

Sonia Jean, Clinic Coordinator, Dr. Marie Deschamps, Co-Principal Investigator, and Dr. Jean Pape, Haiti Principal Investigator, present a trial participant with a plaque thanking the participant for his involvement. The image above is being used on materials for the site.

A 'thank you' to trial participants from the Haiti HVTU Remerciements aux participants des essais de la part du HVTU de Haiti

by Mireille Peck, Port-au-Prince Community Educator

Volunteerism is a great human act. It takes courage to expose your arm to receive a trial vaccine product. Participants are heroes. The scientific staff, the community educator, the recruiter, the CAB members: together, we have to consider the volunteers who are willing to be a part of something bigger than themselves.

These volunteers come from the community. With this in mind, remember that the community education unit as well as the CAB members serve and advocate for the volunteers and potential volunteers.

In this spirit, on February 5, 2005, the community educators unit at GHESKIO, Haiti, joined with the CAB members to organize and host a

Haiti continued on page 8

Le volontariat est un grand acte humanitaire. Il faut du courage pour exposer sur bras afin de recevoir un produit d'essor médical. Le volontaire agit en héros. Tout le personnel du site du PI au membre du CAB doit montrer leur considération aux volontaires. Qui contribuent à une bonne cause. Les volontaire viennent de la communauté. Aussi l'unité d'éducation communautaire et les membres du CAB doivent servir et protéger les volontaires.

Dans cet esprit, 5 Février 2005, l'unité éducation communautaire au GHESKIO, Haïti avec le support des CAB a organisé une activité sociale pour remercier tous le

Haiti à suivre page 8

Step Study update

The HVTN really appreciates the extra efforts of CAB members and site staff in launching the Step Study. This trial represents the next step in the field of HIV vaccine research, and it is therefore very exciting work.

The trial was originally planned for 1500 participants, all of whom were to have low levels of Adenovirus 5 antibodies, showing that they had little previous exposure to the virus. Research has shown, however, that even people with exposure to Adenovirus 5 may have an immune response to the vaccine, so the trial has been doubled in size to 3000 participants. With the big jump in numbers, new sites may be added to the Step Study this fall.

The Step Study has its own website at www.stepstudies.com, where you will find information about the trial and useful educational details. 2005 is proving to be a busy year for the HVTN! ☘

In this issue

Grant writing is necessarily a time of reflection, so in light of all the writing and reflecting that Core and the sites have been doing, this issue of the Bulletin is meant to give you an overview of HIV vaccine research — both in the Network and at other institutions around the world. There is also an update of CAB work — self-assessment at one particular site, the profile of CAB work in the HVTN, and an overview of Cross-CAB work.

FIRST VACCINE TRIAL IN INDIA . .	PAGE 2
VACCINE TRIALS WORLDWIDE . .	PAGE 3
CROSS-CAB UPDATE	PAGE 4
CHARTING CAB INVOLVEMENT . .	PAGE 6
CURRENT TRIALS	PAGE 7

India's first HIV vaccine trial

by Nancy D'Souza, Recruiter, Providence

HIV crosses boundaries, but so too does HIV vaccine science. Below is an interview our Providence Recruiter Nancy deSouza had with Dr. Sanjay Mehendale of the National AIDS Research Institute. On the following page is an update on global HIV vaccine trials.

Can you give me a brief description of the protocol: What is the product? How many volunteers will there be?

This is a Phase I clinical trial in 30 healthy adult volunteers in India using an HIV-1 subtype C based vaccine called tgAAC09. It is a vector based vaccine in which the adeno-associated virus (AAV) carries 3 genes of HIV¹. The primary objectives of this trial are to evaluate the safety and immunogenicity of the trial vaccine. The trial is being undertaken under a partnership agreement between National AIDS Control Organization of India, International AIDS Vaccine Initiative (IAVI) and Indian Council of Medical Research (ICMR). National AIDS Research Institute (NARI) is the trial site, and it functions under the auspices of ICMR. The vaccine is manufactured by Targeted Genetics in Seattle.

The design for this Phase I study is of a randomized, placebo-controlled, double-blind and dose-escalation trial. Study enrollment will be done in 3-6 months and the total study duration will be 16-18 months.

Participation in the trial is an entirely voluntary process. It is an individual's free decision to accept or refuse to participate without any influence or pressure. The two step informed consent process involves consent for screening and for enrollment. To ensure adequate understanding of the enrollment consent, the volunteers will have to pass a "test of understanding" of the informed consent form.

We are giving a lot of emphasis to counseling. The counselors will provide the volunteers with all the information, and will attempt to explain all legal, ethical and medical issues related to trial participation in a user-friendly way. No clinical procedures will be carried out as part of the trial with-

out informed consent of the volunteers.

Can you describe how community is involved in this trial?

The community involvement in this Phase I trial is at two levels. Our Community Advisory Board (CAB) has been actively involved from the protocol development stage. CAB members have helped us in translation of some of the study related documents like informed consent forms and information material. A subgroup of the CAB has extensively reviewed the informed consent form and given suggestions and comments that greatly helped in the consent form becoming socio-culturally relevant. The members also helped in simplifying the language used in the study documents. At the level of the community our ongoing partnership with city-based NGOs working in the field of HIV/AIDS has been very rewarding in educating the community about the vaccine trial through the agency of peers operating at the grass root level. Many peers and volunteers identified by the peers have participated in the study and are likely to participate in the future as well. This existing network of peers and NGOs is likely to be very useful in providing continued support to the ongoing trial.

Have community members been involved in other research?

Yes. The CAB of NARI does not necessarily work for the vaccine trial but is also associated with other ongoing projects of the institute. This board comprises 33 members including NGO representatives, social workers, women's organizations, students, people living with HIV/AIDS, physicians, academicians, ethicists, minority groups, men having sex with men, sex workers etc. The CAB meets once in three months or more often depending on the requirement. All the study protocols under development are discussed with the CAB to obtain community input. As mentioned above the CAB members also help in developing and fine tuning the study related documents. The community representatives working at the NGO level help in educating the community in their respective area of work on various aspects of ongoing research.

We do have a strong component of therapeutic research. We have a strong relationship with a project that works with PLHAs (people living with HIV/AIDS) and their families in the community and a research collaboration with Maharashtra Network of Positive People.

What has your site done to build these networks and ensure community participation? What are your community education strategies?

We have been working with the community for the last 2 years. The initial efforts were focused around obtaining political support and advocacy in different sections of the society. Special programs for the community and non-governmental organizations, doctors, media and local counselors were organized. A needs assessment study was carried out that used qualitative research techniques (in depth interviews, key-informant interviews and focus group discussions) to assess the understanding among various stakeholders about vaccines, HIV/AIDS and its prevention, vaccine trials and perceived concerns and barriers.

We have been holding meetings with various groups like health care workers, research workers, factory workers and various community groups with the help of our NGO partners. Our community information efforts involve a three-level contact program:

First level At the level of the community; large meetings involving 25-200 individuals

Second level At our community office; involving up to 10 individuals who express interest in participating during the first level meeting.

Third level At National AIDS Research Institute (vaccine trial site); involving one-to-one sessions with individuals who show interest in participating during the second level.

For community education we have developed an 'info-kit' in English and Marathi (local language), which consists of the following documents: infor-

¹ The study vaccine is a gag-PR-DRT AAV HIV vaccine, meaning that the three HIV genes are gag, protease, and a part of reverse transcriptase.

India continued from page 2

mation about the trial organizers; an appeal for volunteers; frequently asked questions about HIV/AIDS; and frequently asked questions about vaccine trials. We have also posted the outline of the study protocol, inclusion and exclusion criteria, and study visit schedule on the institutional web site.

Finally, Dr. Mehendale, why do you think this trial is important to India?

Since the first report of HIV infection in India in 1986, nearly two decades have passed and over 5 million people are estimated to be HIV infected in the country. The population prevalence is estimated to be between 0.8 and 1%. The HIV epidemic has spread to all the states in the country. The cases of AIDS-defining opportunistic infections are on the rise.

Married monogamous women are increasingly infected primarily due to the risk behavior of their husbands. Acceptance of male condoms is poor, and no effective female controlled options are available. Nearly 90% of HIV transmissions are reported to result from unprotected sexual intercourse. Poverty and illiteracy are common, and thus creating awareness related to safe behavior and behavioral change is challenging. With this background, a biological prevention approach like vaccines might be able to make a significant impact in prevention of HIV in India.

In view of the fact that HIV vaccines could be potentially very important for HIV prevention in India, it is necessary to prepare the community and create the sites capable of undertaking HIV vaccine trials. It is necessary to enhance the capacity of researchers to enable them to undertake HIV vaccine trials maintaining the highest scientific and ethical standards. It is important that the national HIV/AIDS research agenda has vaccine trials on the list. It is possible that more than one vaccine candidate will have to be tested to eventually move forward to Phase II and III trials. It is expected that successful conduct of this trial would demonstrate the capacity of the site to undertake clinical trials of high quality and standards and also would facilitate conduct of similar trials in the country in future.

Thank you, Dr. Mehendale, it was a pleasure talking to you and I wish you luck on your trial.

Thank you, Nancy. ☘



Nancy deSouza (Providence Recruiter), Seema Sahay, CWG (community working group) Representative, and Dr. Sanjay Mehendale, National AIDS Research Institute, discuss India's first HIV vaccine trial at the HPTN Annual Meeting in Washington, D.C.

HIV vaccine research around the world

HIV vaccine research is being conducted across the world. In the U.S., trials of study vaccines are being conducted by the HVTN, IAVI, St. Jude's Children's Hospital and a few private pharmaceutical companies, including Merck. Non-HVTN trials are also being conducted in Belgium, Germany, Switzerland, France, Finland, the United Kingdom, Italy, Kenya, Thailand, India, Russia, Australia and China. For more information on these and other trials around the world, please refer to the recent issue of the IAVI Report (www.iavi.org) or the AVAC AIDS Vaccine Handbook (www.avac.org). Below is an outline of some of the current trials:

The Indian government recently approved the second Phase I trial to be conducted in India. The study vaccine is based on an MVA vector. Earlier in the year a different group of organizations began India's first Phase I trial (described in the adjacent article), which uses an adeno-associated vector. Both products are based on clade C, the predominant HIV clade in India.

The Italian department of health has conducted a Phase I trial of a recombinant Tat protein study vaccine. The product was tested as both a preventive and a therapeutic vaccine. Results from the Phase I trial have led them to move to Phase II trial plans ahead of schedule, and they are currently seeking funding for the next trial.

In Thailand, the Thai government is working in partnership with the U.S. Department of Defense on a Phase III trial of a canarypox/AIDS VAX prime boost regimen. The trial will end in 2008.

IAVI and the Kenyan AIDS Vaccine Initiative are conducting a Phase II trial of a DNA/MVA combination in Kenya.

China has begun Phase I testing of a DNA/pox vaccine in 49 volunteers.

A Finnish biotechnology company is working with IAVI to conduct a Phase I/II trial of a DNA product that uses a proprietary gene transport system.

Australia is conducting a Phase I/II trial of a fowlpox vaccine, but preliminary immunological results have been disappointing. ☘

NY CAB Retreat emphasizes diversity

by Denise Goodman, New York Community Educator

This April, 9 CAB members, 3 staff persons and 2 facilitators set off for our annual CAB retreat at Wainwright House in Rye, NY, 45 minutes outside of the city. We went to review our prior year's work, make decisions for the coming year, and spend time dissecting the diversity issues facing our CAB and site as we conduct HIV vaccine trials in New York City.

Diversity Check-Up:

The group discussed definitions of key diversity terms to gain insight into individual and group perspectives on "diversity," "discrimination," "prejudice," "perception," "bias" and "racism." We noted that everyone has individual biases, prejudices and perceptions that result from life experiences and that impact current thinking at the individual and group level. We then split into 3 teams, each assigned to rank five potential theoretical adoptive couples. Subtle and overt diversity and discrimination-based issues including race, income, education background, health status, and employment status were raised through the exercise. We concluded with a frank discussion of how our "*diversity vital signs*" impact areas of our work and group experience. It is a discussion we will need to revisit over time as we (CAB & staff) continue to evolve, and as our communities and participants keep changing.

Diversity Prescription:

- Strive for more openness and trust within the CAB
- Discuss staff/CAB perceptions
- Schedule presentation on funding for and status of women's HIV prevention trials based on perceived need for more behavioral trials for women
- Present recruitment screening data at CAB meetings to monitor diversity goals monthly
- Increase outreach to the heterosexual community
- Foster dialogue between prevention & treatment CABs

Assessment of our post-Retreat health:

We had fun, we grew, we recharged and we're moving forward! ☘



New York Recruitment/Retention Coordinator John Bonelli (second from left) surrounded by local CAB members at the New York CAB Retreat.

Cross-Network CAB

by Butch McKay, Birmingham CAB member

On May 6, 2005 various members of Community Advisory Boards (CAB) and Community Constituency Groups (CCG) from the clinical research networks supported by the Division of AIDS (DAIDS) assembled in Washington DC for three days to discuss ways that we could work together and share resources in a time of conserving budgets. This face-to-face meeting proved to be both very constructive and productive. I have to admit I had reservations about coming together with so many networks with their own agendas to protect. I felt tension would be the prevailing mood. I was WRONG! This was one of the most professional groups of individuals I had ever had the opportunity to work and share ideas with. There was a tremendous sense of dedication and cooperation. One of the best opportunities was the ability to sit down with members of the DAIDS staff and have an open dialog with them. I know that they went away with a better sense not only of the importance of community in the research agenda, but a sense of the commitment and passion we bring to the process.

We developed a number of recommendations dealing with our roles and responsibilities at all levels of research including national/global level, site level, and leadership level. These are still being fine-tuned and will be made available at a later date. The group worked toward defining best practices for community in HIV Clinical Research Networks. Some topics were to identify and define training needs; shape common issues; educate one another about the scientific agendas of each other's networks and their priorities; and discuss how to best present and share these priorities with the community. We also discussed the importance of the CABs and CCGs reflecting the demographics of target communities. The role of ethics in research was a topic of great importance to the group. A less-than-positive ethical track record in past clinical research has to be recognized and dealt with, and assurances that things are better because of community involvement in the process have to be talked

Cross-Network continued on page 5

Strengthening your CAB with the 10 C's

By Lisabeth Bull, Administrative Coordinator

Cross-Network continued from page 4

about with communities. We have to be able to present the value of research to the community and assure the protection of human subjects.

Due to limited space in this newsletter, I cannot possibly cover all the issues discussed, but I will share our outline for training needs at the various levels.

Training needs at site levels dealt with the introduction to HIV and HIV vaccines, clinical research concepts, ethics and human rights. CAB members should be aware of the history of community participation and presented with reasonable expectations of community representatives. Communication, meeting, and technology skills should be built and supported.

Training needs at network level should include introduction to federal and network structures, mentoring and training mentors, how to read protocols, introduction of scientific agenda and statistics, and ethics and ethical reasoning. Training should be centered around understanding and communicating trial results; giving input to scientific agenda; developing community outreach plans and an evaluation process.

Training needs at the leadership level would include issues of social harm; training for PI's on benefits of community participation; and engagement in the scientific agenda. It was also suggested that training be provided to DAIDS staff on how the community views their role and responsibilities in the field of clinical research.

These are just a few of the points covered at the meeting in Washington, DC. The group will continue to meet via conference calls to better define and improve our mission and performance. Your ideas and input are welcomed. For more information contact myself (aidsoasis1@aol.com), Hamilton Richardson (hambone@verizon.net), Tom Gibson (tgibson@jgllp.com, or Gail Broder at Core (gbroder@hvtm.org). •

At the recent Cross-CAB Conference, the group discussed what CABs and CAB members need to do to be successful. The discussion incorporated a document called the Ten C's, which are to be used to generate discussion around how a group can best function and pursue its goals. Below are the Ten C's, along with a CAB-related interpretation of their purpose. Feel free to use them to spark CAB discussion — or make up new ones!

Context: Is there clarity about the need for the CAB? Does the CAB articulate the historical and scientific background necessary for new CAB members to understand how the CAB's work contributes to the search for an HIV vaccine?

Commitment: Does each CAB member feel a connection to the work that the group is doing? There can be a difference between the commitment an individual has to HIV vaccine work and their commitment to the CAB and its goals. Is there a way that the CAB members build commitment to the group itself?

Competence: Are there skill sets that the CAB is missing and should look for in new members? Are there areas of knowledge or skill that the CAB would like to develop? Is there a shared base understanding that allows members to communicate around key issues?

Clarity: Does everyone in the group understand the CAB's expectations regarding priorities, visions, and goals? Is there a shared understanding about roles and responsibilities? Does the CAB understand the site's expectations for the CAB, and does the site understand the CAB's expectations for the site?

Collaboration: Has the CAB developed an environment in which people can work together? Does the group agree about the CAB's goals and the means to achieve these goals, or is there a positive dialogue around differing answers to these questions? Does the CAB have a sense of partnership with the site, or can it set goals to achieve one?

Communication: Are many opinions welcome within the conversation? Do members feel comfortable and respected when they voice disagreement or questions? Are there mechanisms that allow everyone to contribute? Does the CAB have a way to exchange information with site staff? Can conflicts be discussed and resolved?

Creativity: Is the CAB willing to think of new approaches and solutions? Are unexpected voices or suggestions appreciated? Does the group address challenges with openness and innovation? Does that CAB change over time as new ideas, needs and goals are encountered?

Consequences: Does the CAB have a recognized sense of responsibility to their community? Does the CAB discuss the impact its actions have on the community, on the site, and on the research that is done? Does the CAB foster a sense of responsibility among the members of the CAB?

Control: Does each CAB member feel that their voice has an impact in the CAB? Does everyone in the group feel that they have a clear role to fulfill?

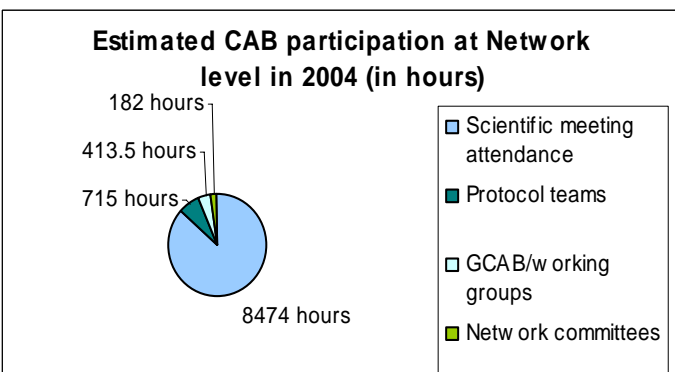
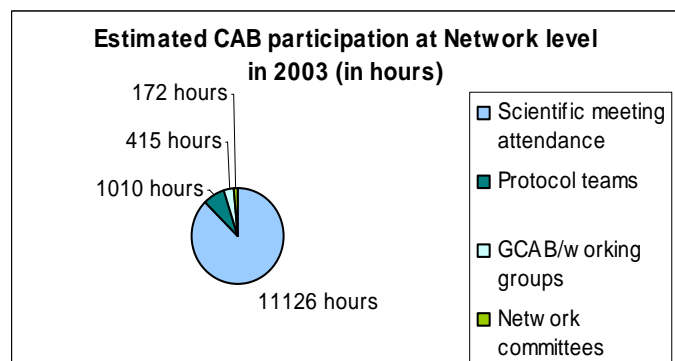
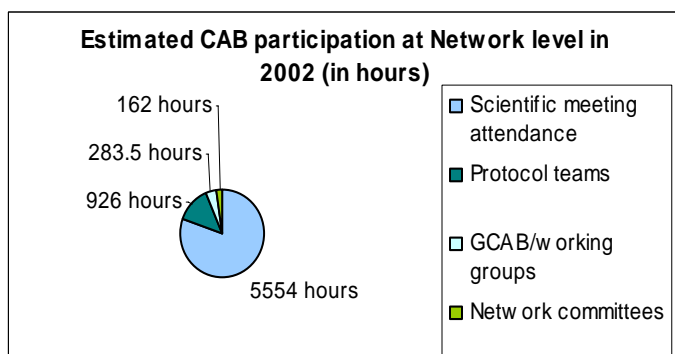
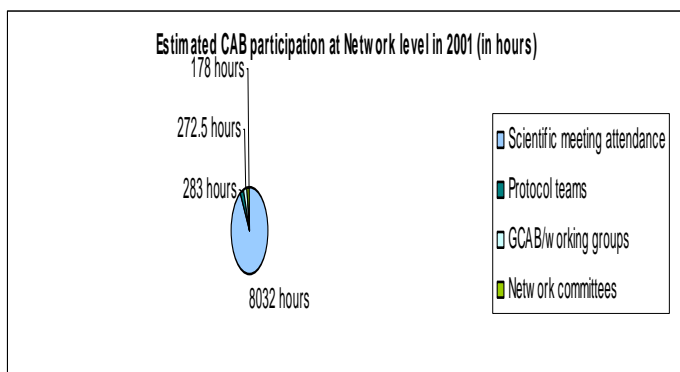
Coordination: Is there a leadership structure or a shared expectation in place that allows the group to show progress on actions and goals? Is there regular interaction with the site to keep the CAB's work relevant to the site's work?

Community: Can someone who does not share cultural expectations or experiences with others in the CAB feel welcome within the group? Do CAB members work to build on perspectives and values they hold in common? Has the CAB built a sense of identity that is based on shared goals rather than shared experiences? Can CAB members learn about and respect the views they do not share? Are there opportunities for CAB members to teach each other about their differences? ☘

Dedication and diversity: some data on CAB members

As we here at Core prepared the Network's application for the DAIDS grant process, we have been able to reflect on the last five years of the HVTN. Below you will find information on the activities of the GCAB members over the past four years and the profile of our CAB members around the world. These graphs show the HVTN's CAB members to be a diverse and dedicated group, without a doubt! Additionally, in 2004, CAB members were given approximately 48 hours of training about science-related topics, spent approximately 15 hours each learning about or discussing ethical issues, and spent approximately five hours each addressing diversity issues (approximately 55 hours were devoted to learning about Network activities and planning for events and site goals). ☘

Estimated CAB participation at Network level, 2001-04



Background of CAB volunteers at HVTUs in 2004 by region¹

Based on staff knowledge

	Non-U.S. sites	U.S. sites	Total
CAB member occupation			
Health care	58	34	92
CBOs/NGOs	37	37	74
Faith leaders	18	10	28
Traditional healers	6	0	6
Communications/media	10	13	23
Education/academia	24	32	56
Government/public servants	8	1	9
Science/research/engineering	9	16	25
Law	5	6	11
Activists/volunteers	22	7	29
Other *	33	34	67
CAB member profile			
Male	65	112	177
Female	76	87	163
HIV +	24	24	48
Trial participants	24	58	82
Past history of intravenous drug use	0	9	9
Those in target population of HVTU	81	121	202
Total number of CAB members	141	199	340

¹ all HVTUs except Gabarone, Botswana reporting

* includes: 11 students, 15 private sector employees, 3 in the arts, 5 disabled, 2 unemployed, 1 footballer, 1 domestic worker, 1 airline attendant, 1 hairdresser

Trials update

The HVTN pipeline has increased rapidly in the last couple of years, and there are currently a number of trials underway. The tables below provide an overview of trials in progress. Our Educators, Recruiters, and the rest of the site staff are working hard! 🌟

Trial in progress, enrollment finished

Prot. #	Product	Developer	Sites	# in trial	Start date	Comments
042	Canarypox/lipopeptide	ANRS/Aventis-Pasteur	Baltimore (UMD, JHU), Birmingham, Boston, Nashville, New York, Providence, Rochester, San Francisco, St. Louis, Seattle	174	12/03	The vaccinations have been stopped. Current participants will continue to be followed for safety evaluation.
044	DNA plasmid + cytokine adjuvant	VRC	Baltimore (UMD), New York, Boston	70	12/03	Safety data from this trial will contribute to developing Phase II studies such as 204.
048	DNA plasmid	Epimmune	Boston, St. Louis (US), Gabarone (Botswana)	42	05/03	First clade C product tested in the US
049	DNA plasmid + protein	Chiron	Baltimore (UMD, JHU), Birmingham, Boston, Nashville, New York, Providence, Rochester, San Francisco, St. Louis, Seattle	132	12/03	60 people will be enrolled in groups 1-4; another 30 people will be enrolled in a protein-only arm this fall.
052	DNA plasmid	VRC	Baltimore (UMD, JHU), Birmingham, Boston, Nashville, New York, Providence, Rochester, San Francisco, St. Louis, Seattle	180	12/03	HVTN 052 participants could opt to rollover into 057 for an adenovirus boost
056	Multi-epitope peptide w/ adjuvant	Wyeth	Baltimore (JHU), Birmingham, Nashville, Rochester, San Francisco, St. Louis, Seattle	96	04/04	Depending on results from 060, 056 participants may be able to choose to enter 061 for a boost with a DNA product
057	DNA +adeno	VRC	Same as 052	70	11/04	Rollover from 052

Trial in progress, enrollment in progress

Prot. #	Product	Developer	Sites	# in trial	Start date	Comments
050	Adenovirus	Merck	Rio de Janeiro, São Paulo (Brazil), Port-au-Prince (Haiti), Blantyre (Malawi), Lima (Perú), San Juan (Puerto Rico), Durban, Soweto (South Africa), Chiang Mai (Thailand), Baltimore (UMD, JHU), Birmingham, Boston, Nashville, New York City, Rochester, St. Louis, San Francisco, Seattle (US)	435	06/03	050 has begun unblinding in the US. Vaccinations continue at sites that started the protocol later.
054	Adenovirus	VRC	Nashville, San Francisco, Seattle	48	04/05	054 is part of a series of trials including 052 and 057. These trials will lead into the Phase II trial 204
055	MVA + fowl-pox	Therion	Birmingham, Boston, New York, Providence, St. Louis, Seattle	150	07/04	First 60 participants enrolled in dose escalation study.
059	Alphavirus VEE	AlphaVax	Gabarone (Botswana), Baltimore, Nashville, New York, Rochester (US)	96	10/04	059 is a continuation of testing of the product in 040
060	DNA + IL-12 DNA adjuvant	Wyeth	Kingston (Jamaica), Chiang Mai (Thailand), Baltimore (UMD), Birmingham, Nashville (U.S.)	156	08/05	060 is part of a series of trials with 056, 061 and the upcoming 063
502	Adenovirus	Merck	HVTN sites: Boston, Chicago, New York, Philadelphia, St. Louis, San Francisco, Seattle (U.S.), Santo Domingo (D.R.), Port-au-Prince (Haiti), Iquitos, Lima (Peru), San Juan (Puerto Rico)	3000	12/04	502 is doubling in size (see page 1 for more information)

A thank you to the trial participants from the Haiti HVTU

Haiti continued from page 1

social event in which we thanked all former volunteers from HIVNET 026 for their dedication. At the event we invited these volunteers to become CAB members. We celebrated them for helping to advance the science of HIV vaccines.

Volunteers were free to come or not as they wished. They were invited to bring along friends and family. For HVTN 026 our site recruited and retained 40 volunteers throughout the study period. Of these 40, 35 volunteers joined our event, each accompanied by a friend or loved one. Every volunteer received a plaque expressing our appreciation for their participation. They were overjoyed.

Our site maintains contact with our study participants, continuing to offer health care assistance long after their participation ends. Our ability to offer medical assistance is a strength for recruitment and retention. The volunteers say they are able to refer participants to other clinical trials and at the event they gave testimony about this.

It is important for volunteers to see our site's concern for their individual needs and community concerns. Haiti's vaccine trials unit is thankful for our HIV vaccine volunteers, and to the HIV vaccine volunteers all around the world for their selfless dedication to serve humanity. There is not enough time, money or other resources to express the depths of our gratitude. ☘

Remerciements aux participant des essais de la part du CAB de Haiti

Haiti suite de la page 1

volontaires de HVTN 026 pour leur dédicación aux avancés scientifiques de la lutte anti-SIDA.

Les volontaires ont été invités, mais ils pouvaient ne pas répondre. Coût dépendait de leur désir ou non d'assister à l'activité.

Ils pouvaient se faire accompagner par un ami ou un parent de leur choix.

Pour le protocole HVTN 026, GHESKIO centres a recruté 40 volontaires. Il n'y a pas eu d'abandon. 35 volontaires ont participé et on amené un ami ou un parent. Chaque volontaire a reçu une plaque de remerciement pour leur participation. Ils étaient heureux.

GHESKIO maintient leur contact avec le volontaire. GHESKIO continue à leur offrir l'assistance médicale qui représente un force dans le recrutement et la rétention. Il est importante pour le volontaire de jouir de l'appréciation de personnel.

Haiti site remercie sincèrement ses volontaires et le volontaires du monde entier pour leur contribution à servir l'humanité. Lette contribution ne j'eut s'évaluer ni en argent, ni en temps. Un peut seulement l'affrecier avec son cœur à sa juste valeur. ☘

Upcoming Conferences

The 2005 CAB Retreat will be held September 28 - October 1 in Seattle, Washington. All representatives will be expected to give their local CABS at least two trainings on information learned at the Retreat upon their return.

The next Full Group Meeting will be held November 7-9 in Seattle, Washington. As usual, there may be CAB meetings held the Sunday before the official meeting time.

AIDS Vaccine 2005 will be held in Montreal on September 6-9, 2005. For more information, go to the website at www.aidsvaccines05.org. ☘



Calendar of Events



CAB Protocol Working Group Conference Call:

Friday, September 2nd, 8 a.m. PST/11 a.m. EST

Friday, October 7th, 8 a.m. PST/11 a.m. EST

Global GCAB Conference Call:

Thursday, September 8th, 8 a.m. PST/11 a.m. EST

Thursday, October 13th, 8 a.m. PST/11 a.m. EST

Global Ethics Working Group Call:

Thursday, September 22nd, 9 a.m. PST/12 p.m. EST

Thursday, October 27th, 9 a.m. PST/12 p.m. EST

Community Education/Recruitment Coordination Call:

Tuesday, September 20th, 9 a.m. PST/12 p.m. EST

Tuesday, October 18th, 9 a.m. PST/12 p.m. EST

Community Advisory Boards (CABs) are one way that the HVTN involves community in the research process. CABs consist of volunteers from diverse backgrounds who work with local research units and advise the site from a community perspective. Community input has been invaluable to the broad community education efforts, as well as the development of this bulletin.

Send suggestions, questions, and article submissions to:
Lisabeth Bull, editor
HVTN/FHCRC, 1100 Fairview Avenue North, LE-500
P.O. Box 19024
Seattle, WA 98109-1024
lbull@hvtn.org