Monday 20 July | Sessions

MOPL01  Monday Plenary
Plenary Session
Venue:  Ballroom C-D
Time:  08:15-10:30
Co-Chairs:  Françoise Barré-Sinoussi, Institut Pasteur, France
Gregory Taylor, Public Health Agency of Canada, Canada

Women, Girls and HIV Investigator’s Prize presented by Françoise Barré-Sinoussi

F.Barré-Sinoussi, Institut Pasteur, France

HIV Response in 2015: Opportunities and Challenges
D.Birx, The U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), United States

From Care to Cure
N.Chomont, University of Montreal, Canada

MOBS03  New Approaches to Using Broadly Neutralizing Antibodies for HIV Prevention
Bridging Session
Venue:  Room 211-214
Time:  11:00-12:30
Co-Chairs:  Glenda Gray, South African Medical Research Council, South Africa
John Mascola, National Institutes of Health, United States

The recent discovery and genetic/structural characterization of a large number of novel HIV-1 broadly neutralizing antibodies (NAbs) has led to renewed enthusiasm for their potential use in passive immunization strategies for HIV-1 prevention. The present session, directed to basic and clinical scientists, will provide an introduction to this topic and will highlight key research developments in the field. At the completion of the session, participants will understand the basics of HIV-1 neutralizing antibodies and their application in passive immunization strategies. Participants will also gain an understanding of the mechanisms of HIV-1 transmission/spread (cell-free vs. cell-associated) and their consequences for efficiency of HIV-1 blockade by NAbs. Finally, an overview of current and future studies aimed at formulating NAbs as HIV-1 prevention strategies, including an update on the preliminary data from the NIH VRC601 trial, will be provided.

Introduction

Blocking HIV-1 spread by broadly neutralizing antibodies
O.Schwartz, Pasteur Institute, France

Broadly neutralizing antibodies as topical microbicides
D.Anderson, Boston University, United States

Broadly neutralizing antibodies for immunoprophylaxis: update from VRC601
B.Graham, National Institute of Allergy and Infectious Diseases, United States; B.Graham, National Institute of Allergy and Infectious Diseases, United States

Questions and answers

Conclusion

MOSY03  The Strategic Timing of AntiRetroviral Treatment (START) Study: Results and Their Implications
Symposia Session
Venue:  Ballroom A
Time:  11:00-12:30
Co-Chairs:  Wafaai El-Sadr, ICAP at Columbia University, Mailman School of Public Health, United States
Kenly Sikhwe, African Community Advisory Board, Zambia

This session presents the full results of the START study, a randomised controlled trial of immediate versus deferred ART initiation of 4685 HIV+ participants with untreated HIV-infection and a CD4+ count above 500 cells/µL, that was recently unblinded by the study data-safety-and-monitoring board. Following questions and answers specifically related to these results, a panel discussion with participation of key stakeholders on the wider implications from these results will take place.

Introduction

The START study: design, conduct and main results
J.Lundgren, University of Copenhagen, Denmark; A.Babiker, HRC Clinical Trials Unit -UCL, United Kingdom; F.Gardin, U.S. Department of Veterans Affairs Medical Center, United States; J.Neaton, University of Minnesota School of Public Health, United States

Panel discussion: the implications from the START findings
D.Birx, The U.S. President’s Emergency Plan for AIDS Relief (PEPFAR), United States; G.Hirmaschi, World Health Organisation, Switzerland; S.Abdool Karim, Centre for the AIDS Programme of Research in South Africa, South Africa; Z.Wu, Chinese Center for Diseases Control and Prevention, China; K.Thomson, The Global Fund to fight AIDS, Tuberculosis and Malaria, Switzerland

Questions and answers: the science of the study

MOAB01  Paediatrics: Growing up on ART
Oral Abstract Session
Venue:  Ballroom B
Time:  11:00-12:30
Co-Chairs:  Celia Christie-Samuels, The University of the West Indies, Jamaica
Jason Brophy, University of Ottawa, Canada

Field evaluation of point-of-care testing for early infant diagnosis in Cape Town, South Africa
M.Kronn, L.Dunning, M.Hsiou, L.Myer
South Africa

High rates of baseline NNRTI-resistance and virologic failure among ART naïve HIV-1-infected children in Mali
United States

T cell activation and treatment outcomes among infants receiving early ART
United States

Changes in renal laboratory parameters and bone mineral density in treatment-naïve HIV-1-infected adolescents initiating therapy with INSTI-based single-tablet regimens containing tenofovir alafenamide (TAF) or tenofovir disoproxil fumarate (TDF)
H.Kizito, A.Gaur, W.Pratisutsuebsai, N.Rakhmimana, K.Chokephaibulkit, J.Fouri, L.-G.Bekker, Y.Shao, S.Bennett, E.Quark
United States

Treatment and resistance outcomes of Asian children on second-line antiretroviral therapy
TASER-Pediatrics Study Thailand

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**Week 48 safety and efficacy of a rilpivirine (TMC278)-based regimen in HIV-infected treatment-naïve adolescents: PAINT phase II trial**
United States

In utero tenofovir exposure is not associated with fetal long bone growth
J. Jao, L. Myer, T. Phillips, G. Petro, A. Zerbe, E.J. Abrams
United States

**MOAB02 HIV and TB: Gaps and Opportunities**

**Oral Abstract Session**

**Venue:** Ballroom C-D

**Time:** 11:00-12:40

**Co-Chairs:** Halleyesus Getahun, World Health Organization, Switzerland
Constance Benson, University of California, San Diego, United States

**The durability of isoniazid preventive therapy for tuberculosis: long-term follow-up from a prospective cohort of HIV-infected adults in South Africa**
C. Hanrahon, N. Martinson, G. Link-Barnes, R. Msandiwa, R. Chaissson, J. Golub
United States

**Treatment outcomes of drug-resistant TB patients in South Africa, disaggregated by HIV status, as reported in a national electronic drug-resistant TB register**
South Africa

**Excess TB mortality in HIV patients in Eastern Europe: restructured approach to care needed**
United Kingdom

**HIV and TB: Gaps and Opportunities**

**Oral Abstract Session**

**Venue:** Room 109

**Time:** 11:00-12:30

**Co-Chairs:** Anton Best, Ministry of Health, Barbados
Ron MacInnis, Futures Group, United States
Laura Nyblade, Health Policy Project, RTI International, United States

This workshop is directed to HIV scientists and programme implementers interested in assessing the impact of HIV stigma on their work. It will also be of interest to HIV-positive populations’ representatives and advocates. The session will cover new and innovative approaches being used to mitigate HIV-related stigma and the appropriate outcomes of interest for impact. At the completion of the session, participants will be able to describe current concepts and definitions in HIV- and AIDS-related stigma for prevention and mitigation, critically assess interventions targeting stigma for prevention and mitigation, and select the appropriate methods and approaches for their research or programme.

**Introduction**

The HPP stigma and discrimination-reduction package: an overview
L. Nyblade, Health Policy Project, RTI International, United States

**Stigma reduction and clinical competency building in healthcare settings for men who have sex with men and transgender populations in Barbados**
A. Best, Ministry of Health, Barbados

**Stigma reduction for HIV and key populations aimed at both health and human rights leaders: experiences and approaches in Africa**
R. MacInnis, Futures Group, United States

**Questions and answers**

**Conclusion**

**MOWS02 How to write and submit a conference abstract**

**Workshop**

**Venue:** Room 121-122

**Time:** 11:00-12:30

**Co-Chairs:** Marlene Bras, Journal of the International AIDS Society, Switzerland
Mark Wainberg, McGill AIDS Centre, McGill University, Canada
Papa Salif Sow, Bill & Melinda Gates Foundation, United States

**Anti-HIV antibody responses reflect the quantifiable HIV reservoir size**
United States

**Transcriptomics and metabolomics identify inflammatory profiles that segregate subjects with high and low inducible HIV reservoir**
United States

**HIV-1 virological remission for more than 11 years after interruption of early initiated antiretroviral therapy in a perinatally-infected child**
AMRS EFPI-CO10 Pediatric Cohort, France

**Time associated changes in cell-associated HIV RNA in HIV-infected subjects on suppressive antiretroviral therapy - implications for clinical trials of cure interventions**
Australia
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Conference attendance is a tremendous opportunity to present research, exchange ideas and discuss with peers. It is an important part of any HIV professionals career, offering invaluable networking and professional development opportunities. Participation in addition to attendance at conferences is mostly on the basis of abstract selection for presentations. However, how to write a conference abstract can be a challenge to less experienced authors. By the end of this workshop, participants will know how to write and submit a well-written conference abstract and increase chances of acceptance. The main part of the workshop will cover the practical issues of writing an abstract, focusing on its structure and the contents to be included in each section. Key take-home messages will be highlighted and examples offered to demonstrate good practice as well as common mistakes to avoid. Short exercises will be used to enhance the learning experience.

Introduction to learning objectives
N. Bras, Journal of the International AIDS Society, Switzerland

How to structure your abstract
N. Bras, Journal of the International AIDS Society, Switzerland

How to correctly write each abstract section (exercises included)
M. Wambura, McGill AIDS Centre, McGill University, Canada; N. Bras, Journal of the International AIDS Society, Switzerland

How to avoid common pitfalls that result in the rejection of your conference abstract
P. Sow, Bill & Melinda Gates Foundation, United States

Q&A, evaluation, conclusions

MOS01 Progress and Challenges in HIV Prevention: Vaccine and Non-Vaccine Approaches
Special Session

Venue: Ballroom A
Time: 13:00-14:00

Co-Chairs: Chris Beyrer, Bloomberg School of Public Health, Johns Hopkins University, United States; Eugenia Socias, Fundacion Huesped, Argentina

In this special session, Dr. Anthony S. Fauci discusses recent progress and challenges in the field of HIV prevention. He will outline emerging opportunities within and synergies between vaccine and non-vaccine prevention modalities, and the critical roles each will play in ending HIV transmission. In particular, he will discuss the potential impact of scaling up treatment as prevention and the selective application of pre-exposure prophylaxis (PrEP) in selected at-risk populations. In addition, he will outline the scientific challenges that remain in HIV vaccinology, including the effort to improve upon the modest success of the RV144 trial and the potential to deliver or induce broadly neutralizing antibodies to block HIV transmission. He will also discuss the "implementation gap" between the development of interventions and their delivery to people who need them, and potential solutions (e.g., deploying tailored interventions in high-transmission settings) needed to close that gap.

Introduction

Progress and challenges in HIV prevention: vaccine and non-vaccine approaches
A. Fauci, National Institutes of Health, United States

Moment to honour Dr. Jack Whitescarver, former NIH Associate Director for AIDS Research and Director of the Office of AIDS Research and Chair of Towards an HIV Cure
C. Beyrer, Bloomberg School of Public Health, Johns Hopkins University, United States

MOPDA01 From Pathogenesis to Persistence
Oral Poster Discussion

Venue: Room 109
Time: 13:00-14:00

Co-Chairs: James Whitney, Ragon Institute of MGH, MIT and Harvard, United States

Within-host evolution of X4 HIV-1 in a rare transmission pair revealed by phylogenetic reconstruction of deep-sequence data
Canada

Genetic ancestry component proportions are correlated with HIV disease progression
Mexico

Dasatinib preserves SAMHD1 antiviral activity in CD4+ T cells treated with IL-7
J. Alcañiz, M. Bermejo, B. Descours, E. Mateos, M.M. Lederman, M. Benkirane, M. Coiras
Spain

HIV-specific latency reversing therapies that exploit novel pathways for suboptimal Tat protein expression
Australia

HIV rebound and meningococcal meningitis following ART interruption after allogeneic hematopoietic stem cell transplant: an investigation of the source of HIV rebound
United States

Assay to measure the latent reservoir of replication-competent HIV-1 in suppressed patients based on ultra deep sequencing
United States

Communities can mobilize to test: findings from a community randomized trial of a theory-based community mobilization (CM) intervention in South Africa
United States

Reducing stigma and increasing HIV testing with a health information intervention, a cluster-randomized trial from Malawi
L. Derksen, A. Muula, J. van Oosterhout, M. van Lettow, A. Matovu, S. Soghi
United Kingdom

HIV self-testing increases HIV testing frequency among high-risk men who have sex with men: a randomized controlled trial
D. Katz, M. Golden, J. Hughes, C. Farquhar, J. Stekler
United States

Home HIV testing among transgender women in San Francisco: a pilot feasibility and acceptability study
United States

Supervised HIV self-testing to inform implementation and scale up of self-testing in Zimbabwe
S. Napeza, M. Mavedzenge, G. Matengeni, S. Sodhi, L. Derksen
United States

Integrating partner notification services into PMTCT (Option B+) services in the northwest and southwest regions of Cameroon
Cameroun
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**MOPDB01 Women and Children First**
Oral Poster Discussion

**Venue:** Room 118-120

**Time:** 13:00-14:00

**Co-Chairs:** Annette H. Sohn, TREAT Asia / American Foundation for AIDS Research, Thailand; Deborah M. Money, Research BC, Women's Hospital + Health Centre, Women's Health Research Institute, Canada

**Bacterial vaginosis, intravaginal practices and HIV genital shedding: implications for HIV transmission**
N. Alcaide, M. Chisembele, E. Malupande, K. Aheert, D. Jones, M. Flach
United States

**IUD use in HIV-positive women**
Canada

**Effectiveness of contraception for HIV-infected women using antiretroviral therapy: combined data from 3 longitudinal studies**
United States

**Importance of programmatic longitudinal surveillance for identification of congenital anomalies among infants exposed to HIV-1 and antiretrovirals: findings from the Mpepu Study, Botswana**
G. Aloba, R. Shapiro, R. Zash, L. Holmes, O. Batiang, K. Ramogotshobeng, F. Chilisa, K. Bennett, J. Makshema, S. Lockman, K. Powis
Botswana

**Moderated discussion**

**MOPDD01 Implementation Challenges among People Who Inject Drugs**
Oral Poster Discussion

**Venue:** Room 121-122

**Time:** 13:00-14:00

**Co-Chairs:** Kora DeBeck, Simon Fraser University, Canada; Sylvia Adeabajo, Population Council, Nigeria

**The effect of opiate substitution therapy on healthcare utilization and engagement among HIV-infected people who inject drugs in Ukraine**
C. Bachiredy, J. Izenberg, M. Souto, S. Dvoryak, F. Altice
United States

**The effects of opioid substitution treatment and highly active antiretroviral therapy on the cause-specific risk of mortality among injection drug using people living with HIV/AIDS**
B. Nosyk, J.E. Min, E. Evans, L. Li, L. Liu, V. Lima, E. Wood, J. Montaner
Canada

**Assessing the HIV prevention potential of Mexico’s ‘narcomenudeo’ drug law reform: implementation challenges among people who inject drugs**
L. Belinsky, R. Gonzalez-Zuniga, G. Rangel, D. Werb, J. Arredondo, S.A. Strathdee
United States

**Low threshold services for females who inject drugs: reducing gender inequities in methadone enrolment**
B.H. Lambdado, C. Nyandindi, D. Bruce, N. Sabuni, A. Nagimba, E. Ramazi
United States

**Increasing rates of earlier antiretroviral treatment associated with elevated levels of optimal virologic response among HIV-positive illicit drug users during a treatment-as-prevention-based initiative in a Canadian setting**
N.-J. Milloy, T. Kerr, R. Hogg, S. Guillermi, J. Montaner, E. Wood
Canada

**MOBS02 The Present and Future of Combination Prevention for HIV Sexual Transmission**

**Venue:** Ballroom A

**Time:** 14:30-16:00

**Co-Chairs:** Valdilea G. Veloso, Evandro Chagas Foundation for AIDS Research, Brazil; Douglas Brooks, Office of National AIDS Policy, United States

**Evidence-based prevention means basing the response on local epidemic data and providing prevention services wherever risk is occurring. Combination prevention programmes are designed and delivered at local/community level but enabled and resourced at national and state/provincial levels. Combination prevention promotes the association of biomedical, behavioural, and structural/community interventions in an appropriate mix to reduce HIV incidence. Combinations must focus on the predominant mode of transmission in a locality. Effective combinations can thus be discerned and defined using available evidence but call for a different way of doing business and assessing impact. This session is directed to clinicians involved in the care of people living with HIV, medical care providers, behavioural health professionals, global Ministry of Health and HIV programme managers, implementers, funders, and monitoring and evaluation specialists, and aims to further define the concept and practice of combination prevention, relating this to prevention programmes for sexual transmission and offering new insights, innovations and directions in this field.**

**Introduction**

**Combination prevention of HIV sexual transmission**
C. Caceres, Cayetano Heredia University, Peru

**Combination prevention for MSM**
A. Grulich, University of New South Wales, Australia

**Combination prevention for sex workers**
S. Baral, Center for Public Health and Human Rights, Johns Hopkins Bloomberg School of Public Health, United States

**Biomedical prevention**
M. Cohen, University of North Carolina School of Medicine, United States

**Discussion**

**Conclusion**

**MOBS01 Immune Activation in HIV: Friends or Foe?**

**Venue:** Room 211-214

**Time:** 14:30-16:00

**Co-Chairs:** Peter Reiss, Academic Medical Center, Amsterdam University, Netherlands; Michael Lederman, Case Western Reserve University, United States

**Immune activation/inflammation persists despite suppressive HAART and multiple lines of evidence link persistent immune activation to increased morbidity and mortality in HIV-positive individuals. However, inflammation may play a dual role in modulating the course of infection, with certain types of inflammatory responses – notably type 1 interferon responses – conferring beneficial effects alongside detrimental ones. Directed to scientists and clinicians interested in the latest research on immune activation in HIV, this translational session will summarize our current understanding of the role of inflammation in modulating HIV-1 infection and will discuss whether and how to incorporate inflammatory biomarkers into clinical practice. At the completion of the session, participants will understand the different causes of immune activation in HIV-positive people on cART and its morbidity consequences, and will be able to assess different therapeutic approaches with their advantages and disadvantages.**

**Introduction**

**What drives persistent immune activation/inflammation in CART-treated HIV-1?**
G. Marchetti, University of Milan, San Paolo Hospital, Italy

**Immune activation/inflammation as predictors of morbidity and mortality during HAART**

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P.Hunt, University of California, San Francisco, School of Medicine, United States

A silver lining in every cloud: the two sides of interferon
N.Sandler Utary, University of Texas Medical Branch, United States

Strategies to reduce immune activation/inflammation
I.Pandrea, University of Pittsburgh, United States

Moderated discussion: Moving from bench to bedside, should we be enhancing or suppressing immune activation in HIV?

Conclusion

MOSY01 How Would You Like Your PrEP?
Symposia Session
Venue: Ballroom C-D
Time: 14:30-16:00
Co-Chairs: Jean-Michel Molina, Saint-Louis Hospital, France
Robert M Grant, Gladstone Institutes, United States

This session presents latest findings from the HPTN 067 ADAPT trial of non-daily PrEP in Cape Town, Bangkok, and Harlem. The study findings have deep implications for PrEP rollout, related to flexibility in dosing, engagement with PrEP and factors leading to disengagement, forgiveness for missed doses, and how to start and how to stop PrEP, and patterns of sexual activity among women and MSM. Combined with emerging information from pharmacokinetics studies and the Ipergay study, this session provides an outstanding opportunity to discuss the safety, efficacy, and utility of non-daily regimens, and provide a perspective on overall flexibility in PrEP dosing. Directed toward practitioners who are prescribing PrEP, program implementers, advocates and policy makers, the objective of the session is to improve our understanding and practice of PrEP rollout, including how PrEP use can be adapted to different patterns of sexual activity.

Introduction

Updates on PrEP efficacy in Ipergay
J.Molina, Saint-Louis Hospital, France

HPTN 067 ADAPT methods and results from women in Cape Town
R.Grant, Gladstone Institutes, United States

HPTN 067 ADAPT results from MSM in Bangkok
T.Holtz, Thailand Ministry of Public Health – U.S. Centers for Disease Control and Prevention Collaboration, Thailand

HPTN 067 ADAPT results from MSM in Harlem
S.Mannheimer, Columbia University, United States

PrEP experiences among South African women in the HPTN067 (ADAPT) study: Healthy paranoia, Ubuntu, champions and challenges to resolving PrEP dissonance
R.Amico, University of Michigan School of Public Health, United States

Patterns of Sex and PrEP in Bangkok MSM (HPTN 067)
T.Chennasiri, Thailand MOPH-U.S. CDC Collaboration (TUC), Thailand

Patterns of Sex and PrEP in Harlem MSM: A qualitative study (HPTN 067)
J.Franks, ICAP at Columbia University, United States

How to start and stop PrEP: a pharmacology perspective (HPTN 067 and more)
D.Glidden, University of California, United States

A PrEP user’s perspective
D.Jacobs, PrEP advocate and licensed therapist, United States

Panel discussion and questions

Conclusion

MOSY04 Democratizing HIV testing to reach the 90-90-90 target

Symposia Session
Venue: Room 121-122
Time: 14:30-16:00
Chair: Julio Montaner, BC Centre for Excellence in HIV/AIDS, University of British Columbia, Canada

Antiretroviral therapy’s proven ability to prevent deaths, illness and new infections cannot be effectively harnessed without substantially greater success in expanding knowledge of HIV status. As of today, more than 50% of people living with HIV do not know their sero-status. As the world embarks on ending AIDS by 2030, stakeholders have embraced a new target to ensure that by 2020 90% of all people living with HIV will know their HIV status. Achieving this target will require a major reinvention of HIV testing. Maximising HIV testing uptake and ensuring early diagnosis of people living with HIV will require much stronger leadership on HIV testing, strategic combination of acceptable and high yield testing modalities, policy changes to decentralize and democratize HIV testing and fully embracing innovations including HIV self-testing and incidence testing. This session will bring together leading experts in a panel discussion on the programmatic changes and innovations needed to close the testing gap. It will include a debate on HIV self-testing, multisisease campaigns and explore the potentials of incidence testing.

Introduction

Strategies for testing in the context of treatment expansion
B.Samb, UNAIDS, Switzerland

New technologies to advance HIV testing
T.Peter, African Society for Laboratory Medicine/Clinton Health Access Initiative, Botswana; T.Peter, African Society for Laboratory Medicine/Clinton Health Access Initiative, Botswana

Enhanced HIV testing in the context of human rights
J.Amon, Bloomberg School of Public Health, John Hopkins University, United States

Accelerating HIV testing to reach 90% testing coverage in countries
G.Chamie, University of California San Francisco, United States

Scaling up HIV testing to 90% coverage: cost and financing perspectives
J.Stover, Avenir Health, United States

Questions and Answers

Conclusion

MOAC01 TasP: Just Do It
Oral Abstract Session
Venue: Ballroom B
Time: 14:30-16:00
Co-Chairs: Nagalingeswaran Kumarasamy, YRG CARE Medical Centre, India
Mina Hosseinipour, The University of North Carolina Project-Malawi (UNC Project), Malawi

Final results of the HPTN 052 randomized controlled trial: antiretroviral therapy prevents HIV transmission

Treatment as prevention: characterization of partner infections in the HIV Prevention Trials Network 052 trial

Presentation of the 2020 90-90-90 target
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**United States**

**Level of viral suppression and cascade of HIV care in a South African semi-urban setting in 2012 (ANRS-12126 -12285)**


France

A mathematical model to determine potential costs and benefits of increasing antiretroviral therapy coverage in female sex workers: the case of Panama

L. Jenkins, J. Nordio, K. Vasanahely, A. Nunez, R. Barrios, A. Rutherford

Canada

**Does a universal test and treat strategy impact ART adherence in rural South Africa? ANRS 12249 TasP cluster-randomized trial**


South Africa

**Community-based HIV testing and linkage effectively delivers combination HIV prevention: results from a multisite randomized trial**


United States

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**MOWS03 The Developing World in Our Own Backyard: Concentrated HIV Epidemics in High Income Settings**

**Workshop**

**Venue:** Room 109

**Time:** 14:30-17:30

There is as burgeoning epidemic in the heart of Canada among the aboriginal communities of Saskatchewan and Manitoba. Despite the recognition of the problem early in 2009, little progress has been made to slow the rate of new infections and deal with the health disparities that fuel the epidemic. Similar but distinct issues are relevant to Eastern Europe and the Southern US. This workshop is targeted to health professionals, public health officials, and affected communities and will highlight the similarities and differences between these local population specific epidemics. It will discuss what the relevant medical, public health and governmental agencies have and have not done to address these issues and to discuss potential unique and common solutions to the problem.

**Introduction**

The HIV epidemic in Saskatchewan, Canada: injection drug use, indigenous peoples and human tragedy

A. Wong, University of Saskatchewan, Canada

Saskatchewan indigenous strategy on HIV and AIDS: the way forward

N. Potras, All Nations Hope Network, Canada

A large outbreak of HIV infections related to injection drug use, Indiana USA 2014-15

J. Brooks, Centers for Disease Control and Prevention, United States

**Migration of an epidemic: HIV in the southeastern United States**

K. Schaefer, Wake Forest University Health Sciences, United States

The concentrated HIV epidemic in Ukraine: effective strategies, results achieved and emerging challenges

T. Desko, International HIV/AIDS Alliance in Ukraine, Ukraine

**Panel discussion**

**Conclusion**

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**MOWS04 Clinical Trial Literacy among Vulnerable Populations**

**Workshop**

**Venue:** Room 110

**Time:** 14:30-16:30

Chair: Steve Wakefield, HIV Vaccine Trials Network (HVTN), United States

High rates of patient recruitment, retention, and adherence to study interventions in HIV trials are essential to ensuring reliable study outcomes. Patient and community education should thus be a key priority for any investigator seeking to conduct a trial, and is particularly essential when involving vulnerable and key affected populations who face additional social and legal barriers to study participation. This workshop is directed to trial researchers and staff as well as community educators interested in engaging key populations in clinical trials. At the completion of the session, participants will understand the requirements for participant- and community-level training regarding the purposes and conduct of HIV research trials. They will increase their appreciation of clinical trial literacy needs and implementation approaches for different vulnerable populations and by geographic setting. In addition, they will be able to recognize and understand reasons for the success or failure of efforts to engage vulnerable populations in trials and propose solutions to address deficiencies in trial preparations.

**Questions and answers**

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**MOSY02 Achieving HIV Remission: Reconciling Disparate Strategies**

**Symposia Session**

**Venue:** Ballroom B

**Time:** 16:30-18:00

Co-Chairs: Françoise Barré-Sinoussi, Institut Pasteur, France

Sharon Lewin, Doherty Institute, The University of Melbourne, Australia

Currently, various strategies for achieving long-term drug-free HIV remission are being explored. Such strategies include, in particular, ‘shock and kill’ approaches - involving the reactivation of latently-infected CD4+ T-cells through the use of chromatin remodeling and/or other small molecules while on suppressive HAART (the “shock”), followed by gene and/or immunomodulatory therapies to eliminate recrudescent virus (the “kill”) as well as a diamentically opposed strategy – that of permanently silencing HIV reservoirs via approaches to maintain HIV latency. This session is directed to scientists and clinicians interested in this issue. It will provide an overview of strategies to achieve sustained HIV remission and debate their relative merits, challenges and feasibility. At the completion of the session, participants will have a broad understanding of strategies currently under investigation, will appreciate the relative merits, limitations and remaining knowledge gaps associated with each approach and will comprehend how they may be combined or used in complement.

**Introduction**

Waking the sleeping giant: ‘shock and kill’ approaches for latency reactivation

R. Siliciano, Johns Hopkins University, United States

Silencing the HIV reservoir

S. Valecte, The Scripps Research Institute, United States

Gene and immunomodulatory therapies to disable latent HIV

K. Jerome, University of Washington, United States

**Moderated discussion: how can we reconcile/combine therapeutic strategies to achieve sustained HIV remission?**

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TRANS-forming Health Care: Challenges and Advancements in the Development and Access to Comprehensive Transgender Healthcare

Symposia Session

Venue: Room 121-122
Time: 16:30-18:00
Chair: JoAnne Keatley, Center of Excellence for Transgender Health, United States

Through an interactive discussion among international, regional and national stakeholders, this session is aimed at highlighting best practice in addressing comprehensive transgender healthcare – including HIV. Current advancements, resources and challenges will be shared as “building blocks” for the development of a roadmap to ensure access in a variety of settings.

Transform What?
J.Keatley, Center of Excellence for Transgender Health, United States

Main gaps and challenges in LAC and suggestions to address them with a case example of La Clinica Condesa, Mexico
E.Román-Mar, Clinica Condesa, Mexico

Main gaps and challenges in Brazil and suggestions to address them with good practice examples
R.Weist, , Brazil

Main gaps and challenges for transgender men and suggestions to address them with good practice examples
A.Scheim, Ontario Gay Men’s Sexual Health Alliance, Canada

PrEP for Trans woman: what are the opportunities and challenges
J.Keatley, Center of Excellence for Transgender Health, United States

Updates from international organisations
A.Verster, World Health Organization, Switzerland

Open discussion

Closing remarks
J.Keatley, Center of Excellence for Transgender Health, United States

PMTCT: Gaps and Next Steps

Oral Abstract Session

Venue: Ballroom A
Time: 16:30-18:00
Co-Chairs: Lynne Mofenson, National Institute of Child Health and Human Development, National Institutes of Health, United States; Newton Kumwenda, Johns Hopkins Research Project, Malawi

Post prevention of mother-to-child-transmission: 30-months outcomes in the Malawian “Option B+ programme”

Recruiting male partners for couple HIV counseling and testing in Malawi’s Option B+ program: a randomized controlled trial

Zimbabwe approaching virtual elimination of mother to child transmission of HIV following implementation of Option A

Antiretroviral intensification to prevent intrapartum HIV transmission in late comers

MOAD01 90-90-90: Delivering on the Targets

Oral Abstract Session

Venue: Ballroom C-D
Time: 16:30-18:00
Co-Chairs: Mitchell Warren, AVAC, United States; Deenan Pillay, Africa Centre, South Africa

Rapid uptake and adoption of the WHO 2013 Consolidated ARV guideline recommendations: paving the way to achieving the 90/90/90 global target

Can the UNAIDS 90-90-90 target be achieved? Analysis of 12 national level HIV treatment cascades
I. Levi, A. Raymond, A. Pozniak, P. Vernazza, P. Kohler, A. Hill

Major outcomes of early HAART programs at CCASAnet sites: “First Wave of HAART” study
M. Wolff, C.P. Cortes, B.E. Shepherd, M. Gigante, C. Mc Gowan, Canabian, Central America and South America Network (CCASAnet)

Chile

Integrating HIV-care into primary care clinics improved access to treatment and did not compromise primary health care: province-wide trend analysis over four years during implementation in Free State, South Africa
A. Rawat, K.E. Uebel, D. Moore, A. Yassi

Canada

Implementation scale up of the Adherence Club model of care to 30,000 stable antiretroviral therapy patients in the Cape Metro: 2011-2014

South Africa

Moderated discussion
K. Kunisaki, Minneapolis VA Health Care System, United States

MOAA02 Microbiome: the Good and the Bad for HIV

Oral Abstract Session

Venue: Room 211-214
Time: 16:30-18:00
Co-Chairs: Leonid Margolis, National Institute of Child Health and Human Development, National Institutes of Health, United States; Ivona Pandrea, University of Pittsburgh, United States

Introduction
J. Brenchley, National Institute of Allergy and Infectious Diseases, United States

Treatment with anti-a4ß7 integrin antibody reduces virus-mediated gastrointestinal pathology by targeting distinct mucosal tissues
S. Byrareddy, J. Arthos, C. Cicala, K. Reimann, T. Parslow, P. Santangelo, F. Villinger, A. Fauci, A. Ansari

United States

Oral microbiome in HIV-infected women: aging, disease progression and opportunistic infections increase the pathogenic profile
M. George, B. Weiser, H. Burger, T. Lewy, K. Anastos

United States

Serum-derived bovine immunoglobulin isolate increases peripheral and mucosal CD4 T cell count in patients with HIV enteropathy


Thailand

Costs of Zimbabwe’s accelerated prevention of mother-to-child transmission of HIV program
J. Ochoa-Moreno, C. Mangenah, R. Bzudugan, N.S. Padian, S.J. McCoy, F.M. Cowan, S. Bautista-Arrondo

Zimbabwe
Monday 20 July | Sessions

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MOAC03 Late Breakers: HIV prevention interventions and missed opportunities for prevention

Venue: Room 118-120

Time: 16:30-18:00

Co-Chairs: Jean-Michel Molina, Saint-Louis Hospital, France
Steffanie A Strathdee, University of California San Diego, Department of Medicine, United States

Increasing uptake of voluntary medical male circumcision (VMMC) among men aged 20-34 years in Njombe & Tabora regions, Tanzania: a cluster randomised controlled trial

Acceptability and feasibility of a novel approach to promote HIV testing in sexual and social networks using HIV self-tests

HPTN 067/ADAPT study: a comparison of daily and intermittent pre-exposure prophylaxis (PrEP) dosing for HIV prevention in men who have sex with men and transgender women in New York city

HPTN 067/ADAPT study: a comparison of daily and non-daily pre-exposure prophylaxis dosing in Thai men who have sex with men, Bangkok, Thailand

Community outbreak of HIV infection linked to injection drug use of oxymorphone - Indiana, 2015

HIV-1 and HCV molecular epidemiology of a large community outbreak of HIV-1 infection linked to injection drug use of oxymorphone - Indiana, 2015