

HIV VACCINES AND THE COMMUNITY

The Community Advisory Board Bulletin

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HIV Vaccine Awareness Day 2003

Cathy Bunce, Rochester HVTU Clinic Coordinator, seizes the moment to talk to the media about HIV Vaccine Awareness Day 2003 and the need for more vaccine volunteers while walking in Rochester's annual AIDS Walk-a-thon. Around 45 vaccine volunteers, their friends, and HVTU staff helped to raise \$450 for the sponsoring agency, AIDS Rochester, Inc., while garnering media attention for the vaccine effort. The funds will help to provide services for people living with HIV or AIDS across nine counties of western New York State.



Above, the Soweto CAB and staff set up an informational table. The Soweto HVTU and CAB put together a spectacular HIV Vaccine Awareness Day event. It began with 16 floats that traveled a total of 16 kilometers throughout the city. During the drive, a loudspeaker was used to inform passersby about the event while flyers were distributed. At the final destination, a theatrical performance was held by a high school drama group. Then, a panel of Soweto CAB members and HVTU site staff answered questions from the audience. The event was attended by an estimated 450 people.



On May 18, the Iquitos, Perú CAB held an HIV Vaccine Awareness Day event. The event allowed the CAB to be officially introduced to the local health clinic as well as to the HVTN 903 recruiters and the health ministry recruiters. Above, Lucía Ruiz Escalante (far left) and Principal Investigator Martín Casapia (center, in white) stand alongside the CAB. The event was focused on increasing interest and knowledge on HIV vaccines and the CAB distributed HVTN materials created in Spanish.

Adolescents in HVTN Trials: How do we do this? Is it Possible?

By Seth Greenberg, HVTN

The HVTN Full Group Meeting agenda was filled with scientific plenaries that included complex talks on structural biology, neutralizing antibodies, and novel vectors (biological systems for delivering vaccines). However, on the final morning of the meeting, one of the plenaries was dedicated to a discussion on adolescent involvement in HVTN trials. This was a landmark decision because it publicly acknowledged the HVTN's commitment to including adolescents in future vaccine trials. While no date was set for when adolescent enrollment will begin, there were three speakers who talked about some of the issues confronting the Network as we begin a dialogue around adolescent involvement.

Dr. Tim Tucker, of the South African AIDS Vaccine Initiative (SAAVI), began with an overview of some of the challenges the Network will ultimately face. He spoke on the issues that need to be managed, including the role of parents, access and retention of at-risk youth, increased education efforts, and country-specific legal limitations. Dr. Tucker explained that conventional social and clinical methods to recruit and retain adults may not be satisfactory when dealing with a younger cohort. There needs to be a specific plan to increase communication and trust between the research community and young adults. Sites will have their own unique styles but all must be adolescent-friendly both in their interactions with volunteers and their schedule flexibility. More comprehensive social harm data will be necessary to ensure that adolescent participants are not being subjected to higher rates of stigma, violence, school-based discrimination, etc.

Dr. Glenda Gray, Principal Investigator for the Soweto, South Africa HVTU, talked about the challenges that her country was confronting with adolescent vaccinations. Dr. Gray talked about the importance of working with IRB members to outline the controversial issues and to walk them through some possible solutions. She mentioned that Soweto already has a study of 5,000 children that will be followed from birth until age 10 and this group may be a possible cohort for vaccine trials. This study has helped develop a

youth-friendly volunteer, counseling, and testing (VCT) program and thus has built trust between youth and researchers. Dr. Gray's take-home message was that adolescent vaccinations should not stand alone but rather should be a part of the larger primary prevention programs.

Dr. Craig Wilson, of the Adolescent Trials Network and the University of Alabama–Birmingham, spoke of the ethical considerations for HIV vaccine trials in adolescents. He spoke about the misconceptions and fear that youth may have about vaccines as well as some of the social consequences from trial participation (e.g., vaccine positivity and a false sense of protection). Dr. Wilson drove home the message that the U.S. Food and Drug Administration (FDA) has ruled

that a drug cannot be licensed for use in a population in which it was not tested. Therefore, the absence of adolescent participation would delay them from gaining access to a vaccine once it became available.

Immediately following the plenary session, the HVTN International Adolescent Vaccination Committee met to continue the discussion and prepare next steps. There was clear agreement that a collaboration between the various NIH-funded networks [Adolescent Trials Network (ATN), HIV Prevention Trials Network (HPTN), and Pediatric AIDS Clinical Trials Group (PACTG)] would be essential. The ATN is currently conducting a trial for Hepatitis B

vaccine-naïve adolescents and this study will be an excellent preview of some of the challenges that adolescent trials may face (such as disclosure of sexual behavior in front of parents) as well as assist with the development of strategies to recruit and retain a younger cohort. There was general consensus that Phase I adolescent trials in the HVTN should occur only after a vaccine product is being moved to a Phase II trial in adults and the product appears to be headed towards a Phase III trial. While the exact timing was not determined, the group decided to draft a position paper explaining the importance and ethical imperative for conducting adolescent trials. This document will be finalized prior to the October Full Group Meeting and will be presented to HVTN leadership and Scientific Steering Committee (SSC) for comments and suggestions. ☘



Dr. Tim Tucker and Dr. Glenda Gray presented on some of the specific issues regarding adolescent participation in HIV vaccine trials.

Highlights of the HVTN Full Group Meeting: Neutralizing Antibodies and Novel Vectors

The HVTN is an investigator-led Network and, thus, the Full Group Meeting is focused on the science behind HIV vaccine research. For many attendees, the scientific plenary sessions are so complex and technical that the information is difficult to understand, but that should not diminish the importance of the presentations. The HVTN has made an effort to make these scientific talks more comprehensible by holding a session each morning entitled *Plenary Companion Session for Non-Scientists*. Even with these morning meetings, however, much of the information still is presented at a level that many cannot understand. The following is a highlight from two of the main scientific topics covered in the research-related plenary sessions.

Can We Develop More Potent Neutralizing Immunogens?

The first plenary session examined new findings about the use of vaccine approaches that induce neutralizing antibodies. Neutralizing antibodies, often referred to in shorthand as Nabs, are ‘entry inhibitors’—they prevent the HIV virus from entering and infecting body’s immune cells (T-cells). Past vaccine approaches intended to induce Nabs have been disappointing (the VaxGen product), but recent research indicates that there are some new promising approaches designed to induce neutralizing antibodies.

Dr. Peter Kwong began with a presentation on discoveries about **the structural biology of HIV**. Dr. Kwong is studying how the chemical structure of HIV allows it to elude the immune system’s defenses. In particular, the structure of the outer envelope of the virus helps to physically block Nabs from reaching sites on the virus to which they could attach. Understanding the three-dimensional form of the virus could help find places where Nabs would be able to function effectively. Dr. Kwong believes that while understanding structural biology is a slower, more abstract process than using chemical and biological models, it is a perspective that could add new levels to our understanding of HIV.

Dr. Anthony DeVico’s spoke on the importance of **finding Nabs that are broadly cross reactive**, meaning they defend against various types of HIV. Nabs tend to be type-specific, making them effective for only a short time against a mutating virus. His research focuses on the interaction between the protein gp120, located on the outer envelope of HIV, and the immune system’s CD4 T-cells. The interaction between these two elements, referred to as gp120-CD4 complexes, is relatively long-lasting, making it a good target site for immune defenses. He concluded with how CD4 cells can be used to induce more cross-reactive Nabs.

Dr. George Shaw gave a presentation on ways in which Nabs are impacted by surface glycans, which are sugars that make up over 50% of the molecular mass of gp120. These glycans block the site where Nabs bind to the HIV envelope. The glycans can shift positions as the virus mutates, thus maintaining their ability to block Nab responses. This shifting structure is called the **steric glycan shield**. Further research into ways of coping with this glycan shield may lead to new ideas in HIV vaccine research.

Dr. David Montefiori, the final presenter on Nabs, talked about **re-examining data about Nab responses** in old trials based on new knowledge gathered from the VaxGen trial. The VaxGen trial has increased interest in racial and gender differences, and Dr. Montefiori has looked at stored blood samples and data from protocols AVEG 201, 202 and 203 to see if there are differences that were not anticipated at the time of the trials. His preliminary data indicated that in one of the three trials, African-American women appeared to have a greater Nab response to the vaccine than other trial participants. His results will be published soon.

Approaches to the Development of Novel Vectors

The three speakers on Monday afternoon spoke about possible vectors that might show promise for HIV vaccines. Vectors are weakened bacteria, plasmids, or viruses that are used to carry the working part of a vaccine into the body and induce an immune response. The HVTN currently has several different kinds of vectors in vaccine trials or in the pipeline.

Dr. Elizabeth Ramsburg talked about a new vector that uses the **Vesicular Stomatitis virus (VSV)**. This is a livestock virus that does not seem to cause disease in humans and thus there is little pre-existing immunity in humans. This vector seems capable of producing both strong antibody and T-cell responses. Additionally, the VSV vector is easy to work with and may allow for routes of inoculation besides injection. While there are still issues yet to explore, the VSV vector is an exciting addition to possible vectors.

Dr. Emilio Emini spoke about a new candidate vaccine that uses products from both Merck & Co., Inc. and Aventis Pasteur. Even though adenovirus 5 (Ad5) is quite prevalent in the general population, it was still the best immunogenicity producer when compared to other strains of adenovirus. Data indicated that a **prime-boost strategy using Merck’s Ad5 to prime and Aventis Pasteur’s modified vaccinia Ankara (MVA) to boost** produced a significantly higher immune response than Ad5, Ad5 prime-boost or MVA, MVA prime-boost. ☘

HVTN Trial Update: Three New HVTN Protocols in the Field

In the past two months, the HVTN has initiated three Phase I clinical trials, HVTN protocols 048, 050, and 040. Each of these trials tests a unique HIV vaccine approach and marks a new precedent. HVTN 048 is the HVTN's first African trial; 050 has the broadest range of countries involved in any HIV vaccine clinical trial to date; and 040 is the first HIV vaccine trial approved in South Africa.

These three trials are being run in eight countries, at a total of 18 sites, and collectively involve approximately 579 volunteers. The trials will test a DNA vaccine and two virus vector vaccines. One of the virus vector vaccines is built from a clade C isolate (subtype most common to sub-Saharan Africa) and the other two vaccines come from clade B isolates (subtype most common to the Americas).

048 -- The First HVTN Trial in Africa

The first trial to begin in 2003 was HVTN 048. This trial tests an HIV vaccine candidate developed by Epimmune, Inc. In addition to being the HVTN's first African trial, 048 is also the first HIV vaccine to be tested simultaneously in the U.S. and abroad. The trial is being conducted in Gaborone, Botswana, at three sites in the greater Boston area, and in Saint Louis. Forty-two participants are taking part in this double-blinded trial, and these participants have been randomly divided into three dosage groups as well as a placebo group. The age range for participants is 18 to 40, and there will be 12 clinic visits with four injection dates. The injections are received over a six-month course, with

follow-up for a year after the last injection.

HVTN 048 is the first HVTN trial of a DNA plasmid vaccine. Due to their small size, DNA plasmids are easily changed to prevent replication and to carry well-defined, specific HIV genes. There are no known ways for the plasmid used to create viral or cancerous proteins, making plasmids relatively safe vectors. In this trial, the plasmid carries pieces of HIV genes, which in turn produce specific proteins that will hopefully teach the immune system to fight HIV.

050 – A Trial on a Global Scale

The next trial, which began in June 2003, was HVTN 050. This trial is unique in that so many countries are involved—Brazil, Haiti, Malawi, Peru, South Africa, Thailand, and the United States. The HVTN is searching for a globally effective vaccine, and in the process is aware that HIV is a virus with varying epidemiological patterns. Genetics, health histories, and social and economic factors may all contribute to the effectiveness of an HIV vaccine. By conducting an HIV vaccine trial in a range of places and environments, scientists will be able to assemble a thorough profile of any variation or similarity of vaccine results.

Each region represented in the trial is enrolling approximately 87 volunteers. The trial is expected to last five years, with 18 months of active participation for each volunteer, followed by annual safety follow-up clinic visits. Twenty-four clinic visits are expected throughout the trial, with three injection dates and 22 blood draws. Two dosage levels are being tested, and the volunteers are divided into three stages. The first stage tests the lower dose against the placebo, the second stage tests the higher dose versus the placebo, and the third stage tests both doses and the placebo.

This vaccine candidate is a virus vector vaccine that uses adenovirus serotype 5. In lab tests, this vector, which carries a man-made HIV *gag* gene, has shown the possibility of stimulating a broad and strong cellular immune response. The *gag* gene

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HVTN 048

Epimmune, Inc.	DNA Plasmid
3 dose amounts	
4 injections in 6 months/ 1 year follow-up	
42 participants	14 per site
3 sites	Gaborone, Botswana Saint Louis, MO Boston, MA

HVTN 050

Merck & Co., Inc	Adenovirus 5 vector
2 dose amounts	
3 injections in 18 months/ 5 years follow-up	
435 participants	87 per site
5 regions/7 countries/ 18 sites	Rio de Janeiro, Brazil São Paulo, Brazil Port-au-Prince, Haiti Blantyre, Malawi Lima, Perú San Juan, Puerto Rico Durban, South Africa Soweto, South Africa Chiang Mai, Thailand Birmingham, AL San Francisco, CA Baltimore, MD Boston, MA Saint Louis, MO New York City, NY Rochester, NY Nashville, TN Seattle, WA

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produces proteins that are essential for the HIV virus to infect cells, and therefore makes a good target for the immune system to learn to fight against. If this appears effective, the vaccine candidate will be made to include other HIV genes to further develop the vaccine.

040 – The First HIV Vaccine Trial to be Approved In South Africa

The most recent trial to start is HVTN 040, a virus vector vaccine created by Alphavax, Inc. HVTN 040 is the first HIV vaccine candidate to be approved for clinical trials by the South African government; however two other trials—HVTN 050 and a trial sponsored by the International AIDS Vaccine Initiative (IAVI)—will begin shortly in the country. This vaccine product was developed based on isolates from a clade C virus. Since scientists do not yet know the importance of matching vaccine

development to subtypes, it is important to run matched and mismatched tests in different geographical areas to assemble enough data to understand differences in genetic variation. Ninety-six people will be enrolled in the trial, with 48 in the U.S. and 48 in South Africa. There are two sites involved in South Africa, Durban and Soweto, and four in the U.S., Baltimore, New York City, Nashville, and Rochester. There are four dosage groups in this placebo-controlled test. Participants can expect nine clinic visits and three injection dates, with the process lasting a year for each participant, and the time of the entire trial expected to run about two years.

This vaccine uses a Venezuelan equine encephalitis (VEE) virus vector which has been made from a weakened form of the virus. The virus, which shows little indication of being able to cause infection, was genetically altered to prevent it from replicating to doubly ensure against the likelihood of infection. An advantage of the VEE virus vector is that there is little pre-existing immunity in humans, and it may be capable of producing an antibody and a cellular immune response. This vector also carries a man-made HIV *gag* gene.

HVTN 040

AlphaVax, Inc.	VEE vector
4 dose amounts	
3 injections in 1 year	
96 participants	12/U.S. site 24/South African site
6 sites	Durban, South Africa Soweto, South Africa Baltimore, MD New York City, NY Rochester, NY Nashville, TN

Whatever the ultimate course of these vaccine candidates may be, there is no denying the fact that conducting these trials will advance our knowledge of HIV vaccine science and the art of running complex clinical trials. ☘

Más ensayos clínicos: HVTN empieza tres nuevos protocolos

En los últimos dos meses, la Red HVTN ha iniciado tres ensayos clínicos de fase I: los protocolos HVTN 040, 048 y 050. Cada ensayo prueba un enfoque único y crea un nuevo precedente: HVTN 048 es el primer estudio de HVTN en África; HVTN 050 es el ensayo de vacunas contra el VIH más internacional; y la HVTN 040 es el primer estudio de vacunas contra el VIH que ha sido aprobado en Sudáfrica.

En total, las tres investigaciones involucrarán aproximadamente a 579 voluntarios y tendrán lugar en ocho países y en 18 sedes. Dichos ensayos prueban una vacuna de ADN y dos vacunas de vectores. Una de las vacunas de vector proviene de la cepa C, el subtipo más común a la parte sur de África, mientras las otras dos vacunas provienen de la cepa B, el subtipo más común en el continente Americano.

048 -- El primer estudio de HVTN en África

El primer ensayo en iniciar ha sido el HVTN 048. Este estudio prueba una vacuna experimental contra el VIH desarrollada por Epimmune, Inc. Además de ser el primer ensayo de HVTN en África, el HVTN 048 también es la primera vacuna contra el VIH que es probada simultáneamente en los EEUU y en el extranjero. El estudio tiene lugar en Gaborone, Botswana, y en EEUU, en tres sedes del área de Boston y en San Luis. Cuarenta y dos participantes están involucrados en este estudio de diseño “doble-cego”, donde los participantes han sido divididos al azar en cuatro grupos: tres con dosis distintas y un cuarto que recibe placebo. Los

participantes en edades entre 18 y 40 años a lo largo de sus 12 visitas recibirán sus cuatro inyecciones en los primeros seis meses y posterior a ellas, los sedes les harán seguimiento para ver sus avances.

El HVTN 048 es el primer ensayo de HVTN que utiliza una vacuna de plásmid de ADN. Debido a su tamaño pequeño, los plásmidos de ADN pueden ser cambiados fácilmente para prevenir la replicación y para llevar los genes de VIH bien definidos y específicos. Debido a que no hay reportes donde el plásmid pudiera crear proteínas virales o de cáncer, se afirma que el uso de plásmidos es relativamente seguro. En este ensayo, el plásmid lleva piezas de genes de VIH, los cuales producen proteínas específicas que se espera enseñarán al sistema inmune a luchar contra el VIH.

050 – Un Ensayo Clínico a GRAN ESCALA

El pasado mes de junio se dio inicio al ensayo clínico HVTN 050. Este estudio es único por el número de países involucrados: Brasil, Haití, Malawi, Perú, Puerto Rico, Sudáfrica, Tailandia y los Estados Unidos. Como es sabido, la Red HVTN se encuentra enfocada en buscar una vacuna que prevenga el VIH a nivel global y dado que diversos factores epidemiológicos, genéticos, sociales y hasta de la historia particular de las personas podrían hacer cambiar las respuestas inmunológicas ante una vacuna, es conveniente considerar estos detalles para ampliar la eficacia de dicha vacuna. Es justamente por estas razones, donde radica el interés de implementar los ensayos clínicos a lo largo del mundo.

Cada región está enrolando cerca de 87 voluntarios. El estudio tendrá cinco años de duración para cada participante, de los cuales los primeros 18 meses representan una participación activa para el voluntario pues el resto del tiempo, requiere sólo de una visita anual. En total, cada participante deberá cumplir con 24 visitas, de las cuales tres serán para aplicar la vacuna y en 22 de ellas se planea tomar muestras de sangre. El estudio HVTN 050 cuenta con dos dosis y tres etapas. La primera etapa prueba la dosificación más baja contra el placebo, la segunda etapa prueba la dosis más alta contra el placebo, y la tercera prueba las dos dosificaciones contra el placebo.

La vacuna en la que se basa el estudio es una

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HVTN 048

Epimmune, Inc.

Plásmid de ADN

3 grupos con dosis distintas

4 inyecciones en 6 meses/

1 año de seguimiento

42 participantes

14 cada sede

3 sedes

**Gaborone, Botswana
San Luis, MO
Boston, MA**

HVTN 050

Merck & Co., Inc **vector de adenovirus 5**

2 grupos de dosis distintas

3 inyecciones en 18 meses/

5 años de seguimiento

435 participantes **87 por sede**

5 regiones/ **Rio de Janeiro, Brasil**

7 países/18 sedes **São Paulo, Brasil**

Port-au-Prince, Haití

Blantyre, Malawi

Lima, Perú

San Juan, Puerto Rico

Durban, Sudáfrica

Soweto, Sudáfrica

Chiang Mai, Tailandia

Birmingham, AL

San Francisco, CA

Baltimore, MD

Boston, MA

San Luis, MO

Nueva York, NY

Rochester, NY

Nashville, TN

Seattle, WA

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vacuna experimental que utiliza el Adenovirus Serotipo 5 (que lleva el gen *gag* del VIH artificial) y que en el laboratorio ha demostrado altas posibilidades de estimular una respuesta inmune celular fuerte y amplia. El gen *gag* produce proteínas que son esenciales para el virus de VIH al infectar a una célula, por lo que este gen es un buen blanco para enseñarle a luchar al sistema inmune. De resultar efectivo, posteriormente se incluirán otros genes de VIH para mejorar la vacuna.

040 – El primer Ensayo Clínico de Vacunas contra el VIH en Sudáfrica

Recientemente, empezó el HVTN 040 con una vacuna de vector desarrollada por Alphavax, Inc. HVTN 040 es la primera vacuna experimental contra el VIH aprobada por el gobierno de Sudáfrica. Sin embargo, otros dos estudios—HVTN 050 y un ensayo de Iniciativa de Vacunas contra el SIDA Internacional (IAVI por sus siglas en inglés)—iniciarán muy pronto en el país. Este producto fue

cepa C del virus. Dado que los científicos no saben de la importancia de subtipos en el desarrollo de vacunas, es muy importante que se conduzcan estudios con varios subtipos y en distintas zonas geográficas, para recoger suficientes datos que permitan entender las diferencias con relación a las variaciones genéticas. Noventa y seis personas serán enroladas en el estudio, 48 en los EEUU (en Baltimore, Ciudad de Nueva York, Rochester y Nashville) y 48 en Sudáfrica (en Durban y Soweto). En total, son cuatro los grupos que recibirán diversas dosis y placebo en este estudio. En un período de 12 meses, los participantes realizarán nueve visitas a la clínica, de las cuales tres serán para recibir las inoculaciones. De inicio a fin, el estudio tendrá una duración aproximada de dos años.

La vacuna en la que se basa este estudio utiliza el vector de la encefalitis equina de Venezuela (VEE por sus siglas en inglés), lo cual ha sido desarrollado a través de una forma atenuada del virus. Dicho virus presenta una baja posibilidad de infección y ha sido genéticamente cambiado para prevenir la posibilidad de replicarse. Una ventaja del vector del VEE es que existe inmunidad a muy bajo nivel en la población, por lo que el vector parece tener la capacidad de producir anticuerpos y una adecuada respuesta celular. Este vector también lleva el gen *gag* de VIH artificial.

HVTN 040

AlphaVax, Inc. **vector de VEE**

4 grupos con dosis distintas

3 inyecciones en 1 año

96 participantes **12/sede de EEUU**
24/sede de Sudáfrica

6 sedes **Durban, Sudáfrica**
Soweto, Sudáfrica
Baltimore, MD
Nueva York, NY
Rochester, NY
Nashville, TN

No hay duda que estos 3 ensayos clínicos mejorarán nuestros conocimientos en la ciencia de las vacunas contra el VIH y en el arte de conducir ensayos clínicos complejos. ☘

HVTN First Timer

A PERSONAL ACCOUNT FROM THE FULL GROUP MEETING

By Michele Meservie, MS, CHES

It was not long before I heard about the HVTN Full Group Meeting. During my second day in March as the Recruitment and Retention Coordinator at the New York HVTU (Columbia University), my supervisor informed me of this scientific semi-annual conference. As a new employee and eager to learn, the conference intrigued and interested me. Although I had a great deal of experience in the HIV/AIDS world, I never spent a great deal of time on the research side of the disease.

As the "Welcome to Bethesda, Maryland" sign became clear in my vision, I was excited for this new journey yet nervous that the science could be overwhelming. The meeting began with a session entitled *HVTN for First-Timers*, and most of my fears were laid to rest by Steve Wakefield as he explained the format of the meeting, the agenda, and other "insider information" on how to navigate the Full Group Meeting. He explained how the plenaries would begin with pre-clinical data and would move sequentially towards discussion on Phase III issues. He also gave a review of some of the scientific terms that would be used during the meeting and translated them into layman's terms.

Even with my educational background, nothing could have prepared me for the first plenary session *Can We Develop More Potent Neutralizing Immunogens?* The technical language and complex slides were far above my knowledge base but I sat through the session scribbling notes when possible. I made a list of things that I did not understand and searched for answers by asking my supervisor, researching on the Internet in the evenings, and asking questions at the *Plenary Companion Session for Non-Scientists*. This non-scientist meeting was scheduled every morning and was an excellent review in understandable terms of what the day's plenary sessions would cover. By listening to the questions posed by others, it was clear that I was not alone in trying to understand much of the material.

Participating in the meeting reminded me of the enormous task of developing an effective vaccine. However, looking around the large meeting room and seeing so many faces engaged in the information reassured me that this was a group dedicated to finding an HIV vaccine. Everyone shared the same goal and understood that our only hope was to build a collaboration between scientists, nurses, research staff, recruiters, community educators, community members, and trial volunteers.

The Full Group Meeting was a wonderful chance to share success stories and challenges faced with people from all over the world. I look forward to attending the October meeting Seattle and I hope that my second experience is even more fruitful than my first! ☘

CALENDAR OF EVENTS

CAB PROTOCOL WORKING GROUP CONFERENCE CALL:

Friday, August 1, 2003, 11 a.m. E.T./ 8 a.m. P.T.

Friday, September 5, 2003, 11 a.m. E.T./ 8 a.m. P.T.



GLOBAL CAB CONFERENCE CALL:

Thursday, August 14, 2003, 11 a.m. E.T./ 8 a.m. P.T.

Thursday, September 11, 2003, 11 a.m. E.T./ 8 a.m. P.T.



COMMUNITY EDUCATION/RECRUITMENT COORDINATION CALL:

Tuesday, August 19, 2003, 12 p.m. E.T./ 9 a.m. P.T.

Tuesday, September 16, 2003, 12 p.m. E.T./ 9 a.m. P.T.



United States HIV Conferences

The seventh annual United States Conference on AIDS (USCA) will take place September 18–21, 2003, in New Orleans, Louisiana. The conference consists of more than 3,000 service providers, people living with HIV/AIDS, policymakers, public officials, funders, and other leaders attending USCA, making it the largest AIDS-related gathering in the United States, in search of the latest tools and solutions for the challenges posed by HIV/AIDS. The Division of AIDS (DAIDS) will be holding a full-day institute on HIV vaccines on Thursday, September 18 from 10:30 a.m. – 5:30 p.m. If you are interested in learning more about the conference, please visit www.nmac.org/conferences/usca2003/default.htm.

AIDS Vaccine 2003 is an international conference created to provide a setting for the presentation of the latest basic, clinical, and public health data relevant to AIDS vaccine development. Steve Wakefield and Dr. George W. Counts from the HVTN's Community Education Unit are scheduled to present on certain issues related to recruitment and retention of participants. For more information, please visit www.aidsvaccine2003.org. ☘

Please send suggestions, questions, and article submissions to:

Seth Greenberg, Special Projects Coordinator
HVTN/FHCRC, 1100 Fairview Avenue North
P.O. Box 19024, Mailstop: J3-100
Seattle, WA 98109-1024
greenberg@hvtn.org



HIV VACCINE
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