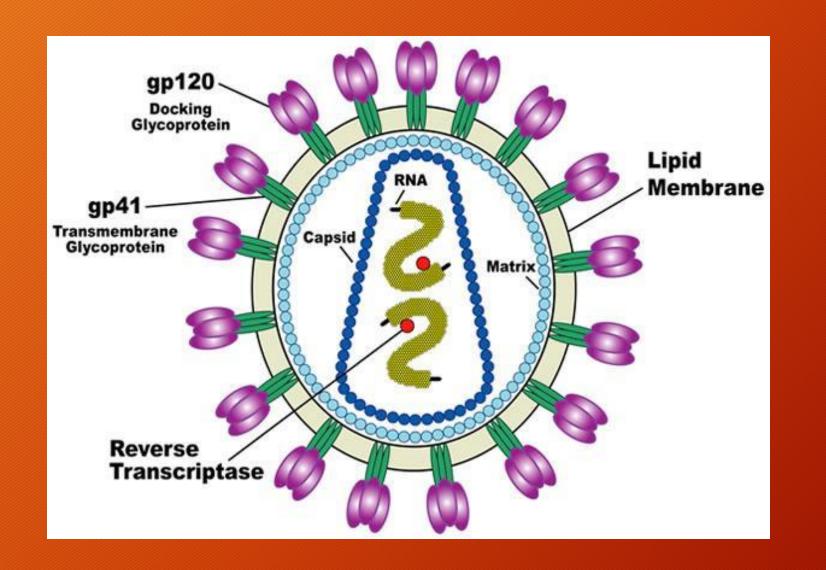
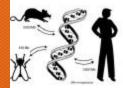
HIV: Past, Present and Future

- Columbus, December 7, 2018
- Global Infectious Disease Initiative Yearly Meeting

Jeffrey L. Stephens, MD, FACP, FIDSA Professor and Chair Department of Medicine Mercer University School of Medicine Navicent Health Medical Center Macon, GA

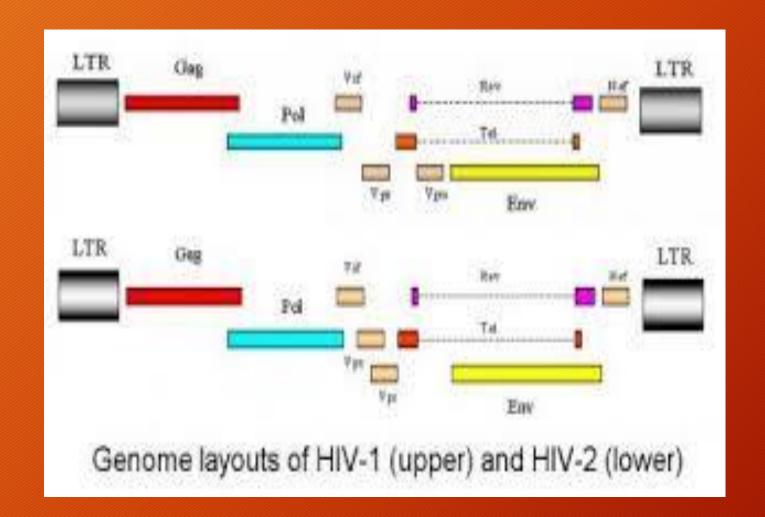


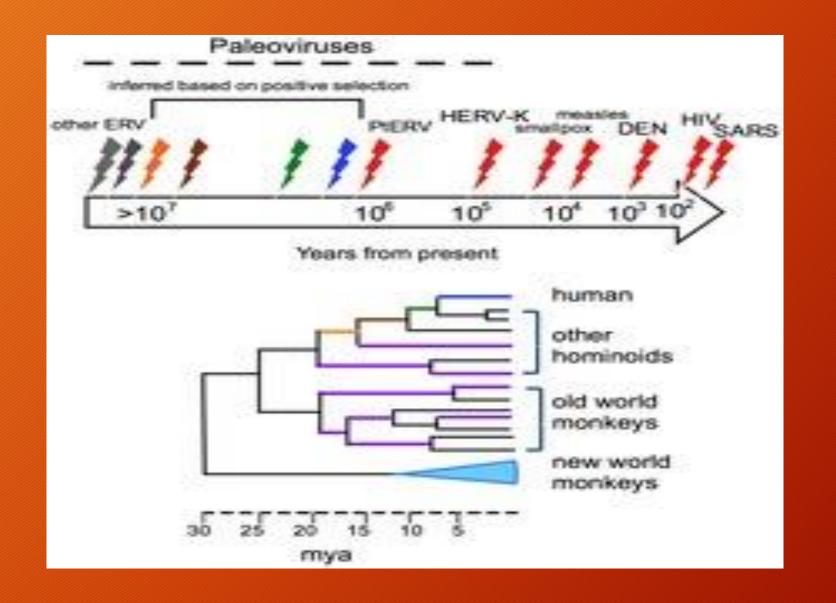


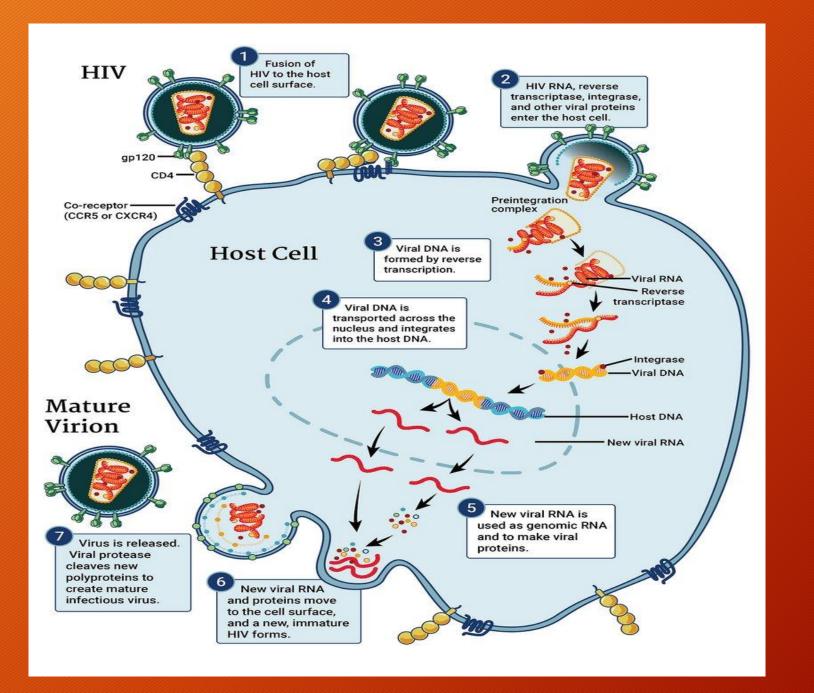
GENERAL GENOMIC COMPARISONS

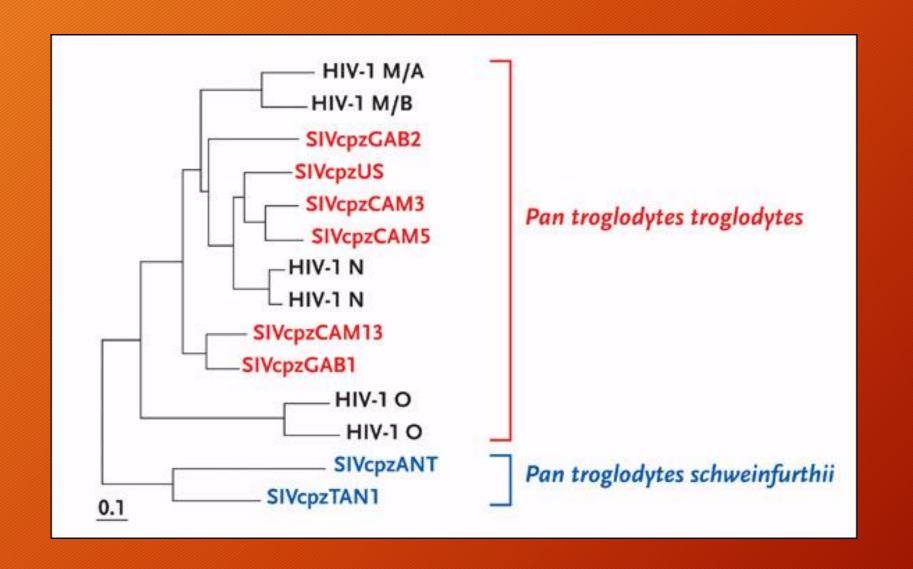
Organism	Genome Size (Bases)	Estimated Genes
Human (Homo sapiens)	3 billion	30,000
Laboratory mouse (M. musculus)	2.6 billion	30,000
Thale cress (A. thaliana)	100 million	25,000
Roundworm (C. elegans)	97 million	19,000
Fruit fly (D. melanogaster)	137 million	13,000
Yeast (S. cerevisiae)	12.1 million	6,000
Bacterium (E. coli)	4.6 million	3,200
Human immunodeficiency virus (HIV)	9700	9

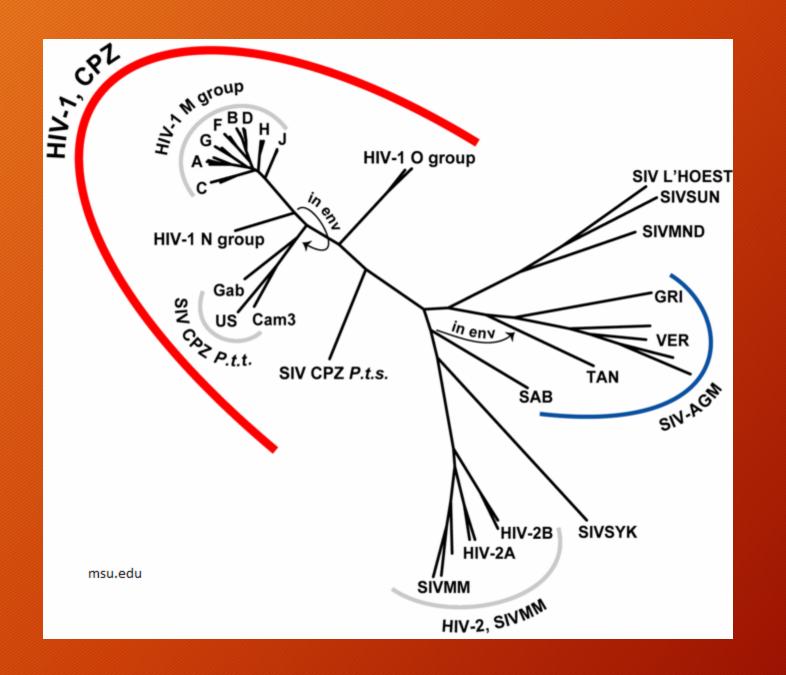


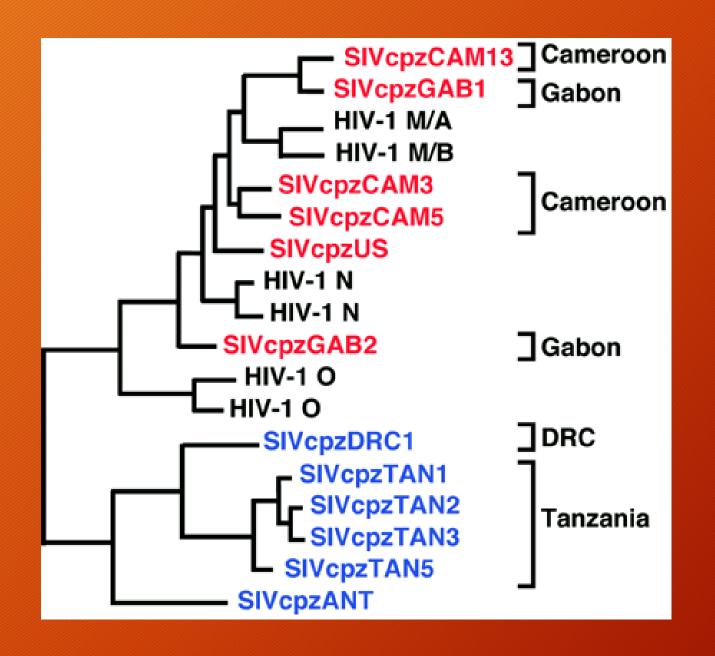


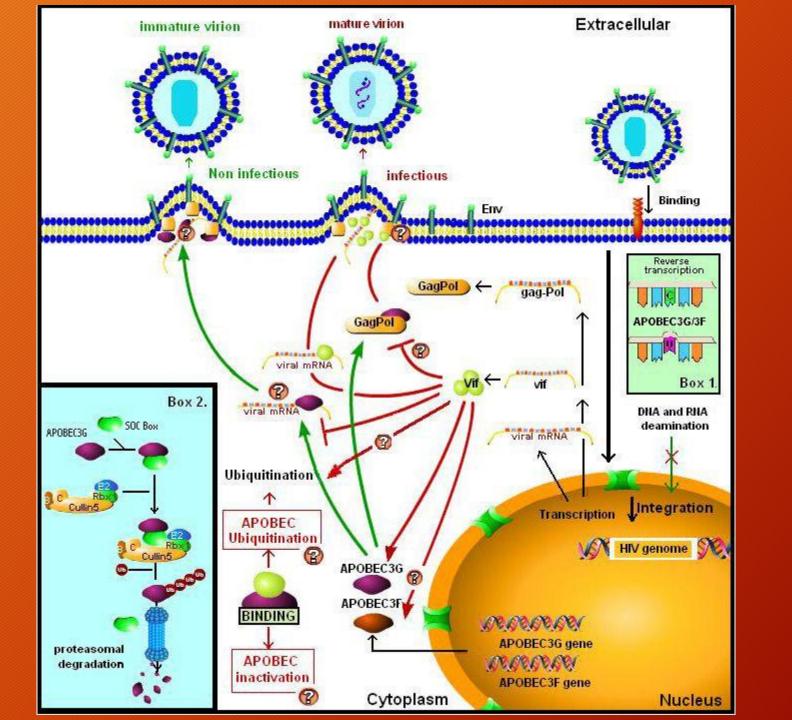


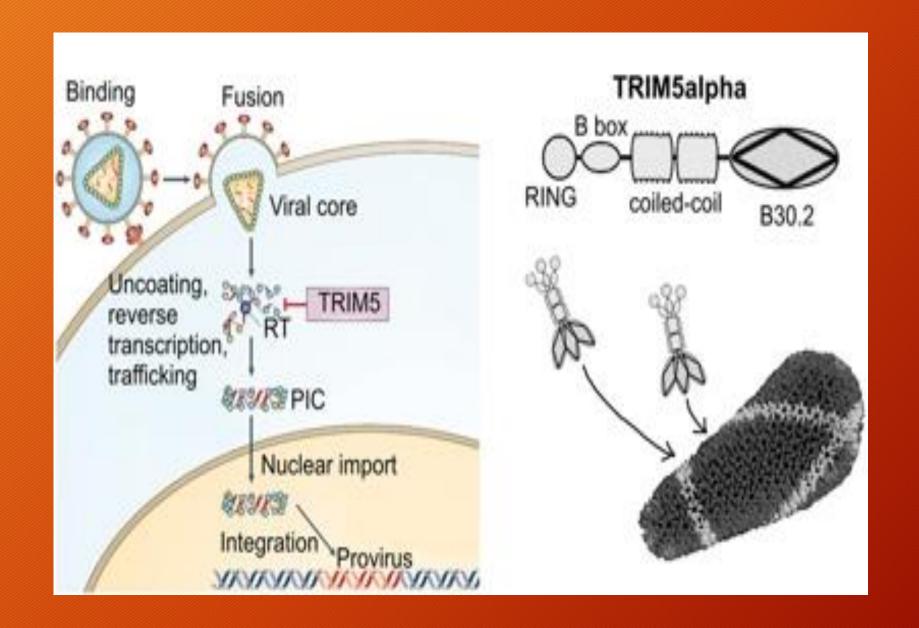


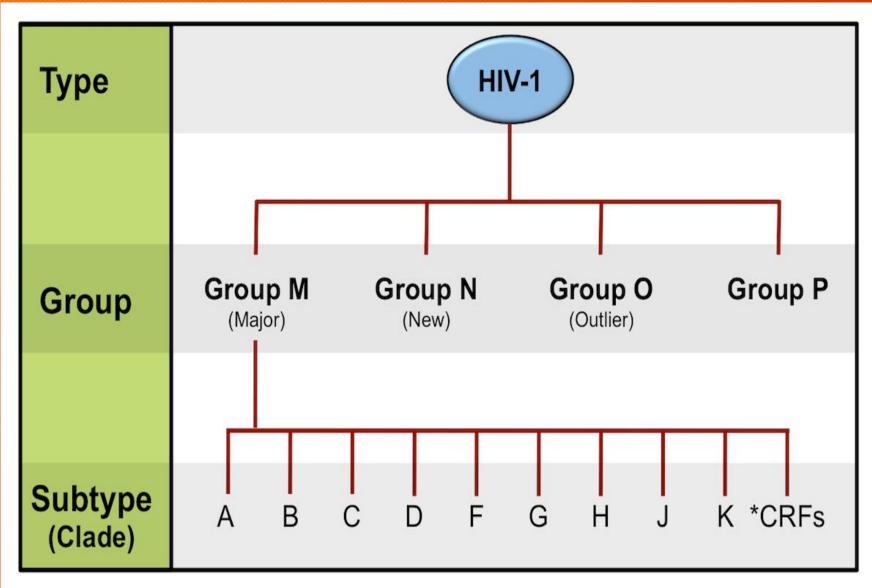




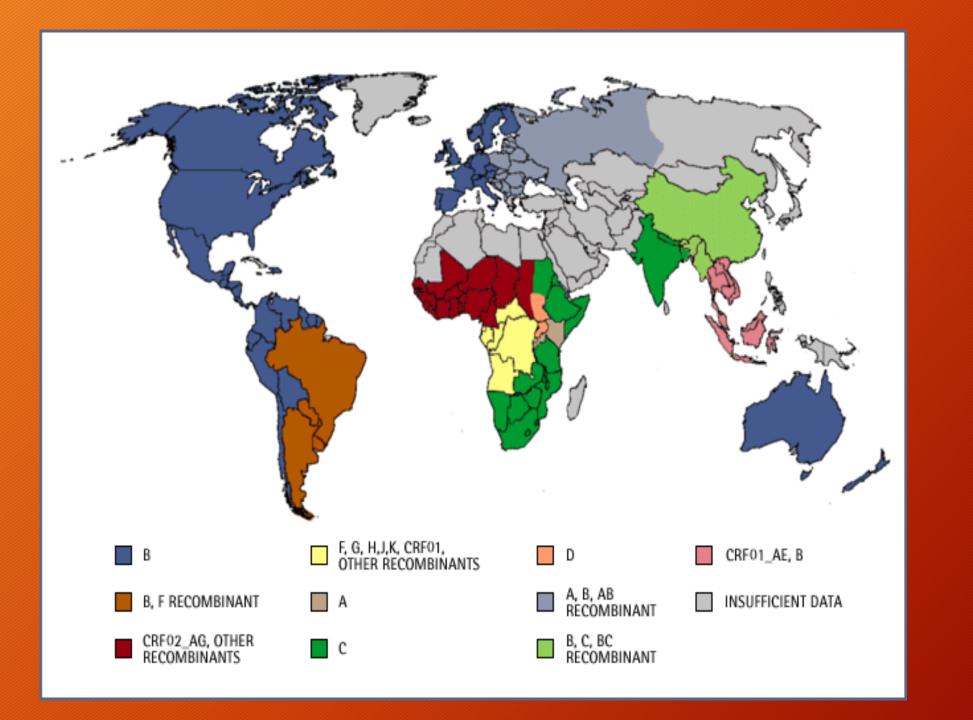








*CRFs = Circulating Recombinant Forms





CEMTERS FOR DISEASE CONTROL

MORBIDITY AND MORTALITY WEEKLY REPORT

June 5, 1981 / Vol. 30 / No. 21

Epidemiologic Notes and Reports 249 Danque Type 4 Infections in U.S. Traveless to the Caribbean

250 Prieumocyatis Prieumonia - Los An-

Current Trends

252 Measter - United States, First 20

253 Risk Factor Prevalence Survey — utan 268 Surveillance of Childhaud Lead Polson ing - United States International Natur.

261 Overantine Measures

Pneumocystis Pneumonia – Los Angeles

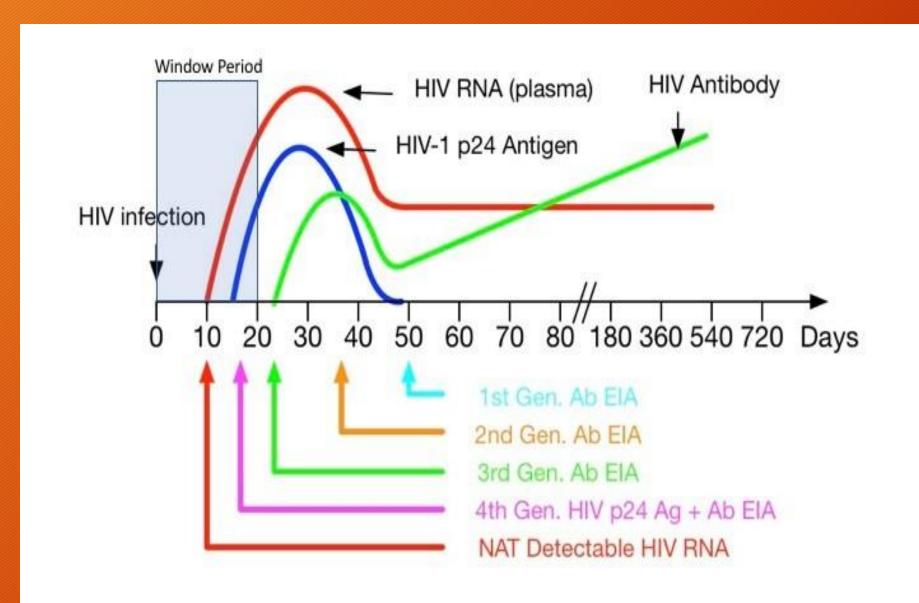
In the period October 1980-May 1981, 5 young men, all active homosexuals, were treated for biopsy-confirmed Pneumocysp's carinii oneumonia at 3 different hospitals in Los Angeles, California. Two of the patients died. All 5 patients had laboratory: confirmed previous or current cytomegalovirus (CMV) infection and candidal mucosal infection. Case reports of these patients follow.

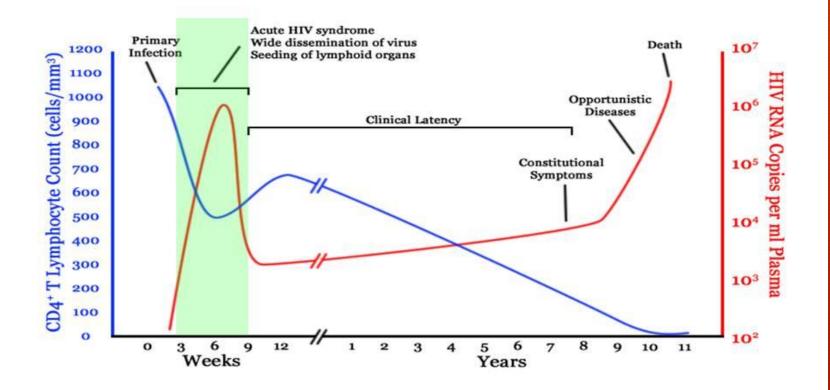
Patient 1: A previously healthy 33-year-old man developed P. carini pneumonia and oral mucosal candidiasis in March 1981 after a 2-month history of fever associated with

MULTICENTER AIDS COHORT STUDY

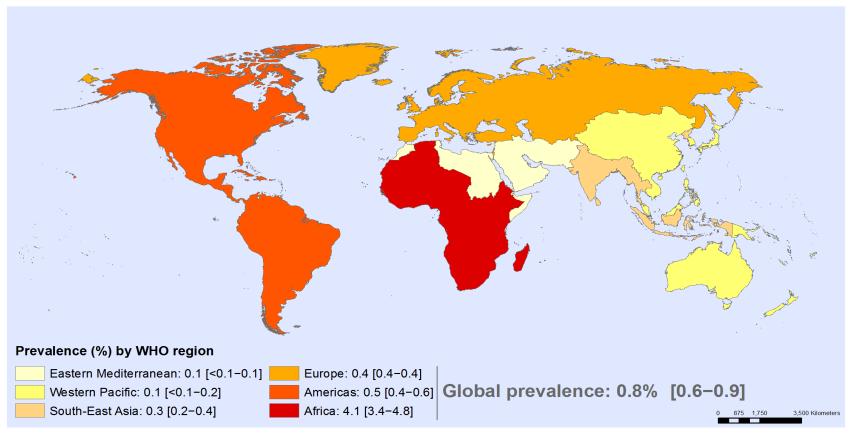








Prevalence of HIV among adults aged 15 to 49, 2017 By WHO region



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: World Health Organization
Map Production: Information Evidence and Research (IER)
World Health Organization

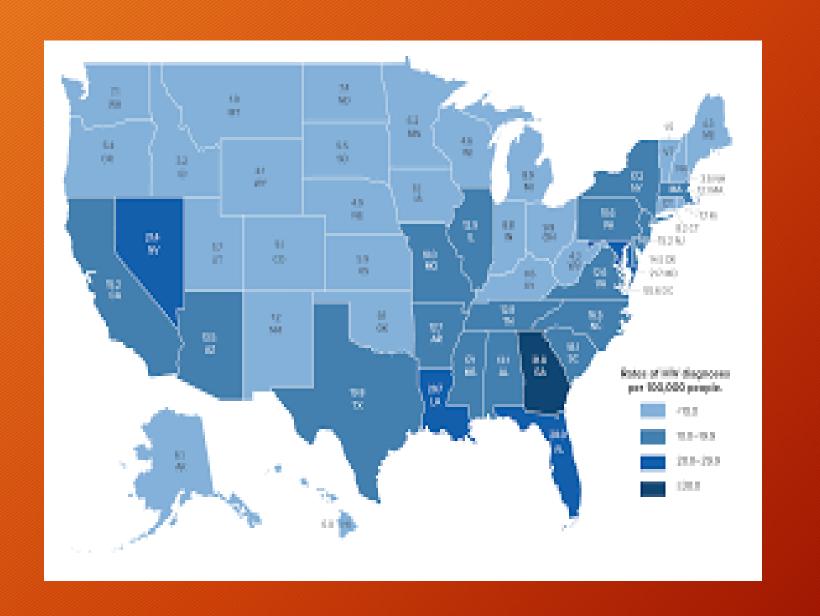


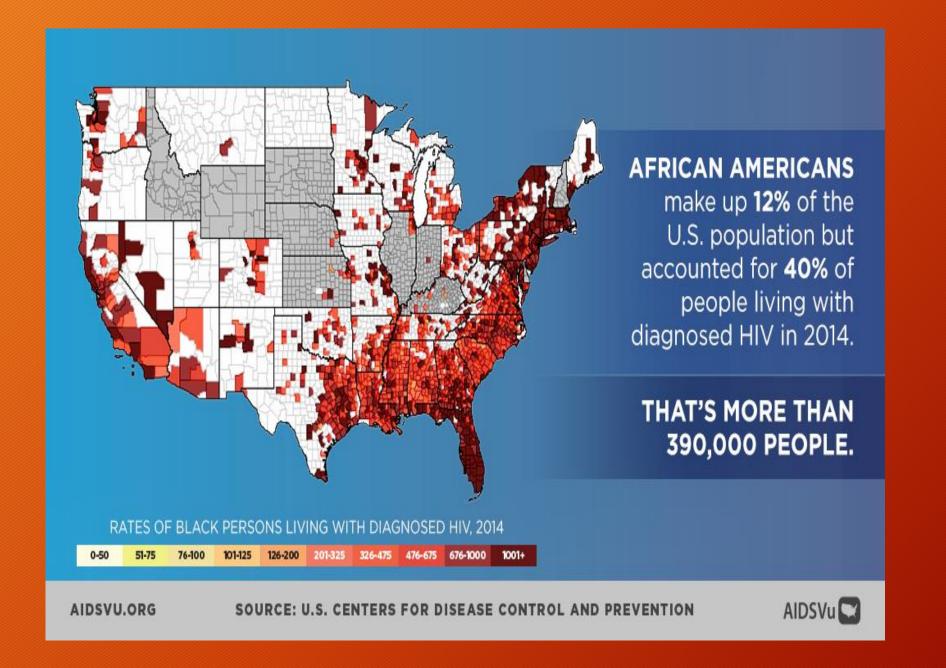
Summary of the global HIV epidemic (2017)

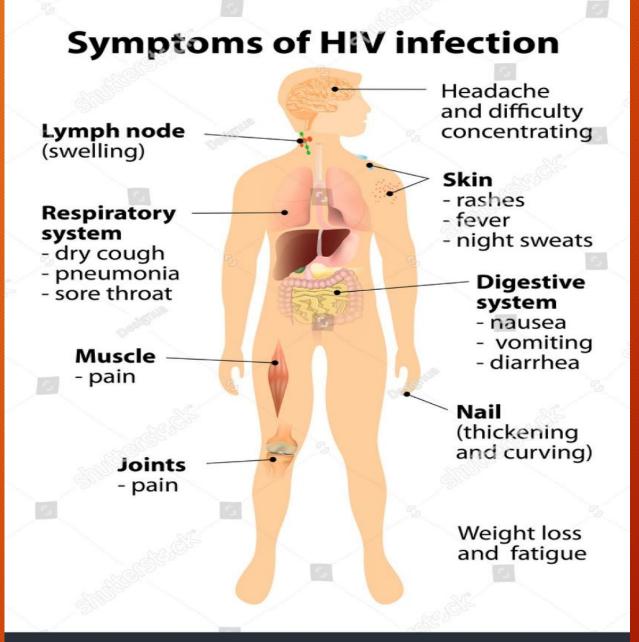
	People living with HIV in 2017	People newly infected with HIV in 2017	HIV-related deaths 2017
Total	36.9 million	1.8 million	940 000
	[31.1 million – 43.9 million]	[1.4 million – 2.4 million]	[670 000 – 1.3 million]
Adults	35.1 million	1.6 million	830 000
	[29.6 million – 41.7 million]	[1.3 million – 2.1 million]	[590 000 – 1.2 million]
Women	18.2 million [15.6 million – 21.4 million]	_	- -
Men	16.8 million	-	-
	[13.9 million – 20.4 million]	-	-
Children	1.8 million	180 000	110 000
(<15 years)	[1.3 million – 2.4 million]	[110 000 – 260 000]	[63 000 – 160 000]

Source: UNAIDS/WHO estimates

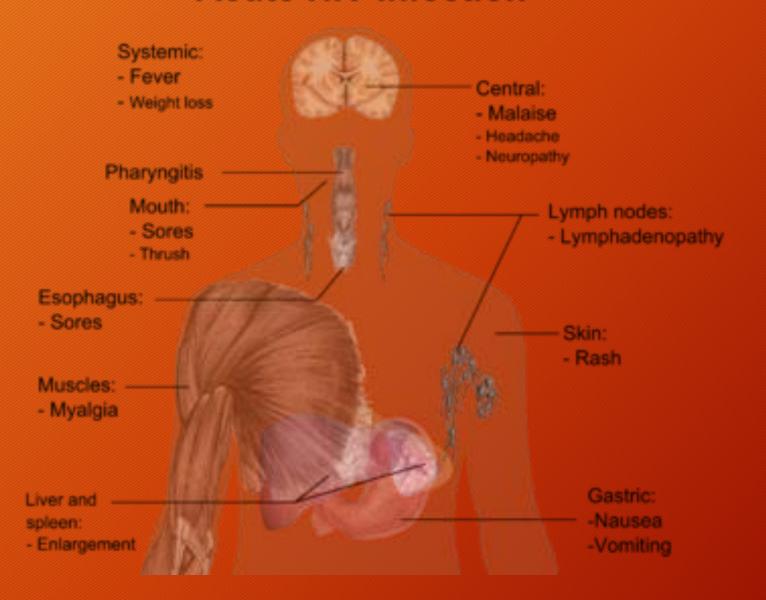








Main symptoms of Acute HIV infection



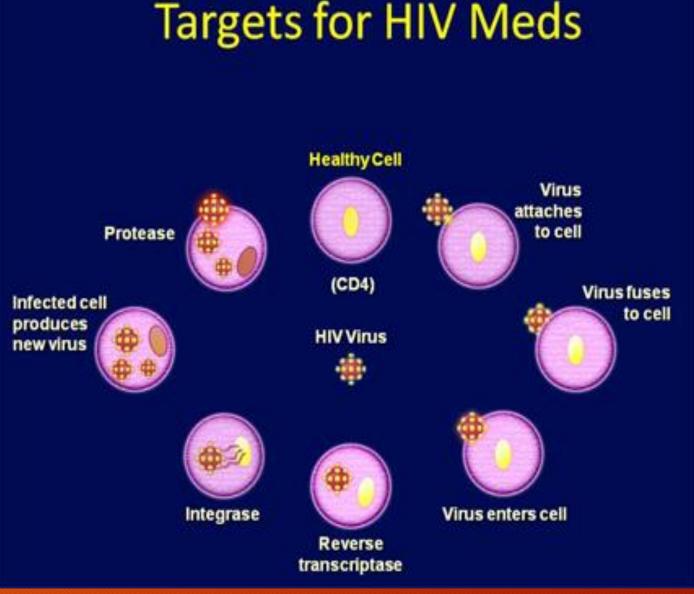
Classification System-HIV/AIDS

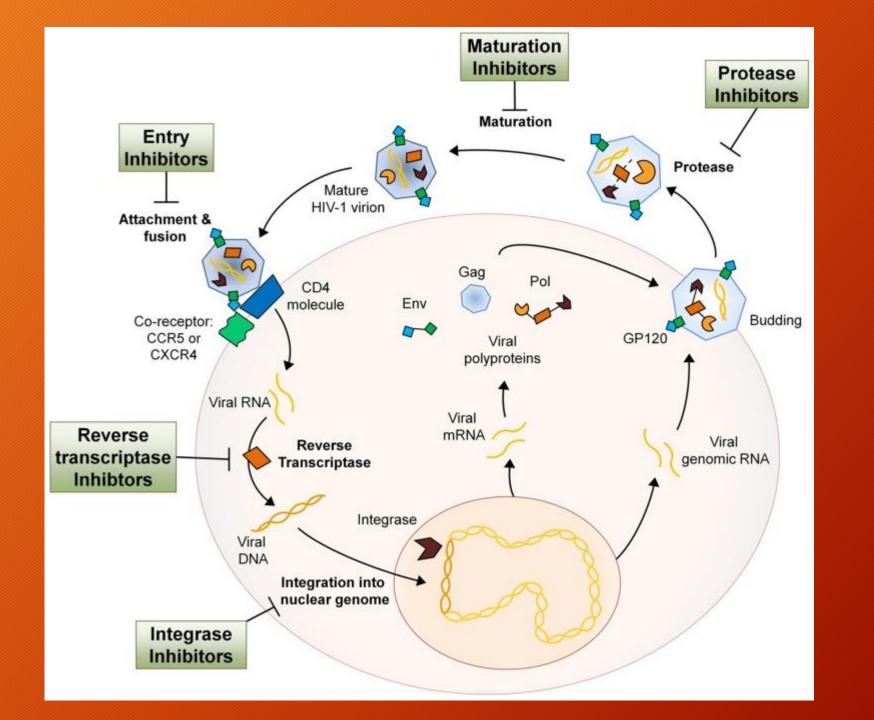
Adolescents & Adults

CD4 T-CELL COUNTS CATEGORY	CLINICAL CATEGORY A (ssymptomatic)	CLINICAL CATEGORY B (not A or B category)	CLINICAL CATEGORY C (AIDS Indicator condition)
1 ≥500/(mm²)	A1	B 1	C1
2 200-499/(mm²)	A2	B2	C2
3 <200/(mm²)	А3	В3	С3

CDC, 1993

Targets for HIV Meds





Antiretroviral therapy for HIV infection

In the 1990s



Up to 20 pills daily, taken at different intervals throughout the day Today



As little as 1 pill per day, delivering multiple drugs

FDA Approval of HIV Medicines

'80- '84	1981 First AIDS cases reported in the United States	
'85- '89	1987 Zidovudine (NRTI)	
'90- '94	1991 1992 1994 Didanosine (NRTI) Zalcitabine (NRTI) Stavudine (NRTI)	
'95- '99	1995 Lamivudine (NRTI) Saquinavir (PI) Nevirapine (NNRTI) Ritonavir (PI) 1997 Combivir (FDC) Delavirdine (NNRTI) Nelfinavir (PI) Efavirenz (NNRTI) Efavirenz (NNRTI) Efavirenz (NNRTI)	(PI)
'00- '04	2000 Didanosine EC (NRTI) Kaletra (FDC) Trizivir (FDC) Trizivir (FDC) Trizivir (FDC) Trizivir (FDC) 2003 Atazanavir (PI) Emtricitabine (NRTI) Enfuvirtide (FI) Fosamprenavir (PI) Truvada (FDC) Truvada (FDC)	
'05- '09	2005 Tipranavir (PI) 2006 Atripla (FDC) Darunavir (PI) 2007 Maraviroc (CA) Raltegravir (INSTI) Etravirine (NNRTI)	
'10- '14	2011 Complera (FDC) Nevirapine XR (NNRTI) Rilpivirine (NNRTI) Stribild (FDC) Dolutegravir (INSTI) Triumeq (FDC)	
'15- '18	2015 Evotaz (FDC) Genvoya (FDC) Prezcobix (FDC) Odefsey (FDC) Odefsey (FDC) Odefsey (FDC) Odefsey (FDC) Evotaz (FDC) Odefsey (FDC)	

Drug Class Abbreviations:

CA: CCR5 Antagonist; FDC: Fixed-Dose Combination; FI: Fusion Inhibitor; INSTI: Integrase Inhibitor; NNRTI: Non-Nucleoside Reverse Transcriptase Inhibitor; NRTI: Nucleoside Reverse Transcriptase Inhibitor; PE: Pharmacokinetic Enhancer; PI: Protease Inhibitor; PAI: Post-Attachment Inhibitor

Note: Drugs in gray are not available in the United States and/or are no longer recommended for use in the United States by the HHS HIV/AIDS medical practice guidelines. These drugs may still be used in fixed-dose combination formulations.





2018 HIV DRUG CHART

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Market Services



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DHHS, IAS-USA Guidelines: Recommended Regimens for First-line ART

Class	DHHS ^[1]	IAS-USA*[2]
INSTI	 BIC/TAF/FTC DTG/ABC/3TC DTG + (TAF or TDF)/FTC EVG/COBI/(TAF or TDF)/FTC RAL + (TAF or TDF)/FTC 	• DTG/ABC/3TC • DTG + TAF/FTC • EVG/COBI/TAF/FTC • RAL + TAF/FTC

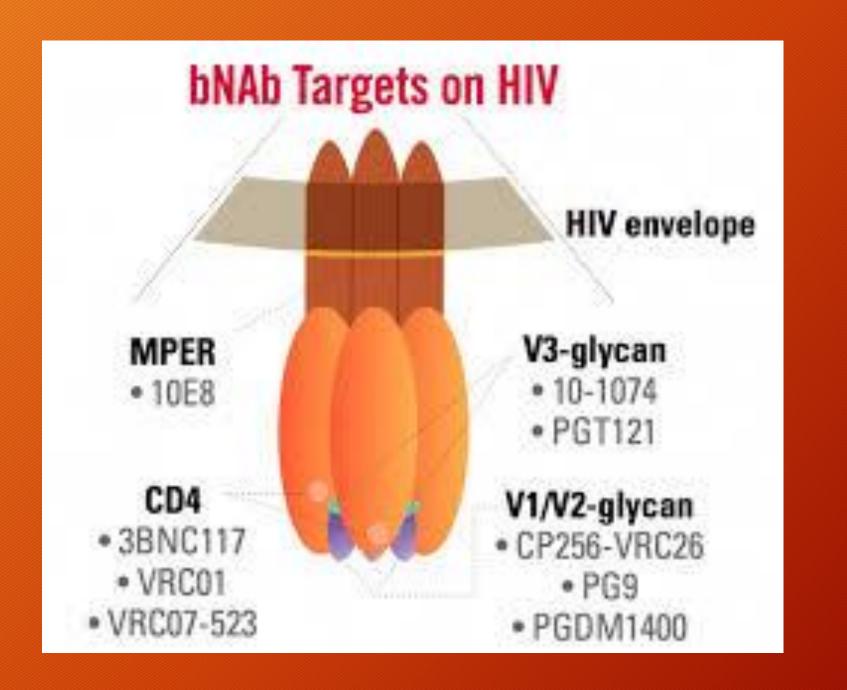
Bold text identifies single-tablet regimens. *IAS-USA guidelines not updated since the approval of BIC/TAF/FTC.

- Recommendations may differ based on BL HIV-1 RNA, CD4+ cell count, CrCl, eGFR, HLA-B*5701 status, HBsAg status, and osteoporosis status
- With FDA approval of 1200-mg RAL,^[3] all options now available QD (except in pregnancy)

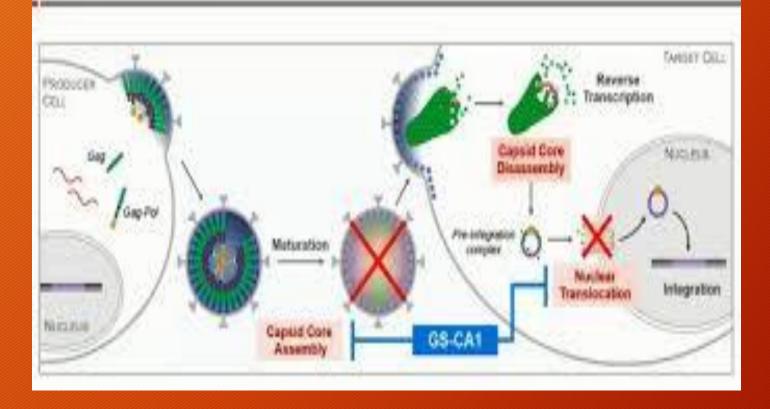
 DHHS guidelines, March 2018. 2. Günthard HF, et al. JAMA. 2016;316:191-210. 3. Raltegravir [package insert]. 2018.

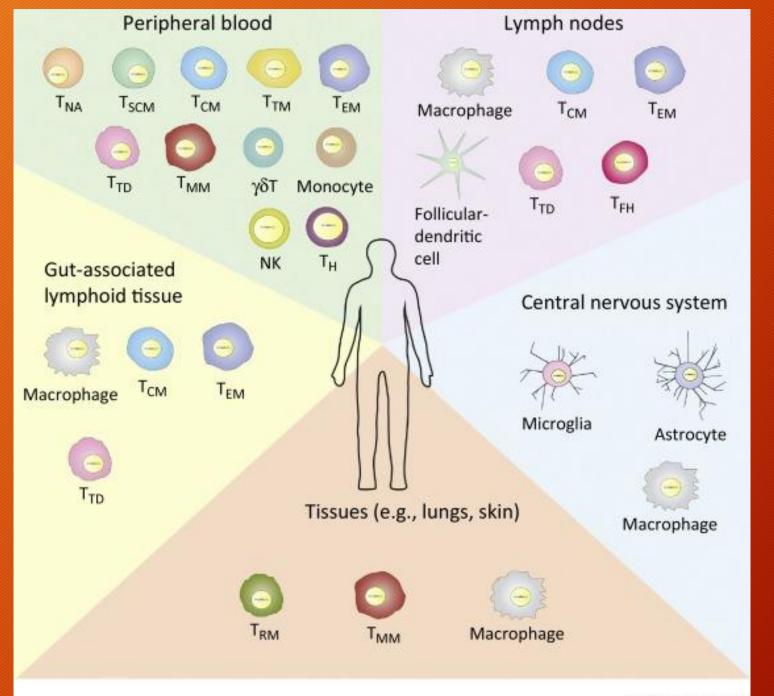






GS-CA1 Mode of Action Summary





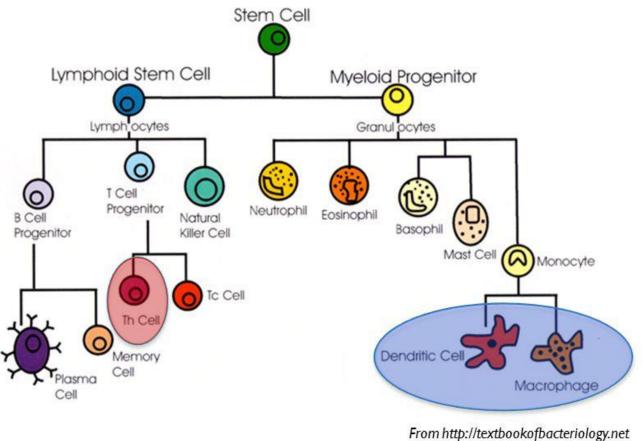


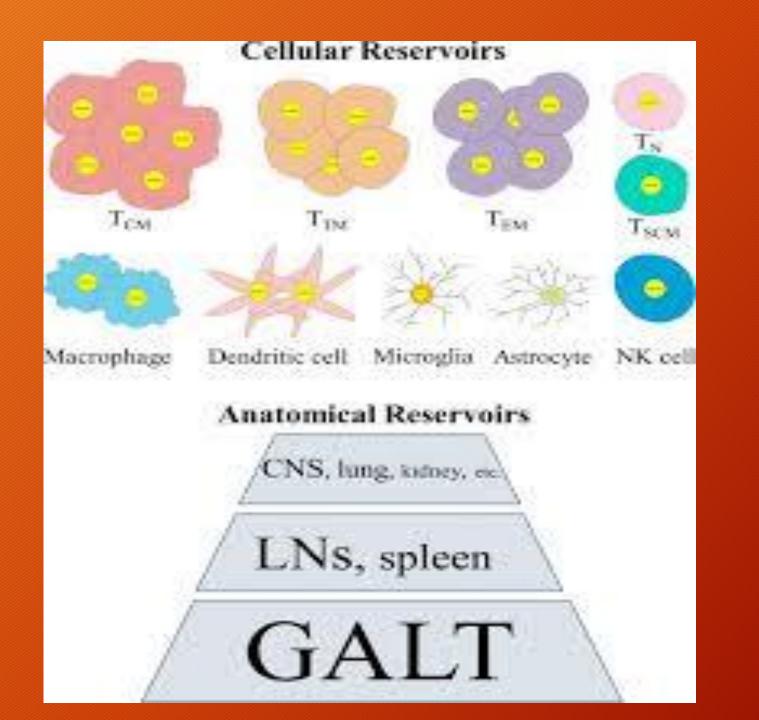
Where is the HIV reservoir?



Cells of the Immune System









The only
man cured
of HIV.
Timothy Ray
Brown

Examples of strategies currently in human studies

MINIMIZE RESERVOIR Limit reservoir with early treatment

Antiretroviral therapy Broadly neutralizing antibodies

SHOCK

Reactivating latentlyinfected cell Combination nune system

extraterminal Activate toll-like receptors Activate protein kinase C

Inhibit histone deacetylase Cure Therapeutic HIV vaccines Anti programmed cell ath (PD)1 PD ligand 1

KILL

HIV RESISTANT CELLS Transfusing cells without CCR5 gene Gene-editing therapy

Bone marrow or cord blood transplantation

HIV Cure strategies: Lessons from Long-term control in human and NHP

To limit the establishment of the reservoir

To reduce the size of the reservoir

Early ART

Very ART
Litrated
adaptive
immunity

Litrated
inflammation
There itemse
inflammation
process
of

Time of ART Initiation

Render uninfected cells resistant to HIV

Deplete infected cells Flush out the latent reservoir

Strategies to optimize innate and adaptive immune functions to:

- facilitate clearance of infected cells
- enhance immune control

Eradication Cure

 Timothy Ray Brown (Berlin Patient)

Eradication Cure

No functional HIV-1 remaining in the body

Hybrid Cure

- Reduce reservoir size and diversity with "kick"
- Enhance immune responses with "kill"

Hybrid Cure Reduced functional reservoirs & improve immune control

without ART

Functional
Cure
Control of HIV
without ART or
deleterious
immunologic effects

Functional Cure

- Elite controllers
- VISCONTI Post-ART controllers
- Host cell modification

Current Opinion in Virology

	Approaches to HIV cure
Gene therapy	Knockdown of proteins required for HIV replication. For example, CCR5
	Overexpression of restriction factors. For example,
	Human: Rhesus chimeric TRIM5a
	Engineered T-cell receptors. For example,
	Third-generation chimeric antigen receptors
Immune based	Therapeutic vaccination
	Cytokine therapy. For example, 1h7, IL15
	Anti-inflammatory agents
	Growth hormone
HIV reactivation	HDAC inhibitors—For example, SAHA
	TLR agonists
	PKC activation
Cytotoxic	Autologous stem-cell transplant
approaches	Allogeneic stem-cell transplant

90-90-90

An ambitious treatment target to help end the AIDS epidemic



HIV is

- A chronic manageable disease
- Unclear as to pathophysiology
- Drugs are good to great
- Access/adherence remain an issue

HIV is

- Functional cure maybe possible
- Viral cure unlikely
- Epidemic is beginning to wane