



21st International AIDS Conference

Durban, South Africa
18-22 July 2016



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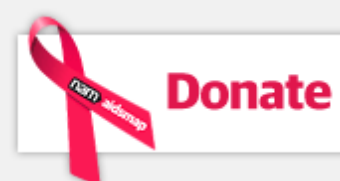
Official scientific news reporter



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PrEP: young men who have sex with men



Sybil Hosek presenting at AIDS 2016. Photo by Liz Highleyman, hivandhepatitis.com

US research has shown that young gay and bisexual men – a group with an especially high risk of HIV – can have good adherence to pre-exposure prophylaxis (PrEP), but that good support is essential.

Truvada PrEP can protect individuals against infection with HIV. Good adherence is key to the success of the treatment, and infections are rare among individuals who take PrEP as recommended. The use of *Truvada* as PrEP was approved in the US in 2012, and the World Health Organization suggests that “people at substantial risk of HIV” should be offered PrEP.

Results of a small study involving 79 gay and bisexual men aged between 15 and 17 were presented to the conference.

Their demographic composition and sexual behaviour showed they had a high risk of acquiring HIV. A third were black, a similar proportion mixed race and 21% Hispanic. Participants were sexually experienced, reporting an average of two sexual partners in the previous month and 60% had receptive anal sex without a condom with their last partner. Approximately a fifth had been paid for sex and 15% had a sexually transmitted infection at the start of the study.

Daily *Truvada* PrEP was safe and well tolerated. None of the participants stopped taking their treatment because of side-effects and all the participants retained good kidney function.

Three individuals acquired HIV, an incidence rate of 6.41 per 100 person-years, among the highest rates seen in a PrEP programme. This high rate can be explained by participants not taking the pills regularly (adherence problems).

Initially, participants received monthly adherence support, which was accompanied by high levels of pill-taking, and individuals maintaining protective levels of therapy in their blood.

But adherence and drug-levels dropped off once participants were switched to three-monthly support.

Data from this study will be presented to drug regulators in the US to support an application for use of PrEP by people aged under 18.

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PrEP: serodiscordant couples



Jared Baeten presenting at AIDS 2016. Photo by Jan Brittenson, hivandhepatitis.com

Other research showed that PrEP has a use in serodiscordant couples (couples in which one person has HIV and the other does not) in the first six months after the partner with HIV has started antiretroviral therapy (ART).

Studies have shown that effective ART dramatically reduces the risk of onward HIV transmission – a concept known as ‘treatment as prevention’ – and PrEP reduces the risk of infection by more than 90% if taken consistently. Putting these two highly effective approaches together may fill any gaps that can occur, for example, if a person has recently started ART and not yet achieved an undetectable viral load.

The Partners PrEP Demonstration Project was conducted in Kenya and Uganda and enrolled 1013 serodiscordant couples. Neither partner was taking ART at the start of the study.

All HIV-positive partners were offered ART; the HIV-negative partners were given PrEP if their partner delayed therapy and during the first six months after ART initiation.

By the end of follow-up, there were four new HIV infections, much lower than the expected 83 without ART or PrEP. All four infections occurred in couples who were not using ART or PrEP.

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90-90-90 target: SEARCH study exceeds target in rural East Africa



Maya Petersen at AIDS 2016. Photo by International AIDS Society/Abhi Indrarajan

ART has both individual and public health benefits: people doing well on treatment have a near-normal life expectancy and have a very low, perhaps zero, risk of passing on HIV to sexual partners.

To maximise the benefits of ART, UNAIDS has set the 90-90-90 target: (90% of people living with HIV diagnosed, 90% of people diagnosed taking HIV treatment, 90% of those on treatment achieving viral suppression) by 2020. Meeting these targets would result in 73% of all people with HIV having a suppressed viral load.

Research conducted in rural Uganda and Kenya achieved 82% viral suppression rates within two years. The programme embedded “test and treat” for HIV within a large multi-disease prevention programme.

The study involved 32 communities, each with around 10,000 inhabitants, which were randomised to receive standard of care or an intervention consisting of testing for HIV, diabetes and hypertension, linkage to care for people diagnosed with HIV and immediate ART, regardless of CD4 count.

Rates of engagement with HIV care were already high at baseline, with 70% of people with HIV previously diagnosed, 80% reporting having ever taken ART and 86% of people taking ART having a suppressed viral load.

After two years, this had increased to 97%, 94% and 90% respectively. The 90-90-90 targets were therefore equaled or exceeded. Overall, a remarkable 82% of **all** people with HIV had a viral load below 500 copies/ml.

However, younger people had lower levels of engagement with care.

Dr Maya Petersen told [aidsmap.com](#) that she believed it was the strong community involvement and patient-centred nature of the care provided that had produced the high levels of linkage to care, treatment initiation and viral suppression.

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90-90-90 target: find the men!



Photo by Greg Lomas / Scholars and Gentlemen / Médecins sans Frontières

Research conducted in South Africa and Namibia has shown that progress towards the 90-90-90 target varies considerably between programmes, region and populations.

A striking finding was that men have especially low rates of diagnosis and viral suppression.

Researchers estimate that there are approximately 6.5 million people living with HIV in South

Africa. Currently, 53% of people with HIV are accessing care, 46% of all people with HIV are on ART and 26% of all people with HIV have viral suppression. Rates of engagement with care, treatment and viral suppression are higher in women (60%; 51%; 30%) compared to men (43%; 37%; 20%).

There were more encouraging data from a household survey involving adults aged 15-59 years in KwaZulu-Natal, which showed significant progress towards the 90-90-90 target. Once again, rates of diagnosis, treatment initiation and viral suppression were all higher in women (65%; 70%; 90%) compared to men (52%; 69%; 86%).

Research conducted in Namibia showed progress towards the target, with 64% of people with HIV diagnosed, 83% of people diagnosed starting ART and 81% of people on treatment achieving viral suppression. Once again, levels of engagement in care were higher in women compared to men.

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Retention and linkage to care



Image from presentation by Dr Serena Koenig

Prompt linkage to care, very early ART and good levels of support can dramatically improve rates of retention in care and viral suppression, according to research presented to the conference.

Starting treatment on the day of HIV diagnosis improved rates of retention in care and viral suppression in Haiti. A total of 762 people testing HIV-positive with no symptoms and a CD4 count below 500 were recruited to the study and were randomised to receive the existing standard of care (ART after a third follow-up visit, 21 days after diagnosis) or ART on the day of diagnosis.

Data for 564 people with at least twelve months of follow-up were presented to the conference. At month twelve, 54% of the same-day ART group were retained in care and had an undetectable viral load, compared to 42% of individuals who received standard care. The researchers calculated that people receiving same-day ART were about 75% more likely to have viral suppression, and were more likely to be in care and alive at the twelve-month follow-up interval than those receiving routine care (80 vs 71%).

However, it is worth noting that around one-third of people screened for enrolment in this study were deemed not ready to start treatment after undergoing a standardised questionnaire on readiness for treatment. This indicates that same-day treatment is not suitable for everyone and that a substantial minority of people will need more preparation and support.

Data from the Link4Health study in Swaziland showed that a combination of interventions boosted retention in care and ART initiation rates and reduced mortality rates.

The intervention included point-of-care CD4 cell testing at diagnosis, accelerated access to ART for people with low CD4 counts, mobile phone reminders, provision of basic personal hygiene items and small non-cash incentives.

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Vertical HIV transmission: progress in South Africa

South Africa has succeeded in reducing the rate of vertical HIV transmission (during pregnancy, delivery and infant feeding) to 4%.

The research looked at 18-month infection rates among approximately 1800 HIV-exposed infants. Overall, it shows the success of the Option B+ initiative (providing ongoing combination ART for mothers).

The vast majority (81%) of transmissions occurred within the first six months after birth; two-thirds of infant deaths also happened in this period.

The 18-month HIV-free survival rate was almost 94% among infants alive after six weeks.

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Search for a cure: combination approach needed



Anthony Fauci, US National Institutes of Health, speaking at the Towards A Cure Symposium. Photo by International AIDS Society/Steve Forrest/Workers' Photos

Curing HIV will require combination treatment, as is the case with ART.

Delegates to the conference were told that HIV can easily develop resistance to strategies that rely on a single therapy.

Dr Anthony Fauci, head of the US National Institute of Allergies and Infectious Diseases, told delegates that HIV cure research was roughly at the stage HIV treatment was at in 1990; as with the first HIV drug AZT (zidovudine), it was becoming clear that single agents might only have a limited effect, and dual combinations were starting to show more promise.

But even combination approaches may not achieve a cure. One experimental therapy used three drugs, one to “wake-up” dormant reservoirs of HIV-infected cells, another to prevent HIV proliferating, and a third to stop HIV spreading to new cells once the dormant reservoirs were stimulated. The therapy was given to people who were diagnosed soon after infection, started prompt ART, and remained on ART for two years. Results were disappointing, probably because the experimental treatment couldn’t flush out the reservoirs of cells with latent infection.

Other research is focusing on the use of therapy including two neutralising antibodies. Another

line of research is exploring the use of a combination of “gene scissors”.

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As well as articles by our own editors, the apps include a daily hand-picked selection of HIV-related stories from other websites around the world.

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London AIDS 2016 event



Conference feedback session

Wednesday 27 July, 7-9pm

Hosted by **nam** aidsmap

NAM will be hosting a feedback session in London on Wednesday 27 July from 7-9pm to report on some of the key topics presented at the 21st International AIDS Conference (AIDS 2016).

Find out more on the NAM blog.

Related links

[Find out more about the London event](#)

Equal access, free choice



Community Consensus Statement on Access to HIV Treatment and its Use for Prevention

[Read it](#) [Sign it](#) [Share it](#)

Eight global HIV advocacy groups have released a consensus statement setting out basic principles for provision of HIV treatment and pre-exposure prophylaxis (PrEP).

More than **750 people** have already signed to add their support.

Please read it, sign it and share it.

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[Visit the community consensus statement website](#)

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