Working Group, Development Teams, and Protocol Teams) handle as many issues as possible. The SSC will review the plans of these committees, manage the network's discretionary funds, and make decisions for the network overall. The real work and creativity is largely going to occur in the science committees and protocol teams. That said, the SSC is also supposed to provide leadership and direction for the whole network, and make sure things are working well.

Right now most of the committee's time has been spent getting the network up and running. We have been reviewing a Manual of Operations section by section, and are being kept up to date on the work of the HVTN Core Group and the Statistical Center (SCHARP) as they staff up and put systems in place.

Because they are so important to the future of the network, we have also been keeping up on complications and plans for moving ALVAC toward a Phase 3 trial and getting the Product Development Team concept workable so that more candidate vaccines can get into Phase I testing. Still, the SSC only meets by conference call once a month, so

the bulk of the work is largely done by the investigators at the sites and the Core and support staff in Seattle.

I report on the Committee's activities and forward minutes when available to the CAB Protocol Working Group, and Global CAB as needed. When something in those groups comes up that involves the overall network or if there's a problem in some committee, it's my responsibility to convey that to the SSC or Core leadership and get a response. So far, the CAB has already had an impact on moving the issue of payment for trial related injury toward a solution and many improvements to informed consent and other network documents.

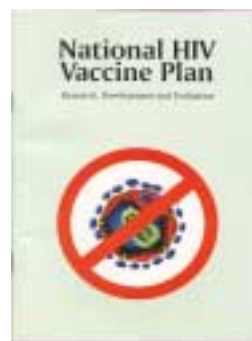
In two months, I should be able to report on the face-to-face Committee meeting in February. Until then, it's the local CABs and CAB representatives on all the other committees who are really making the biggest contribution to the network. It's great to be working together on such an important program.❖

### Inside this issue:



Site development for the HVTN is occurring throughout the world, with a current focus on Latin America. HVTN sites already exist in Peru and Brazil, while Honduras and Argentina are possible future sites.

Find out more about the HIV vaccine program in Brazil on Page 3.

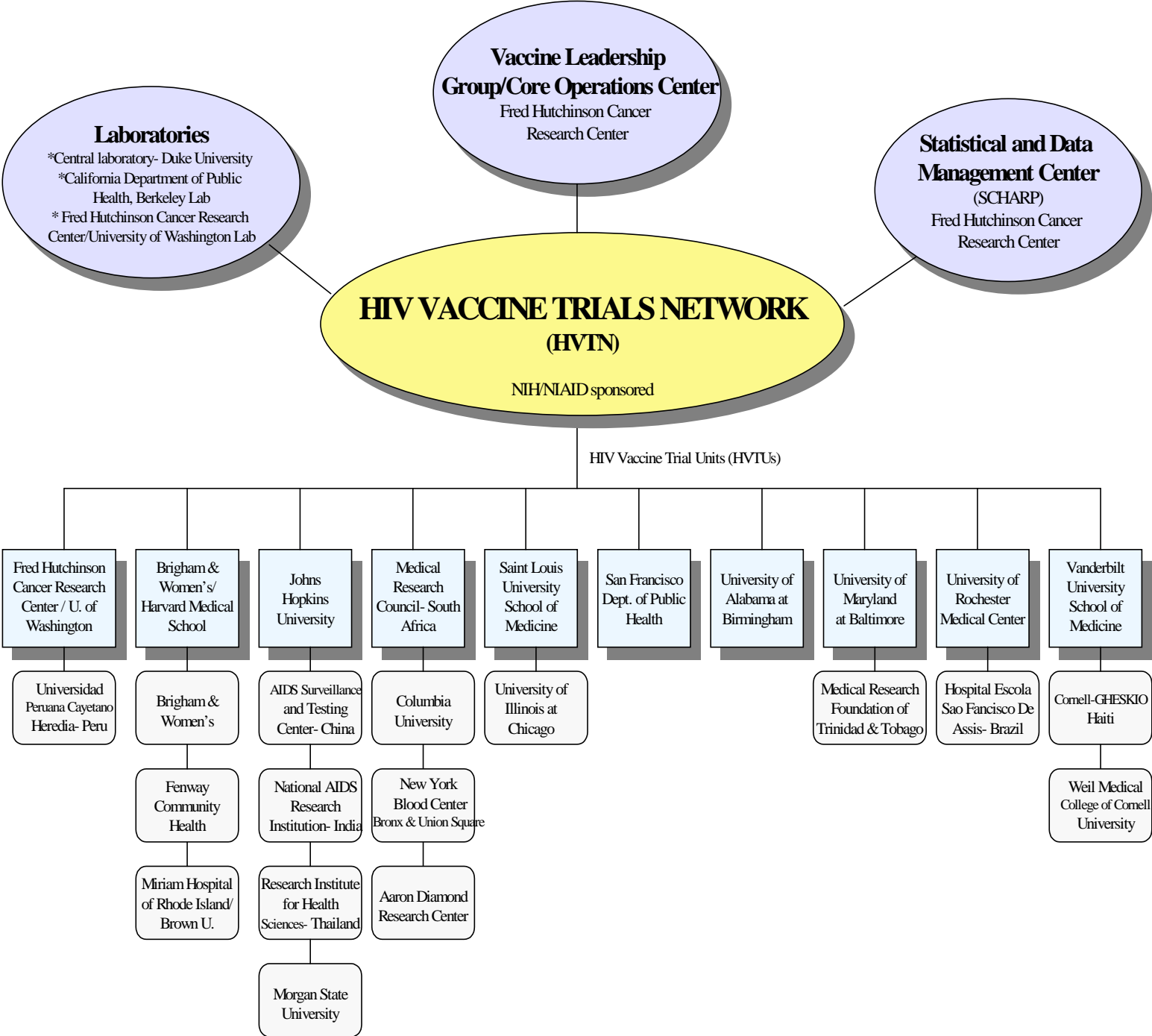


To get a copy of Brazil's National HIV Vaccine Plan in Portuguese, visit [www.aids.gov.br/plano\\_vacinas.htm](http://www.aids.gov.br/plano_vacinas.htm)

For the English version, visit [www.aids.gov.br/plano\\_nac\\_vacinas\\_ingles.pdf](http://www.aids.gov.br/plano_nac_vacinas_ingles.pdf)

# HAPPY NEW YEAR !!!

# HVTN Organizational Chart



The HVTN's Global CAB encourages representation from each unit.

# The Brazilian HVTU



By *Monica BARBOSA DE SOUZA*

Brazil is a tropical country situated in South America, with 160 million inhabitants. Famous for its exuberant nature, football, music and carnival, Brazil is a developing country with many contradictions. On one hand, a considerable part of the population has access to all comfortable items of modern life. On the other hand, part of the population lives under very unfavorable social conditions, such as hunger, low education, and precarious sanitation conditions.

The AIDS epidemic emerged in our country in the mid- 80's, affecting strongly the group of men who have sex with men. Data from the AIDS Epidemic Bulletin of the Ministry of Health (NOV/00) show a total of 193,900 cases of AIDS notified in the country. The most affected age group is 20 to 44 years of age, and sexual transmission is responsible for 54% of the total cases. Since the beginning of the last decade, it has been possible to identify the tendency of feminization and pauperization of the AIDS epidemic in Brazil. The intersection among HIV and social- economic problems, such as poverty and violence, challenges the traditional strategies for combating HIV/AIDS.

Despite these difficulties, the Brazilian response to HIV/AIDS is considered a model for developing countries, with a combination of a strong governmental compromise, and a very important mobilization of the civil society. Brazil has also had relevant participation in the global discussion about ethical guidelines in AIDS research.

The Brazilian health system guarantees gratuitous care to the population. In our country, healthcare is a duty of the State. Therefore, people living with AIDS have access to medical care and antiretroviral drugs.

PROJETO PRAÇA ONZE is the name of the Brazilian HVTU, in Rio de Janeiro. It started its activities in 1995, as a prospective seroincidence study. Its first trial was conducted to identify a high risk population for prevention trials and to evaluate biological and behavior factors associated with HIV infection. More than 700 volunteers were enrolled.

Currently we are starting the activities of Protocol 026. This is the second HIV vaccine trial conducted in Brazil, and the first one supported by the National Institutes of Health. Therefore, we have a very important role in the creation of a favorable scenario for HIV vaccine research in our country.

The Brazilian CAB was founded in July 1999. It is now formed by seven representatives from the most important Non-Governmental Organizations (NGO) that work with AIDS and human rights in Rio de Janeiro. These organizations reach more than 500,000 people per year with their prevention activities. ❖

# O site brasileiro do HVTN

O Brasil é um país tropical, com 160 milhões de habitantes, situado na América do Sul. O Brasil também é um país em desenvolvimento que reúne todas as contradições típicas desta condição. Por um lado uma considerável parte da população tem acesso a todo conforto da vida moderna, por outro, uma grande parte da população vive em condições sociais muito desfavoráveis, que incluem fome, condições precárias de saneamento básico e pouco acesso à educação.

O Brasil é conhecido mundialmente por sua natureza exuberante, por seu futebol, sua música e seu carnaval.

A epidemia de Aids teve início no país em meados dos anos 80, atingindo prioritariamente os homens que fazem sexo com homens. Atualmente, de acordo com dados oficiais do Ministério da Saúde, existem 193.900 casos de Aids no Brasil. A epidemia segue desde o início dos anos 90 as tendências de feminização, interiorização e pauperização. O cruzamento entre HIV e problemas sócio- econômicos, tais como pobreza e violência desafia as estratégias tradicionais de controle da epidemia.

Apesar das dificuldades, a resposta brasileira ao HIV/Aids é considerada um modelo para os países em desenvolvimento, por reunir um forte compromisso governamental com uma fortíssima mobilização da sociedade civil. O Brasil também tem um papel importante na discussão mundial sobre princípios éticos em pesquisas em Aids. O sistema de saúde no Brasil garante a toda população, assistência gratuita nos serviços públicos. De acordo com nossa constituição, a saúde é uma obrigação do Estado. Neste sentido, as pessoas vivendo com Aids têm acesso gratuito a acompanhamento médico e medicamentos anti- retrovirais.

PROJETO PRAÇA ONZE- Este é o nome do site brasileiro do HVTN. Situado no Rio de Janeiro e coordenado por Mauro Schechter da Universidade Federal do Rio de Janeiro e Lee Harrison da Universidade da Pittsburgh, o Praça Onze foi criado em 1995 como um estudo de soroincidência para o HIV. Em sua primeira fase o Projeto acompanhou 800 voluntários, com o objetivo de identificar fatores biológicos e comportamentais associados com a aquisição do HIV. Atualmente estamos iniciando as atividades do protocolo 026. Este será o segundo estudo de vacinas anti- HIV a ser desenvolvido no Brasil, e o primeiro financiado pelo NIH. Portanto, nós temos um papel fundamental na construção de um cenário favorável para pesquisas de vacinas em nosso país.

CAB- O CAB brasileiro foi fundado em julho de 1999. Ele é formado por 7 representantes das ONG mais importantes do Rio de Janeiro e que trabalham com Aids e direitos humanos. Juntas, estas instituições atingem mais de 500.000 pessoas por ano. ❖

# Plan NOW for the Fourth Annual HIV Vaccine Day



On May 18, 2001, HVTN sites and communities around the world will sponsor a variety of activities for the Fourth Annual HIV Vaccine Day honoring the thousands of volunteers who have literally rolled up their sleeves to receive one of 30 different experimental HIV vaccines. Other activities are designed to help people understand why a vaccine is the best method to stop the spread of HIV, what it will take to develop an effective vaccine and how ordinary people in their communities can be part of the international effort to find one.

## **CAB MEMBERS and STAFF SHOULD START PLANNING NOW FOR LOCAL ACTIVITIES!**

May 18, 2001 marks the fourth anniversary of President Bill Clinton's 1997 commencement speech at Morgan State University in which he announced the goal of finding a prevention vaccine in 10 years. For the past three years there have been special activities at a variety of research locations. There is usually a National Institutes of Health (NIH) press release and the HVTN Community Educators will consider coordination of activities at their February training meeting.

In the past, some sites have been able to persuade various government officials to join community groups in recognizing HIV Vaccine Day. Also, many of the VAXGEN sites held events.

Some of the activities which should be considered include town hall meetings; media interviews for CAB members, trial participants, and investigators; personal stories to be published in the local press; outreach tables in high traffic areas; and on-line chats with local staff. We will be working to prepare fact sheets and, perhaps, a press release template for site use. There will also be a joint committee of CAB members and site staff; recruiters and community educators. This task force will meet through conference calls as the "community education / media relations task force" to help plan for the events of the day.

We encourage you to plan to honor the 6,000 volunteers who have participated in NIH/NIAID-supported studies and the over 6,000 others who have been in industry-sponsored trials preparing the groundwork for large-scale vaccine investigations. This is also a great time to encourage recent trial enrollees, through confidential meetings with the investigators, to talk about future research locally. ❖

## CALENDAR OF EVENTS

CAB PROTOCOL WORKING GROUP CONFERENCE CALL:



Saturday February 3, 2001 12 p.m. EST, 9 a.m. PST. \*NOTE NEW DATE\*

GLOBAL CAB CONFERENCE CALL:



Thursday February 8, 2001 7 p.m. EST, 4 p.m. PST

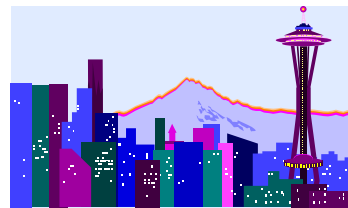
COMMUNITY EDUCATION/RECRUITMENT COORDINATION CALL:



Tuesday February 20, 2001 12:00 noon EST, 9:00 a.m. PST (staff)

COMMUNITY EDUCATORS/RECRUITERS TRAINING:

February 11-13, 2001 New York



Save the Date:

CAB Retreat in Seattle, WA  
August 16-18, 2001

## **Protocol teams in need of YOU.....**

If you are interested in getting involved with HIV vaccine development process, there are several HVTN Protocol Teams still in need of a Community Advisory Board member for their team.

HVTN Protocol 039 urgently needs a CAB member on the team. The science of this trial will guide future gp120 research for this network. HVTN Protocols 037, 803, and 902 also have no CAB members on board yet!! Many other protocol teams currently require additional CAB member involvement.

If you are interested in joining a protocol team, please contact Siobhan (contact information below). ❖

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*Please send suggestion, questions and article submissions to:*  
*Siobhan Malone- Community Project Coordinator*  
*HVTN/FHCRC, 1100 Fairview Avenue North*  
*PO Box 19024, M/S: MW 832*  
*Seattle WA 98109-1024*  
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HIV VACCINE  
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