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The search goes on...

The war against HIV/AIDS continued this year, with the search for a more effective treatment, and even a cure, against the disease.

By **PAUL YEO**

starhealth@thestar.com.my

KICK and kill. The Human Immunodeficiency Virus (HIV), that is.

Touted as one of the first serious attempts at a full cure for HIV, scientists are currently looking at a “kick and kill” technique to treat HIV/AIDS.

While anti-retroviral therapy (ART) does a great job at targeting and killing active HIV, there are some viruses that hide themselves inside dormant cells, making them resistant to detection and treatment.

This technique attempts to tackle that problem by first exposing these viruses, then killing them.

To do this, a drug is first used to awaken these dormant HIV-infected cells – the “kick” – so that they become active, and thus, detectable to the immune system and ART drugs.

Then, two vaccines are introduced to specially train the immune system to seek out these newly-active cells and destroy them – the “kill”.

So far, a 44-year-old patient who has completed the clinical trial for this treatment has been declared HIV-free.

Various other studies are looking at ways to more effectively manage HIV/AIDS.

One involves a vaccine and immune stimulant combination to improve viral suppression.

Scientists have also identified an antibody from an HIV-infected person that can neutralise 98% of HIV isolates tested.

The antibody, named N6, is being researched for further development to potentially treat or prevent HIV infection.

These are some of the treatment developments currently underway in the war against HIV/AIDS.

Irrespective of the success of such research, prevention remains a vital strategy in the fight against HIV/AIDS.

And part of prevention is increasing awareness and destigmatising the disease so that as many people as possible go for testing and are treated if tested positive.

It was just in the early 1980s that a spate of immune-related diseases such as Pneumocystis carinii pneumonia and Kaposi's sarcoma were reported among gay men in Los Angeles and New York.

By the end of 1981, there were 270 reported cases of severe immune deficiency among gay men, with 121 of them dying.

In those early years, it was noted that such reported cases were limited to gay men only. The syndrome was initially called gay-related immune deficiency (or GRID).

In September 1982, the US Centers for Disease Control and Prevention coined the term “AIDS” (acquired immune deficiency syndrome) to describe the disease.

By that time, similar cases had been reported in Europe and Africa.

In January 1983, AIDS was reported among females, suggesting heterosexual transmission was possible.

In April 1984, the US National Cancer Institute announced they had found the cause of AIDS, the retrovirus HTLV-III.

Every region in the world had reported at least one case of AIDS by the end of 1985.

The International Committee on the Taxonomy of Viruses gave the virus that causes AIDS the official name HIV (human immunodeficiency virus).

In contrast to those dark days of fear and panic, today, awareness about HIV/AIDS is widespread, and effective treatment is helping those with HIV to extend their lives.

There are now 36.7 million people living with HIV across the globe. Out of these, The joint United Nations Programme on HIV and AIDS (UNAIDS) has stated that 18.2 million people are on life-saving antiretroviral medicines.

Rates of infection have seen a slight decline. Whereas 2.2 million new infections were detected in 2010, this number fell slightly to 2.1 million in 2015.

In Malaysia, according to the Malaysian AIDS Council (MAC), AIDS has affected 108,519 lives since 1986.

The condition is, according to MAC, under control, characterised by the 60% reduction in new HIV infections since the height of the epidemic in 2002.

This feat is often attributed to the success of a harm reduction programme in turning the tide on new HIV infections among people who inject drugs.

In stark contrast to this positive development, however, sexually transmitted HIV has been on the rise, overtaking unsafe drug injecting as the leading cause of new HIV infections since 2010.

The introduction of the highly active (triple-drug) antiretroviral therapy in 1996 marked a drastic change in HIV treatment. It dramatically reduced HIV-associated morbidity and mortality, and has transformed HIV infection into a manageable chronic condition.

Living with this disease is possible with the right treatment, but the holy grail of a cure is still being sought out.

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Prevention remains a vital strategy in the fight against HIV/AIDS. — Filepic