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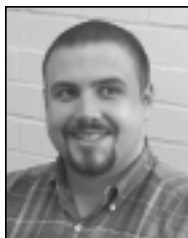
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DEAR READER

At a recent working retreat for the staff of The Center for AIDS, I reflected on the year 2001 and judged it to be a “bad” year. In my mind (and others’ I am sure) there are good years and bad years, and 2001 was a bad year. The floods that devastated our city of Houston, the national economic downturn, and the terrorist attacks on our native soil all contributed to my judgment of course. Then there is the disappointment of knowing the AIDS epidemic in the US reached its 20th anniversary without any real promise that we might be close to a cure. That’s a word we don’t hear too much anymore: *cure*. Have we given up? Has the virus won? No, but we may need to reflect on what has happened in the last 20 years, regroup ourselves as armies of HIV-infected and -affected people, and rethink what comprises a cure for this disease.

Given that the greatest hope of a cure for HIV in the last 20 years had been with anti-HIV drugs, we are all probably a bit disappointed and maybe even “burned out.” We desperately hoped that eradication was possible with potent antiretroviral therapy, and now know that it’s not just the virus that leads to AIDS but its subversion of our immune systems. This is not to say that we humans do not have incredible immune systems. We do—just not incredible enough. HIV mocks immune system memory, which isn’t flexible enough to account for HIV’s constant rate of mutation. Plus, the CD4 memory cells are the main targets of the virus. In HIV infection, the chronic activation and constant division of immune cells, which normally do not divide so steadily, may be what ultimately wears down the immune system, allowing it to succumb to disease.

But there is hope: some doctors and scientists may be “hot on the trail” of a cure for HIV infection. Through their studies on the viral and immune dynamics that occur during very early infection—a time before an infected person develops HIV antibodies, known as primary HIV infection—they may have stumbled upon a way to improve immune control of HIV. By starting antiretroviral therapy during PHI, some individuals have been able to eventually stop taking therapy and *still* control viral load.

Although much more work must be done to determine the long-term duration of such control, the preliminary evidence should be prompting clinicians across the country, and across the world, to devise means of identifying patients with PHI, starting them on therapy, and whenever possible enrolling them into study. However, finding these patients in time (prior to or during acute symptoms) is a formidable challenge. The Center for AIDS is involved in a new initiative to increase awareness of PHI in Houston and to funnel that awareness into the generation of even more research in this promising area.

Until we know how to “fix” our immune systems, the idea that a drug or drug combination will cure HIV seems improbable. The whole idea of *cure* must be reworked. Perhaps what we are learning about the immune events during PHI, and ways to manipulate them, will lead to a cure. Some have postulated that a cure won’t be eradication of virus *from* the host, but control of virus *within* the host, much like what happens with other microorganisms. Such “balances of power” may have evolved over thousands of years. Our task is to speed up that process and find a functional, immune-based cure for HIV. We at The Center for AIDS look forward to every year, bad or good, as being a step in the direction of such a cure.

Very truly yours,
The Center for AIDS:
Hope & Remembrance Project

A handwritten signature in blue ink that reads "Tom".

Thomas Gegeny, MS, ELS
Editor