## Moving the HIV Prevention Agenda Forward: The DAIDS Perspective

#### Carl W. Dieffenbach, Ph.D.

Director, Division of AIDS, NIAID, NIH

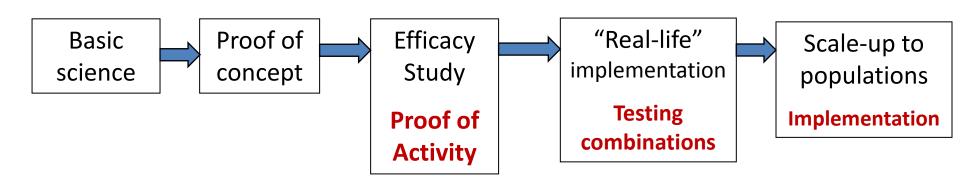
Microbicide Trials Network Regional Meeting October 2, 2012



#### How Biomedical Prevention Methods Work

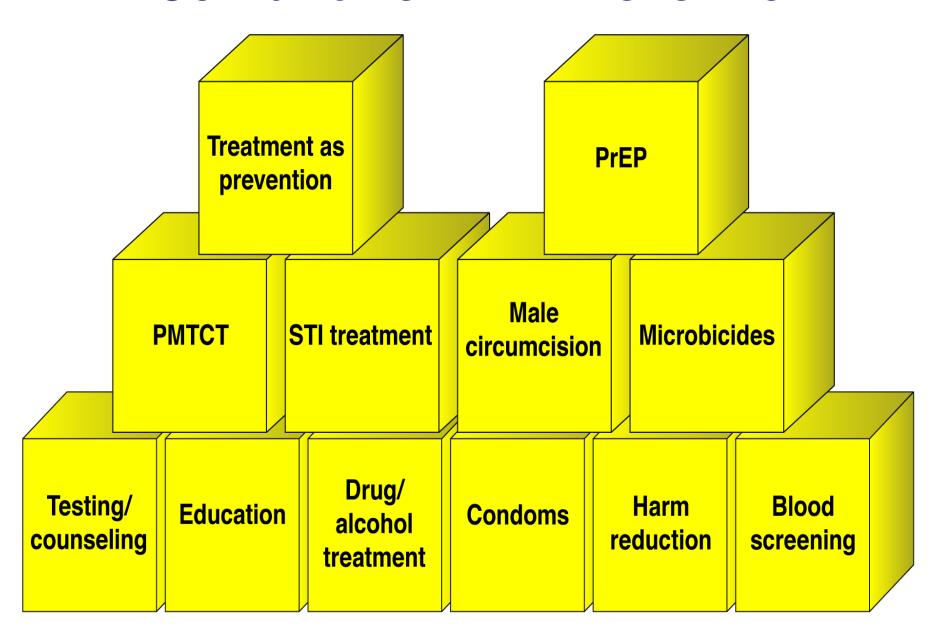
- All PrEP, microbicides, or a vaccine response--antibodies and CMI-- must be armed, ready and waiting at the site and time of virus exposure
- Further, the antiviral activity must remain active until the virus is eliminated

### Efficacy > Effectiveness: The Path to Combination Prevention



How do we move from single products to integrated combination prevention programs?

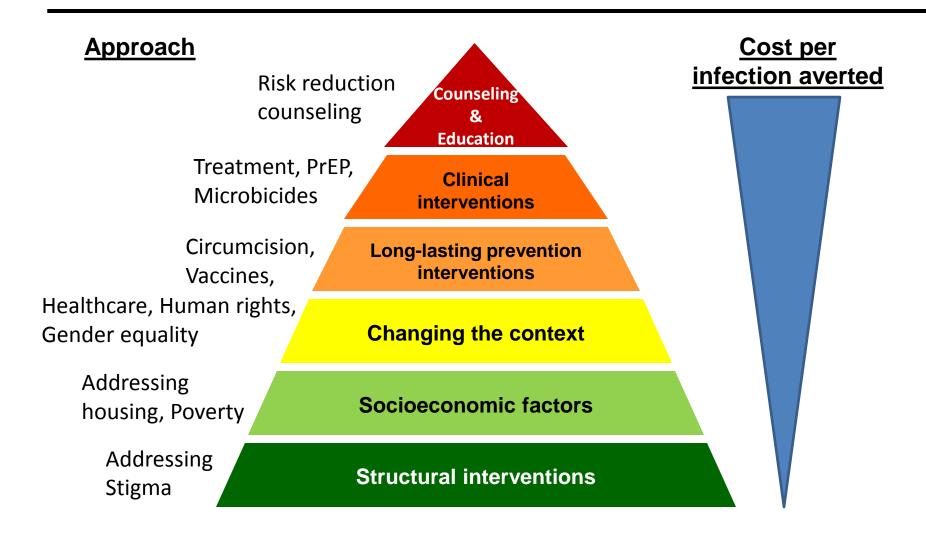
#### **Combination HIV Prevention**



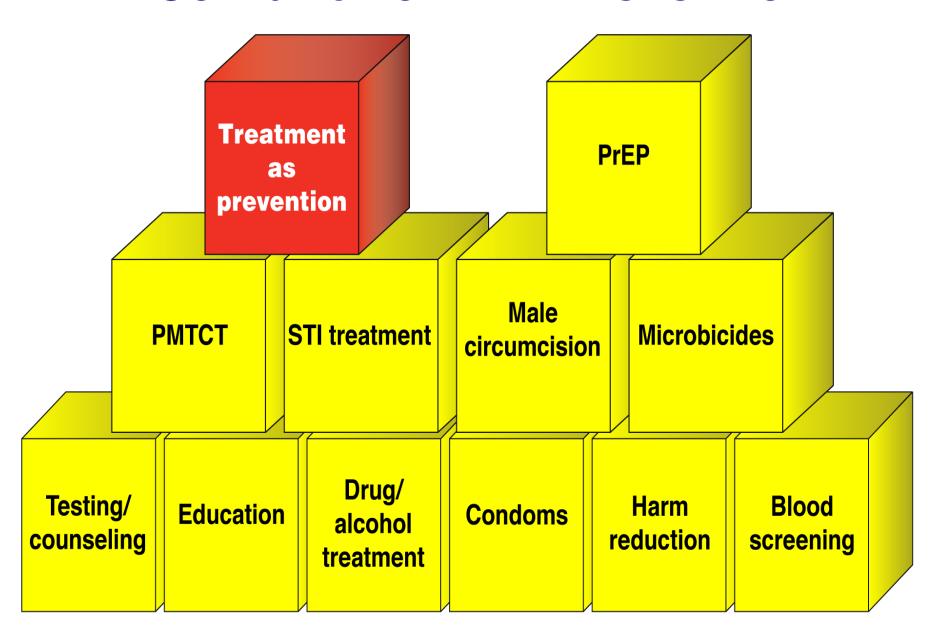
## HIV Prevention Research: Guiding Principles

- No single prevention strategy is enough
- HIV testing is the entry point for individuallyfocused prevention interventions
- HIV treatment is a critical component of prevention
- Know your epidemics within the community and select prevention interventions based upon effectiveness and cost
- Evolve prevention strategies with changes in the epidemic

### Combination Prevention is More than Biomedical Interventions



#### **Combination HIV Prevention**

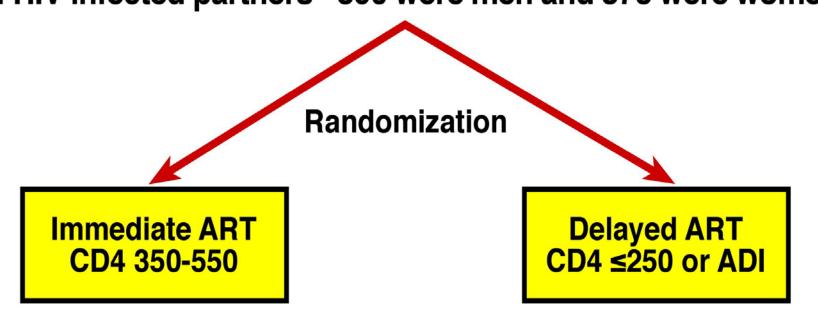


#### **HPTN 052 Study Objectives/Goals**

- To determine: a) whether antiretroviral use by an HIV-infected person could prevent the transmission of the virus to his/her sexual partner and; b) what is the optimal time of initiation of therapy
- To evaluate the optimal time for an HIV-infected person to begin taking antiretroviral therapy in order to reduce HIV related illness and death

#### **HPTN 052 Study Design**

Entry criteria: HIV+ subjects with CD4+ T cell counts 350 to 550 cells/μL 1763 serodiscordant couples (97% heterosexual) Of HIV-infected partners - 890 were men and 873 were women





FOR IMMEDIATE RELEASE Thursday, May 12, 2011 National Institute of Allergy and Infectious Diseases (NIAID)

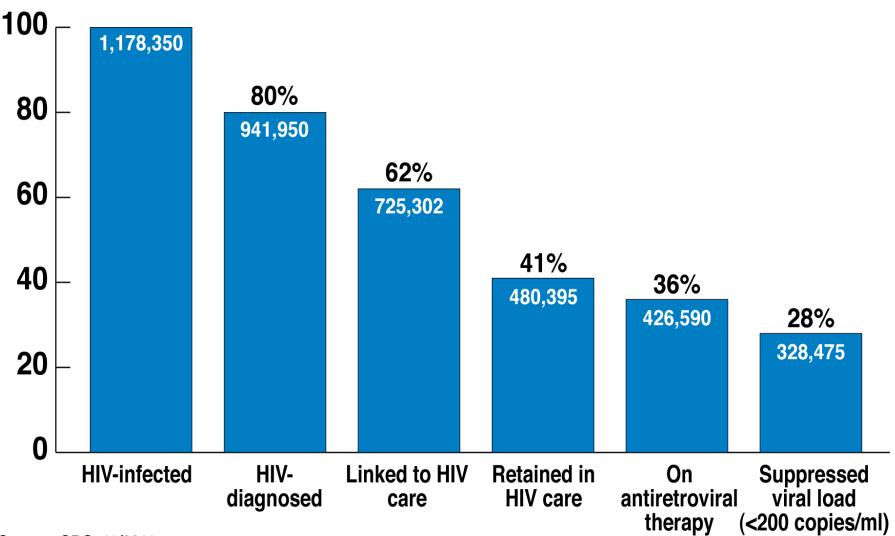
http://www.niaid.nih.gov/

# Treating HIV-infected People with Antiretrovirals Significantly Reduces Transmission to Partners

# Achieved Complete and Sustained Virological Suppression

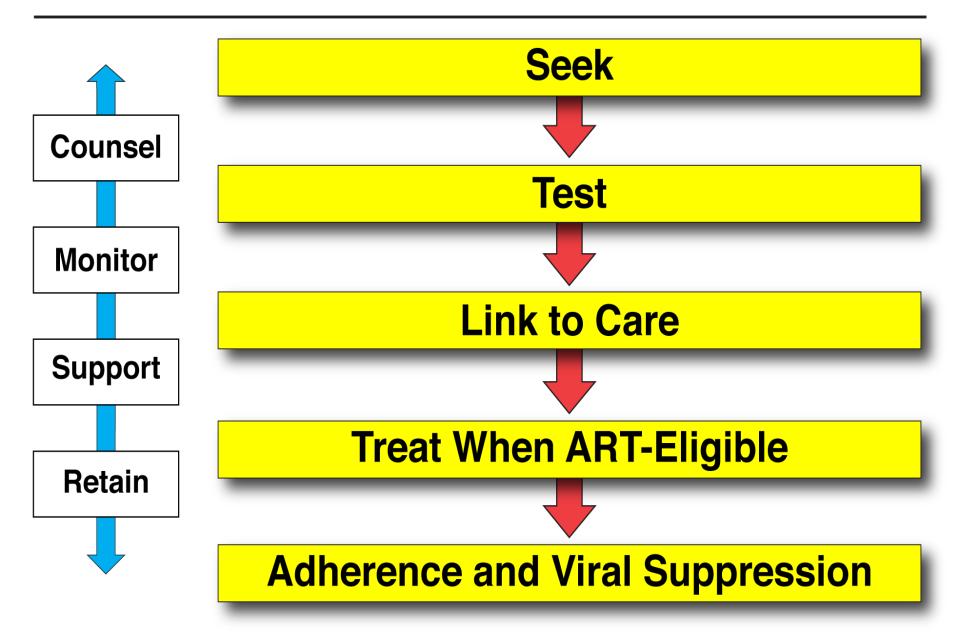
■ 96% reduction in HIV transmission when ART started in HIV-infected partner at CD4 count of 350-550 compared to <250

### Proportion of HIV-Infected Individuals in the United States at Each Stage of Care

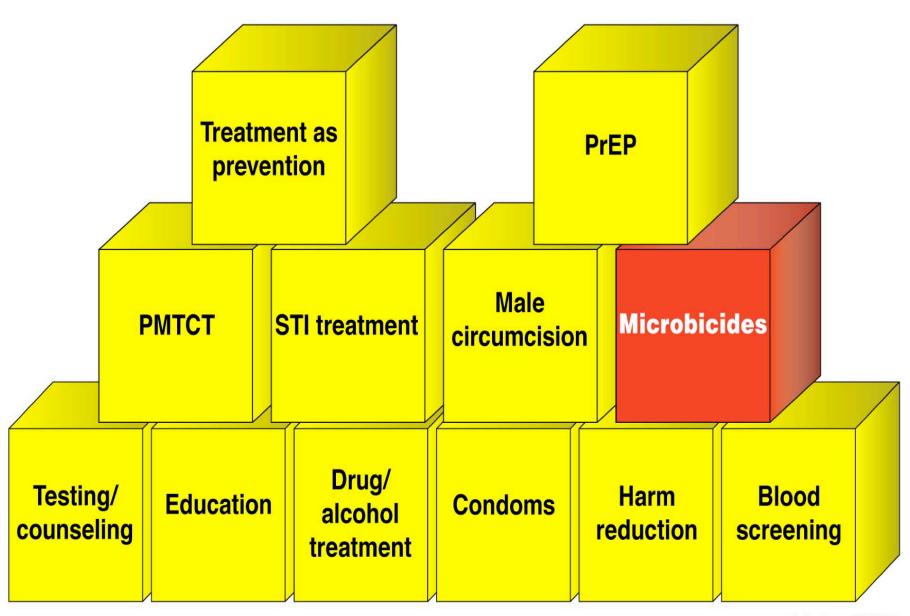


Source: CDC, 11/2011

#### **The HIV Care Continuum**



#### **Combination HIV Prevention**



#### **Microbicides: Mixed Results**

CAPRISA 004 – 1% tenofovir gel before and after intercourse reduced incidence by 39%; with adherence > 80%, incidence reduced by 54%

VOICE – 1% tenofovir gel daily. Study arm discontinued due to futility

■ FACTS 001 – Ongoing study in South Africa of 1% tenofovir gel before and after intercourse

#### **Dapivirine Microbicide Rings**

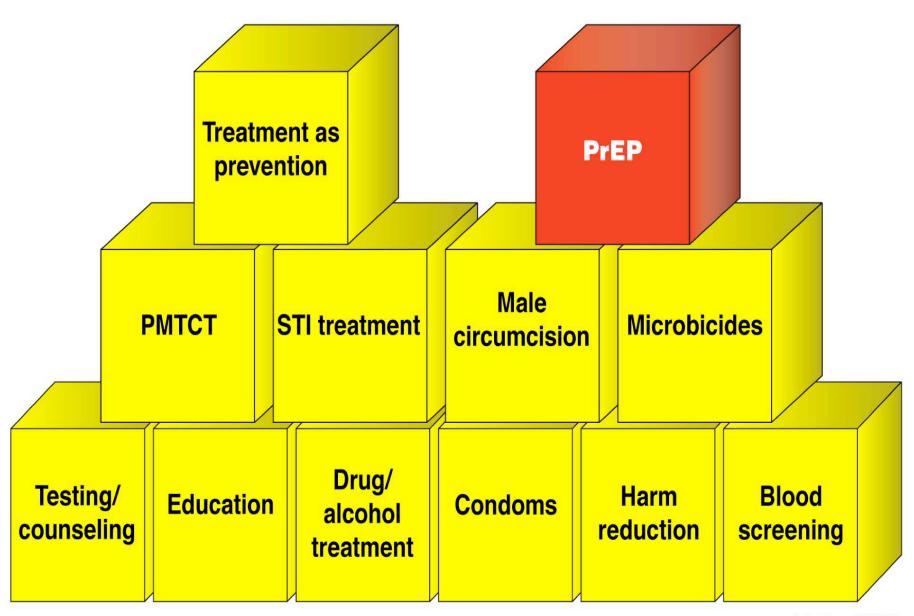


- Monthly use
- Two large-scale trials in 2012
  - ASPIRE ~3500 women in Malawi, South Africa, Uganda, Zambia, and Zimbabwe
  - The Ring Study (IPM 027) ~1,650 women in South Africa, Rwanda, and Malawi

#### Rectal Microbicides

- Completed first clinical trials with vaginally formulated microbicides used rectally
- Ongoing program (CHARM) to develop rectalspecific microbicide formulations for Tenofovir and Maraviroc
- Completed two Phase I clinical trials of vaginal microbicides used rectally
- Phase II trial in development using oral FTC/TDF and rectally-applied tenofovir reduced-glycerin 1% gel

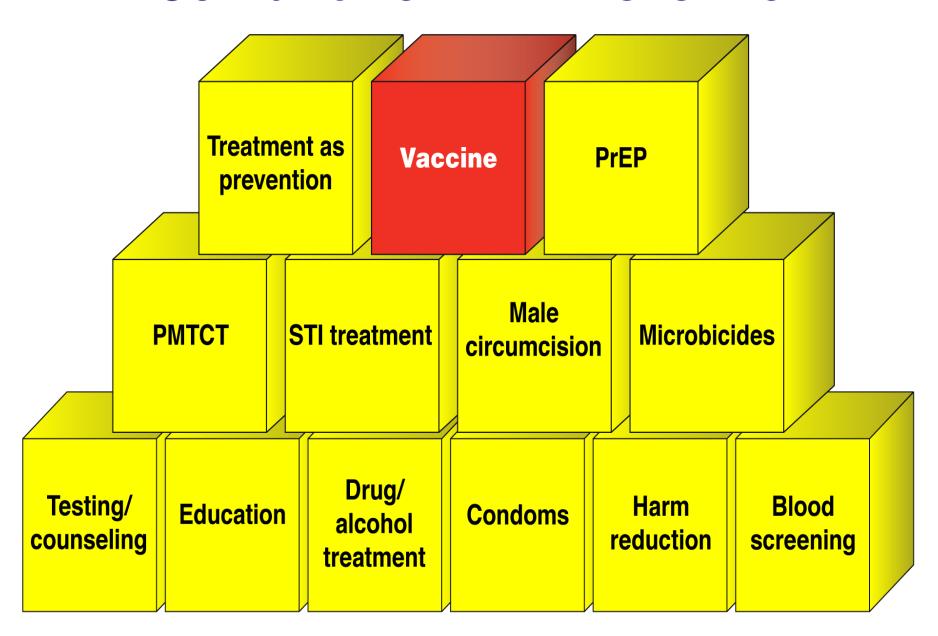
#### **Combination HIV Prevention**



#### **Oral PrEP: Mixed Results**

	Efficacy
MSM – iPrEx (Americas, Thailand, SA)	42%
Heterosexual discordant couples – Partners PrEP (Kenya, Uganda)	75%
<b>Heterosexual men and women – TDF2</b> (Botswana)	62%
Women – FEM-PrEP (Kenya, SA, Tanzania)	0%
Women – VOICE (SA, Uganda, Zimbabwe)	0%

#### **Combination HIV Prevention**



### First Signal of Efficacy in an HIV Vaccine Clinical Trial



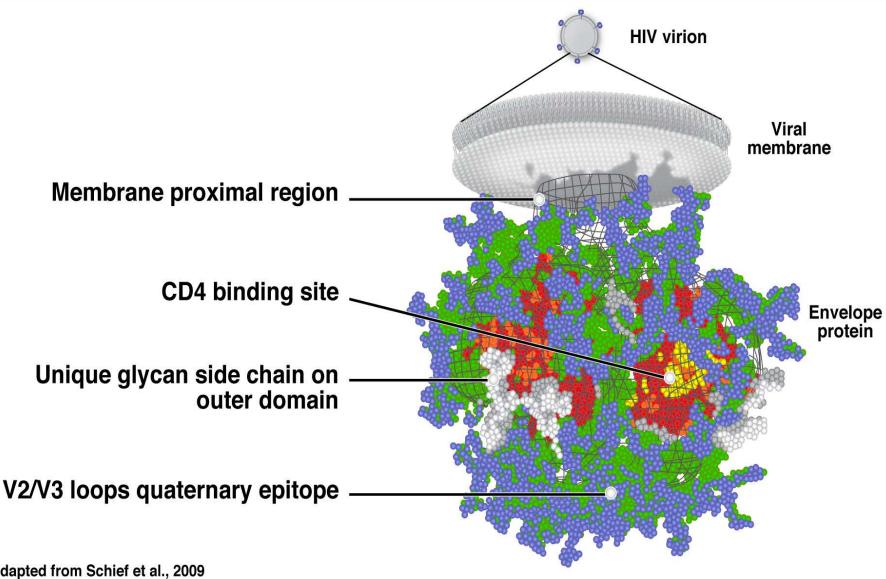
# Vaccination with ALVAC and AIDSVAX to Prevent HIV-1 Infection in Thailand

S Rerks-Ngarm, JH Kim, NL Michael et al. for the MOPH-TAVEG Investigators

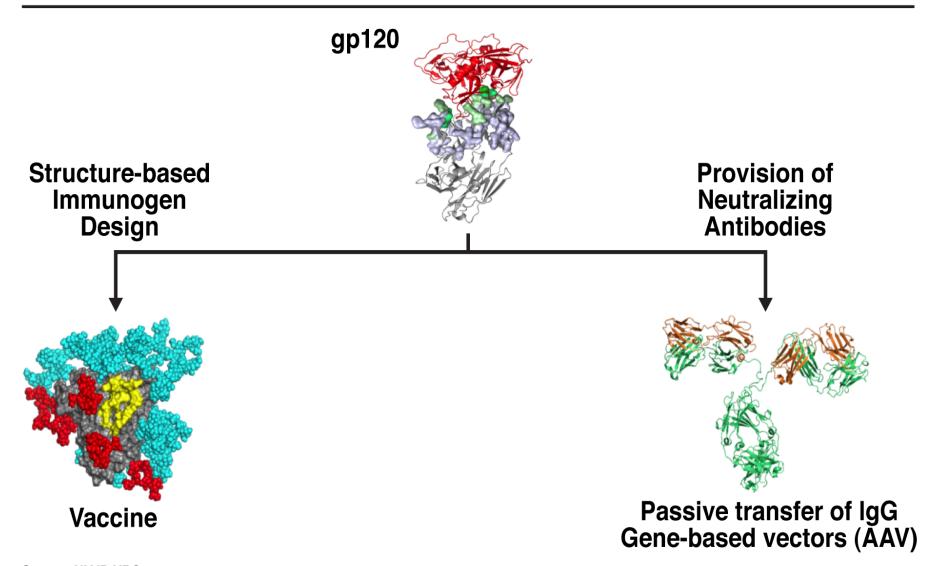
#### **HVTN** 505

- Phase IIb study in the U.S.
- Vaccine regimen designed by NIAID Vaccine Research Center (VRC)
- Study will address two key questions:
  - Will the vaccine prevent infection?
  - Will the vaccine significantly reduce viral load in individuals who become infected with HIV?
- Participants: 2500 U.S. men or trans-women who have sex with men
  - Circumcised
  - No measurable Ad5 antibodies
- ~2100 currently enrolled

#### Structure-Based HIV Vaccine Design: Conserved **Targets Defined by Neutralizing Antibodies**



### **Neutralizing Antibody Approach to HIV Prevention**



Source: NIAID VRC

# THOUGHTS ON THE NEAR TERM FUTURE

#### **Next Generation Products**

- How can we develop delivery systems that work well within the lives of people that would benefit most?
  - Packaging or product design to improve adherence
  - Ring technology adapted to use with squat toilets
- Must keep the user in mind

#### **Next Generation Products**

- New agents
- Combination products
  - Antiviral, contraceptive
- New Formulations
  - Gels -- rectal and vaginal
    - A provocative thought -- gels that are safe and effective in HIV+ people
- Long acting formulations and delivery devices