

Ward Cates - A Legacy That Lives on

Earlier this week, we shared with you the devastating news that our friend and colleague Ward Cates had passed away. Ward served as the principal investigator of the HIVNET International Master Contract (IMC) beginning in 1994 and the HPTN from 1999 to 2006. Under his leadership, the Network pursued an HIV prevention scientific agenda that included treatment as prevention, PrEP, microbicides, other sexually transmitted infections, and prevention of perinatal transmission.

The advancements in HIV prevention under this agenda were immense and, in 2007, the Networks evolved to focus on the remaining challenges. The [Microbicide Trials Network \(MTN\)](#) was created and perinatal prevention experts from the HPTN joined with the Pediatric AIDS Clinical Trial Group (PACTG) to create the [International Maternal Pediatric Adolescent AIDS Clinical Trials \(IMPAACT\) Network](#). Today, HPTN, MTN and IMPAACT continue to lead the field of HIV prevention.

Ward's influence went beyond his leadership. He was a mentor, a friend and an inspiration to everyone in the Networks. We will continue to celebrate our friend, Ward, and his impact on the field of HIV prevention research will be felt for years to come through the research Ward's colleagues and the Networks are doing and the next generation of researchers that were inspired by him. The eventual eradication of HIV/AIDS will be the 'win-win' Ward was always striving for.



HPTN Annual Meeting: The Search Continues for New HIV Prevention Strategies



The 2016 HPTN Annual Meeting will take place June 10-15, 2016 at the Crystal Gateway Marriott in Arlington, Virginia. The meeting brings together hundreds of researchers, collaborators, community representatives and government health officials to discuss the Network's broad scientific agenda and current and planned studies. As in years past, the HPTN Annual Meeting overlaps in part with the [IMPAACT Network Annual Meeting](#). The HPTN Annual Meeting will include an engaging lineup of speakers and topics in several plenary sessions, as well as a joint HPTN/IMPAACT plenary session. HPTN Scholars will also present their work, and study teams will highlight key study findings and lessons learned on the rollout and conduct of the trials in an evening poster session. [More information](#)

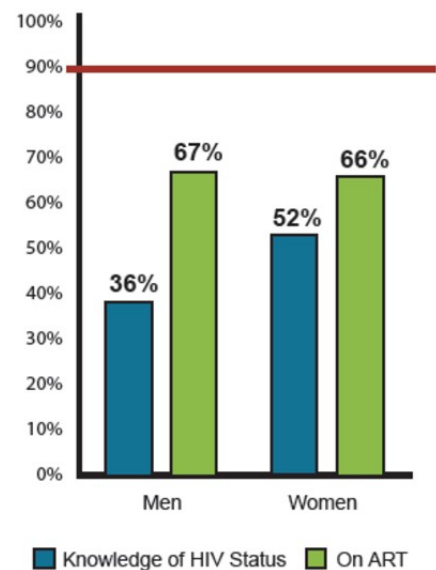
STUDY UPDATES

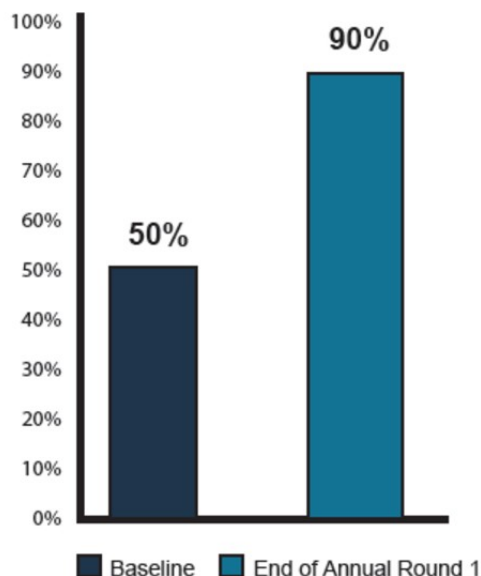
Lessons Learned from HPTN 071 (PopART)

The [HPTN 071 \(PopART\)](#) study is evaluating the impact of a combination prevention strategy – anchored in universal household HIV testing and linkage to immediate antiretroviral treatment initiation – to reduce HIV incidence. Carried out in 21 communities in Zambia and South Africa, this study will provide answers to questions regarding how best to combine HIV prevention interventions in different populations and settings for maximum impact at the lowest cost. HIV incidence will be assessed through a research cohort of randomly-selected adults from all study communities (about 42,000 individuals) to be followed for three years. UNAIDS targets specify by 2020, 90% of those infected with HIV will know their status, 90% of those known to be HIV infected will have initiated Antiretroviral Therapy (ART) and 90% of those on ART will achieve viral suppression. (90-90-90 goals).

Lesson #1: How Far Were We from the First Two 90s?

Data from 21,847 research cohort participants across all study communities in Zambia and South Africa revealed prior to delivery of the PopART intervention, approximately one-third (36%) of HIV+ men and about half (52%) of HIV+ women knew their HIV+ status (“first 90”). Among HIV+ adults who knew their HIV+ status, nearly two-thirds (67%) of men and two-thirds (66%) of women were on ART (“second 90”). These levels relate to the first two of the UNAIDS 90-90-90 targets. [\(S. Floyd poster #982, CROI 2016\)](#)



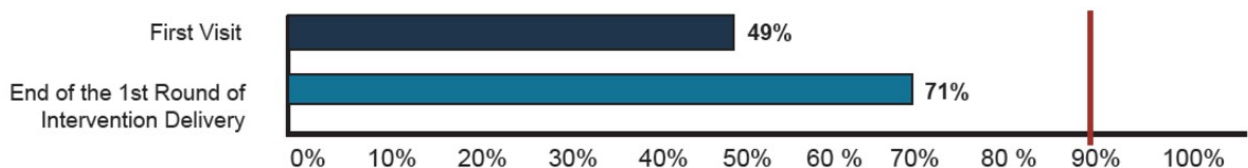


Lesson #2: Towards the First 90 - Increasing Knowledge of HIV Status

Data from the four study communities in Zambia where household testing and universal ART is offered showed the percentage of adults who knew their HIV status rose from ~50% to ~90% after just one ‘round’ of delivery of the household-level HIV prevention package, among those who consented to participate in the PopART intervention. ([K. Shanaube poster #981, CROI 2016](#))

Lesson #3: Towards the Second 90 - Getting People onto ART

Data from the seven study communities, four in Zambia and three in South Africa, where household testing and universal ART is offered showed among adults who consented to participate in the PopART intervention and were known to be HIV infected, approximately half (49%) were on ART at the time of the intervention delivery. By the end of the first round of intervention delivery, among all who were still alive and resident in the community, 71% were on ART. ([S. Fidler, “Towards the Second UNAIDS Target: Population Level ART Coverage in HPTN 071 \(PopART\)” Abstract #114 CROI 2016](#))



Lesson #4: Filling the Gaps - Where Are the Men?

As data became available during the first round of delivery of the PopART intervention, uptake of home-based HIV testing was noted to be lower in men than women. The study team investigated (and continues to evaluate) new ways to reach men. One such assessment examined whether the deployment of male Community HIV Care Providers (CHiPs) to encourage HIV testing amongst men increased uptake by men. The findings showed that this did not significantly enhance male uptake. ([M. Phiri poster #980 CROI 2016](#))



Lesson #5: Does Traditional Male Circumcision Protect Against HIV?

In South Africa, men reporting circumcision by traditional practitioners had higher HIV prevalence when compared to those reporting voluntary male medical circumcision. A similar analysis for men in Zambia did not show a statistically significant difference after adjusting for age, though number of traditionally circumcised men in Zambia was limited. ([M. Pickles, "Exploring the Effectiveness of Traditional Circumcision Practices in Preventing HIV" Abstract #165 CROI 2016](#))

Lesson #6: Can a Household Intervention for HIV Also Help Find Tuberculosis?

Tuberculosis (TB) symptom screening is a component of the PopART household intervention. Approximately 1.2% of those screened in eight communities in Zambia reported TB symptoms. Of those screened, 6.5% were diagnosed with TB, cases that might not otherwise have been identified. This demonstrates the household PopART intervention enabled TB case finding. ([C. Phiri, "Acceptability of Large-Scale Household-Based TB Screening: HPTN 071\(PopART\) Trial" Abstract #156 CROI 2016](#))



Lesson #7: Successfully Screening for HIV in a Large, Population-level Survey

The Abbott Combo test was used in Zambia and South Africa to screen samples from more than 30,000 study participants for HIV infection. Confirmatory testing of 10,390 samples showed even in a large, community-based population-level survey, the Abbott Combo test performed well in detecting HIV antibodies. Special data management and sample management procedures likely contributed to the high quality of initial HIV screening test results. ([E. Piwowar-Manning poster #523, CROI 2016](#))

Study Shoutouts

The Groote Schuur HIV CRS completed enrollment for **HPTN 075**. Overall as of March 15, HPTN 075 has enrolled 265 of 400 total participants. This study aims to determine the feasibility of recruiting and retaining MSM in a multi-country prospective cohort study in preparation for HIV prevention studies in sub-Saharan Africa. [Read more](#)

HVTN 703/HPTN 081 (AMP Study Africa) will be conducting a stakeholder consultation meeting March 31-April 1 and a study training April 4-8 in Cape Town, South Africa. The AMP study is a new idea for HIV prevention that is related to what has been done in HIV vaccine research. In traditional HIV vaccine studies, people get a vaccine and researchers wait to see if their bodies will make antibodies against HIV in response. In this study, we will skip that step, and give people the antibodies directly. We will do this with an intravenous infusion, commonly known as an "IV" or "getting a drip". This is the first study testing whether antibodies can prevent HIV infections in people. [Read more](#)

HVTN 704/HPTN 085 (AMP Study Americas) received approval for Protocol Version 1.0 on March 9, 2016. Sites in the U.S. have already been trained and sites in South America have their training scheduled. [Read More](#)



Groote Schuur CRS - HPTN 075

NETWORK MEMBER SPOTLIGHT

Christopher Hucks-Ortiz, MPH

Christopher Hucks-Ortiz, MPH, is an evaluation specialist and currently works at JWCH Institute, a federally qualified health center (FQHC) in Los Angeles, California. He uses his expertise in the community-based HIV prevention research to assess the impact of federally-funded protocols on disenfranchised communities. In addition to his own research interests, Hucks-Ortiz also consults with other researchers to ensure cultural capacity and appropriateness in the design and conduct of community-based clinical research. [Read more](#)



AWARENESS DAYS



[National Youth HIV/AIDS Awareness Day](#)

April 10, 2016

HOT OFF THE PRESS

Nelson LE, Wilton L, Moineddin R, Zhang N, Siddiqi A, Sa T, Harawa N, Regan R, Dyer TP, Watson CC, Koblin B, Del Rio C, Buchbinder S, Wheeler DP, Mayer KH; HPTN 061 Study Team. [Economic, Legal, and Social Hardships Associated with HIV Risk among Black Men who have Sex with Men in Six US Cities](#). J Urban Health. 2016 Feb 1; (Epub ahead of print) PMID: 26830422

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