DIRECTOR’S REPORT

Welcome to the autumn issue of IMPACT. In July this year, Melbourne will host the 20th International AIDS Conference, AIDS 2014. It will be the largest gathering of medical researchers, public health professionals and community groups from around the world, with an estimated 14,000 delegates - all focused on HIV and AIDS.

This presents a terrific opportunity for us to demonstrate to a broad and diverse group our leadership in HIV research and public health, and to engage with many of our international collaborators and friends.

Over the past 30 years, Australia has shown outstanding leadership in HIV prevention and Burnet has played a significant part in this. Although a cure for HIV remains elusive, our scientists have made important contributions to understanding HIV and the body’s response to infection. This work has helped in the development of effective HIV therapies and the pursuit of therapeutic cures or preventive vaccines. Burnet researchers continue to play an integral role, including in a new global scientific strategy, Towards a Cure, which sets a clear, global strategy for research towards an HIV cure.

While our international reputation in HIV scientific research is impressive, our political, social and community response to HIV has contributed most to informing global HIV prevention. Two years after the first case of HIV was diagnosed in Australia, the first National Advisory Committee on AIDS was formed in 1984. While other parts of the world were struggling to respond to a disease transmitted through behaviours that were, to varying degrees, socially marginalised and subject to a high degree of stigma and discrimination, Australia enjoyed what was a relatively rational and evidence-based response to HIV.

However, throughout the early stages of the HIV epidemic in Australia, the conservative media provided important lessons for the world to follow. To facilitate primary prevention, address structural barriers to prevention and expedite universal access to effective therapies, HIV strategies must adopt public health approaches to prevention. One of the best things Australia can do to support global HIV prevention and achieve the bold new targets is to lead by example and champion what we have done and what we continue to do. Our experience shows that taking such a partnership approach to HIV that is underpinned by basic human rights can curtail the spread of HIV among most at-risk populations.

I would invite as many of you as possible to visit the Global Village at the AIDS 2014 conference, which will be open to the community, and to participate where you can. I’m sure it will be an amazing experience.

Best wishes,

Professor Brendan Crabb, Director and CEO
Burnet is developing prevention techniques that empower women to take control against HIV and other STIs.

**VISITECT® CD4**

Developed at Burnet by Associate Professor David Anderson and Professor Suzanne Crowe AM in 2006 and licensed to Omega Diagnostics Group PLC, VISITECT® CD4 is now being rolled out in developing countries. The simple finger-prick test determines when an HIV-positive patient should begin life-saving antiretroviral treatment. Read more on page 14.

**HIV in the brain**

Associate Professor Melissa Churchill and her team are determining the way in which HIV enters, replicates and persists in the brain. HIV can invade the brain causing anything from a mild neurocognitive disorder to more severe HIV-associated dementia.

**HIV vaccine**

Dr Andy Poumbourios and his team are working on a vaccine to tackle HIV transmission. So far, attempts to develop a vaccine that protects against HIV infection have failed. Dr Poumbourios is using a novel approach by modifying the virus surface proteins to induce an antibody response that prevents HIV transmission.

**Cure research**

Professor Sharon Lewin’s research has shown how a cancer drug, vorinostat, alters how HIV genes are turned on and off, essentially waking up the virus that persists in patients on standard HIV treatment.

“We’ve shown we can wake up the virus – now we need to work out how to get rid of the infected cell. A kick-start to the immune system might help. We have an enormous amount still to learn about how to ultimately eradicate this very smart virus.”

— Professor Sharon Lewin.

**PreP Project**

Burnet Institute, Alfred Health and Monash University are collaborating on the Victorian Pre-exposure Prophylaxis (PrEP) Project to test the efficacy of medications in reducing transmission of HIV. A combination of PrEP with safe sex has been shown in international studies to reduce infection by at least half.

**CREIDU – Centre for Research Excellence into Injecting Drug Use**

This five-year, NHMRC-funded research project involves Burnet Institute, academic partners and community organisations. Burnet’s Professor Margaret Hellard, a lead investigator with CREIDU, said the Centre’s focus is to increase knowledge about injecting drug use (IDU) and its health and social effects, and through research, influence policy and practice.

**HIV work in Myanmar**

The Burnet Myanmar team, led by Dr Phone Myint Win, is working with the Myanmar Business Coalition on AIDS to deliver high quality HIV prevention-focused peer education, referral to voluntary confidential counselling and testing, and sexually transmissible infection services, as well as increasing condom access and use by ‘hard to reach’ men who have sex with men (MSM).

**Microbicides**

Associate Professor Gilda Tachedjian and her team are investigating methods of protection that women can initiate themselves, including microbicides. In collaboration with Australian biotechnology company Stapharma Pty Ltd, Associate Professor Tachedjian has been undertaking the preclinical evaluation of dendrimer microbicides for the inhibition of HIV and genital herpes.

**PRONTO! & COUNT**

In a collaboration with Victorian AIDS Council/Gay Men’s Health Centre, Burnet opened Australia’s first shop front rapid HIV testing clinic, PRONTO!. The clinic in Melbourne offers a quick HIV test using a simple finger-prick of blood with results available within 20 minutes.

Also working within the gay, lesbian, bisexual, transgender and intersex (GLBTI) community, Burnet is recruiting participants for the COUNT Study. COUNT delivers HIV testing to gay and bisexual men in community settings through the Gay Community Periodic Surveys Project with the Kirby Institute.

**HIV prevention-focused peer education program in Myanmar.**
Reflections: The early days of the HIV epidemic

By Professor Suzanne Crowe AM

Whilst initial efforts focused on treating HIV-positive patients in wealthy countries over the past decade there has been scaling-up of treatment in the developing world. This is largely where my efforts are now focused. My work includes coordination of education programs for doctors and other healthcare workers on HIV clinical management in India, Myanmar, Laos and Indonesia, as well as transferring the technology to do lab tests to monitor HIV infection in these resource-limited settings.

I am very proud of the contributions my PhD students are making to understanding how HIV impacts health in their countries of Papua New Guinea and Malaysia. I am also working with my colleague Associate Professor David Anderson and his team on a point-of-care test (Visitect® CDA) to monitor the immune system of people with HIV who live in remote parts of developing countries. This test will be used to determine when a patient needs treatment.

I have been involved in access to viral monitoring for these same healthcare sites with resultant prevention of mother-to-child transmission and better use of therapy for people with HIV in many neighbouring countries.

Whilst it is less common to see people with late-stage HIV infection/AIDS, many young people with HIV infection are prematurely developing diseases normally associated with the elderly. Younger HIV-positive people have an increased risk of developing heart attacks, diabetes, strokes, cancers, and kidney and bone disease. It appears that HIV prematurely ages the immune system and our studies are trying to determine the precise cause and also understand how these serious conditions can be prevented.

There is still a lot of work to be done in HIV and we can’t become complacent.

Recollections from Fairfield Hospital were co-written by Associate Professor Anne Mijch OAM.

Honoured with a Member of the Order of Australia for her outstanding work over many decades in HIV treatment, prevention and care, Burnet’s Professor Suzanne Crowe AM takes us back to the very start of the HIV epidemic in Australia.

B ack in 1984 when my close colleague and friend Associate Professor Anne Mijch OAM and I set up the first HIV clinic in Melbourne, based at Fairfield Hospital, there was an enormous sense of frustration. This is our reflection on those early days.

We started the clinic after Dr Ron Lucas, a senior infectious diseases physician at Fairfield Hospital and his wife to, a Fairfield nurse, visited the Centers for Disease Control in the USA in mid 1984. They learned about this new disease that seemed to be attacking gay men. Ron recognised similarities to hepatitis B and being man of few words said: “This is going to be important. Contact the homosexual community and get on to it.”

As clinicians at Fairfield we had early access to an HIV test established in the Virology laboratory at Fairfield Hospital by Professor Ian Gust AO and his colleagues, but we didn’t know what the results meant. Would the test stay positive for life? Would all those who tested positive go on to develop AIDS? Could the body eradicate HIV? We learnt to diagnose and treat and sometimes prevent many of the unusual infections and cancers but at that stage there was no treatment for the virus.

At the clinic initially about 25 per cent of patients turned out to be HIV-positive, probably because those who came to the clinic were aware of their risk or already sick. We used to go to funerals all the time. It was hard not to get involved with our patients. All young, virtually all of them grateful for the culture of care they received at Fairfield Hospital, many retaining their sense of humour and community spirit despite terrible illness.

Australia didn’t have much money to spend on HIV research in those early days and the focus was really only on education, prevention and care. The Grim Reaper advertisement was one particularly effective early example. It depicted a bowling alley with grandmothers, pregnant women, infants and schoolchildren all being bowled over, presumably by HIV. While it received enormous criticism for being alarmist and inaccurately portraying the general population as being at risk of infection it led to people talking about HIV.

Our success in keeping the epidemic controlled in Australia was the result of a very involved gay activist movement that quickly formed an alliance with clinicians, the government and media. This coupled with strong education campaigns and focused interventions (safe blood supply, condoms, clean needles and eventually antiviral treatments) should give us great pride. It is amazing how the landscape has changed since those days.

The HIV epidemic has been a continuum: initially no treatment with a diagnosis of HIV was considered to be a death sentence, then sequential development and early availability of drugs to treat HIV, with combinations proving to be effective in controlling the virus making it a chronic controllable illness.

These days most of our patients are well with very low levels of HIV in their blood and strong immune systems. Many are working and even able to have children. There is very early research underway to determine whether by eradicating the virus, a cure, might be possible in the future.
I am delighted to be the local Co-chair of AIDS 2014 – the 20th International AIDS Conference in Melbourne from 20-25 July. AIDS 2014 is the world’s largest HIV conference and will be the biggest-ever medical conference to be held in Australia. I will be co-chairing the conference with Professor Françoise Barré-Sinoussi, Nobel Laureate for the co-discovery of HIV and a totally inspirational scientist. It will be the first time the meeting is being co-chaired by two women – so lots of firsts for AIDS 2014!

It’s an incredibly exciting time in the HIV epidemic. Thirty years after the discovery of HIV in 1983, antiretroviral treatment (ART) has transformed a universal death sentence to a long-term chronic disease. In fact, the life expectancy now for someone with HIV is similar to a person without HIV. Treatment often only requires one tablet a day, resistance is rare and side effects infrequent. And finally, treatment not only saves lives, it substantially reduces infectiousness, so treatment is also prevention. With the great efforts of patient advocates, international funders and local governments, 11 million people were receiving ART in low-income countries 2013. Only five years earlier, this would have been considered simply impossible. As a likely result of increasing access to treatment there have been some dramatic success stories – with 25 countries reporting a 50 per cent decline in new HIV infections in 2012.

But the story is not all good for everyone. New infections are increasing in many affected populations including men who have sex with men, people who inject drugs, sex workers and transgender women. In the Asia and Pacific regions these alarming trends are occurring across many countries. Last year in Australia, the highest ever number of new infections were reported. There are clearly many people being left behind – and these stories will be front and centre at AIDS 2014 – who is being left behind, why, what needs to be done and how can we accelerate what we are already doing?

The other catch is that ART is life long. As soon as drugs are stopped the virus returns quickly, usually within two to three weeks. Long-term treatment also comes at considerable personal and economic cost and requires engagement in effective medical care. Therefore, over the last few years there has been increasing interest in working towards a cure for HIV, or a strategy that would enable a patient to take ART for a few years and then stop the drugs without the virus coming back, what is now called a ‘functional cure’.

At Burnet, we have been tackling the issue of finding a cure for HIV in a range of ways. There is a huge effort to understand where the virus hides on treatment, how it manages to stay silent in different parts of the body including the brain, and ways we can lure it from its clever hiding places. We are tackling these questions using creative laboratory models, blood and tissue samples from patients on ART and we are also doing clinical trials to test if the virus can be woken up. Many Burnet staff working on a cure are now working with many international colleagues as part of large collaborative consortia. The problem is too big and complex for one laboratory and will need tremendous investment and innovation to solve the problem.

In July 2014, when we welcome more than 14,000 visitors from over 150 countries to Melbourne, we can be proud of the work Burnet has and continues to do to ensure no-one gets “left behind”. We can be proud of the innovative ideas many Burnet scientists are using to solve highly complex problems, such as finding a cure for HIV or better ways to manage HIV in low income settings. AIDS 2014 will be an opportunity to present and discuss new scientific advances, identify the critical social and political barriers needed to effectively deliver universal access to HIV treatment, care and prevention and, most importantly, to ’step up the pace’ in every discipline - to one day see the end of HIV.
The rise and fall of HIV diagnoses in Victoria

By Associate Professor Mark Stoové

Our prevention strategies have undoubtedly helped control the growth in HIV diagnoses in Victoria, but rates of transmission remain unacceptably high.

From the heady heights of the mid-2000s when Victoria had the steepest increases in HIV rates in the country, HIV diagnoses in Victoria are now relatively stable. This can be attributed to a robust and innovative range of campaigns, many stemming from the 2007 Victorian HIV Prevention Taskforce. Where once Victoria had the highest per capita annual HIV notification rate in Australia, in contrast to other states rates have plateaued over recent years. However, annual diagnoses of HIV in Victoria remain historically high.

Burnet Institute has played a major role in the partnership approach to HIV prevention. As a major recipient of Victorian Government funds, Burnet staff provided expert advice about likely factors driving HIV transmissions in Victoria and helped design, deliver and inform appropriately targeted prevention initiatives. Burnet continues to be the predominant research partner informing Victorian responses to HIV prevention.

A series of new and innovative social marketing campaigns aimed at reducing risk practices and increasing HIV and other sexually transmitted infection (STI) testing rates among men who have sex with men (MSM) emerged. High caseload clinics in Melbourne that see large numbers of MSM also reinvigorated their clinic processes to enhance rates of HIV and other STI testing.

Burnet continues to manage Australia’s most comprehensive and innovative surveillance system for HIV and other STIs. This system has been invaluable in demonstrating the success of efforts to increase HIV and other STI testing among MSM. This surveillance system also provided the first evidence in Australia of the declining average age of HIV diagnosis, which resulted in prevention campaigns targeting young MSM.

Burnet conducted the largest HIV biological prevalence study in Australia, revealing a much higher rate of undiagnosed HIV among MSM than previously thought.

This finding was crucial in underscoring the significance of undiagnosed HIV in sustaining HIV transmission rates in Australia, and in emphasising the need to increase HIV testing frequency among that population by reducing barriers to frequent testing as part of a prevention response.

We continue to manage the largest cohort study of MSM in Australia, which helps evaluate HIV prevention campaigns in Victoria and monitors local changes and risk and health seeking behaviours in that group.

In collaboration with the Victorian AIDS Council/Gay Men’s Health Centre (VAC/GMHC), Burnet also led the establishment of PRONTO!, Australia’s first shop front HIV point-of-care rapid testing service. This community-based service in Melbourne, run by the VAC/GMHC, is aimed at increasing HIV testing frequency among MSM. The Institute will evaluate the success of this service over a 24-month trial period.

With much of Burnet’s recent focus on HIV and other STI testing, and the importance of people knowing their HIV status, Victoria is well positioned to take advantage of a new era of HIV prevention in which biomedical prevention appears to offer promise. There is very strong evidence showing that commencing and adhering to HIV treatment vastly reduces the risk of onward transmission of HIV. A key prevention strategy is now the early detection of HIV, facilitated through frequent testing, and the timely referral care of those diagnosed to allow for the option of early treatment initiation. The increased HIV testing among MSM over recent years and the implementation of services such as PRONTO! will help maximise the potential of treatment as prevention. The evidence for pre-exposure prophylaxis (PrEP) is also gathering pace. This prevention strategy involves people who are HIV-negative taking HIV treatment medications to reduce their risk of acquiring HIV. Burnet is excited to be part of the VicPrEP project, in collaboration with The Alfred hospital and the University of NSW, which will demonstrate how PrEP can be implemented feasibly, safely and effectively among high-risk MSM.

Although our recent prevention strategies have undoubtedly helped control the growth in HIV diagnoses in Victoria, rates of transmission remain unacceptably high. However, over recent years Burnet has implemented a range of prevention strategies, undertaken vital prevention research, and established and refined services that enable us to take advantage of the new and emerging knowledge to help reduce HIV transmission rates.

Burnet is proud to be a playing a major role in this partnership approach to HIV prevention.

“The Victorian PrEP Demonstration Project will provide valuable insights for the future role of PrEP as part of a comprehensive HIV prevention strategy in Australia.”

– Associate Professor Mark Stoové.
Engaging with the global response to HIV and AIDS

By Professor Mike Toole AM

What has characterised Burnet Institute’s response to HIV and AIDS is thinking ‘outside the box’.

In Papua New Guinea, rather than developing programs to target ‘high-risk populations’ identified in South East Asia, such as female sex workers and men who have sex with men, Burnet Institute designed a ‘high-risk settings’ approach. This recognised the indistinct nature of high-risk individuals who did not conform to those labels. Instead, community-based HIV prevention programs focused on ‘hot spots’ of high-risk sexual behaviour identified through social mapping.

Since the early 1990s, Burnet Institute has played a leading role in policy development, research, and service delivery in response to the HIV pandemic.

The first national strategic plans targeting HIV and AIDS in China, Laos, Myanmar, Vietnam, and almost all Pacific island countries were developed with technical support and facilitation by Burnet staff. In Indonesia since 1998, Burnet has been an implementing partner in a succession of Australian Government-funded HIV programs. In the Tibet Autonomous Region, Burnet has led a participatory process of strategic planning that brought together such disparate stakeholders as the People’s Liberation Army and Lhasa sex workers.

Over subsequent years, the Institute has supported a broad range of sectors and initiatives. In Laos, we began by helping the Lao Youth Union to develop a national strategy to protect young people from HIV. Later, we focused on HIV prevention among the most vulnerable, including sex workers, men who have sex with men, and communities along newly constructed highways. We worked closely with the military, police, and the workforce of a large mining complex. Burnet researchers conducted ground-breaking studies of young male sexual behaviour, the first HIV prevalence survey of men who have sex with men and a network mapping study of bisexual men.

We have supported some of the first harm reduction projects in Nepal and Northeast India, hosted the Asian Harm Reduction Network in its early years, and played a major role in working with the law enforcement and justice sectors to promote harm reduction in Vietnam, China, Malaysia, and Myanmar.

Most Burnet activities have involved capacity building of local partners. In Manica Province of Mozambique, we strengthened the capacity of 30 local NGOs to provide a broad range of services, including antiretroviral therapy, income generation for people living with HIV, condom distribution, and orphan care. The Australian Government-funded Strengthening HIV Responses through Partnership Project in Myanmar helped build the capacity of a broad range of partners, including the Myanmar Red Cross, the Muslim Central Fund Trust, and the YWCA.

Another area where Burnet has often led the way has been the prevention of parent-to-child transmission of HIV. In a number of countries, including India, Laos, Zimbabwe and Papua New Guinea, we have helped to develop evidence-based policies that include the involvement of expectant fathers in antenatal and postnatal care.

At the forefront of cutting edge HIV research

By Professor Paul Gorry

I know the work we do at Burnet contributes to understanding HIV and ultimately, will help solve the problem.

Since its early years, Burnet Institute’s world-class researchers have been at the forefront of HIV research in Australia and internationally.

Ground-breaking discoveries have forged an enviable reputation for our HIV research groups and opened doors to international collaborations.

Our Centre for Biomedical Research fosters world-leading HIV research groups engaged in distinct, yet complementary areas of HIV research, which provides a strong critical mass of local expertise, crucial for fostering cutting edge, internationally competitive research.

The strong clinical focus of the Institute’s HIV laboratories and close ties with the Department of Infectious Diseases at Monash University enables laboratory access to valuable patient cohorts, which ensures that the work we do remains focused on the clinical problem and can be translated to tangible outcomes that can benefit patients.

In the Gorry Laboratory, our research focuses on understanding how HIV gains entry into cells of the immune system, which comprise the very earliest steps in the virus life cycle. Understanding these steps is important if we are going to develop new treatments, a vaccine, or even a cure.

We are looking at how HIV infects long-lived cells of the immune system such as macrophages and the newly-described stem memory T cells. Because of the long-lived nature of these immune cells, their infection with HIV is a major obstacle for strategies that are presently aiming to eradicate HIV from the body.

We are proud to have supported some of Australia’s most successful and productive PhD graduates, including Dr Michael Roche, who was awarded the prestigious Mollie Hollman Doctoral Medal from Monash University.

As well as infecting the immune system, HIV can also invade the brain, which can cause anything from a mild neurocognitive disorder to more severe HIV-associated dementia. We are working with another Burnet laboratory led by Associate Professor Melissa Churchill in determining how HIV can penetrate the central nervous system. We have been determining the mechanisms by which HIV can bind to and enter susceptible brain cells. Because the brain is ‘immune privileged’ (antibodies from the immune system do not sufficiently penetrate into the brain), HIV can adopt less ‘defensive’ structures because it doesn’t need to shield itself from the immune system, and can thereby infect cells using altered and likely more efficient mechanisms.

Our research has led to the development of new web-based computer programs, which by analysing the genetic sequence of HIV in patients, can predict whether a particular patient is likely to respond to some HIV treatments.

We are proud to have supported some of development of novel drugs and vaccines. As well as infecting the immune system, HIV can also invade the brain, which can cause anything from a mild neurocognitive disorder to more severe HIV-associated dementia. We are working with another Burnet laboratory led by Associate Professor Melissa Churchill in determining how HIV can penetrate the central nervous system. We have been determining the mechanisms by which HIV can bind to and enter susceptible brain cells. Because the brain is ‘immune privileged’ (antibodies from the immune system do not sufficiently penetrate into the brain), HIV can adopt less ‘defensive’ structures because it doesn’t need to shield itself from the immune system, and can thereby infect cells using altered and likely more efficient mechanisms. Our research has led to the development of new web-based computer programs, which by analysing the genetic sequence of HIV in patients, can predict whether a particular patient is likely to respond to some HIV treatments.

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The Burnet-developed VISITECT® CD4 is to undergo field evaluation studies in India and South Africa in 2014, supported by a US $1.6 million-dollar grant from global health organisation, UNITAID.

More than two million people in India are living with HIV and many people living in rural areas in India and South Africa lack access to affordable HIV monitoring tests.

The VISITECT® CD4 test is being tested in India. This project is a collaboration with Omega Diagnostics Group PLC, UK, Y.R.G Care, India, The University of Witwatersrand, South Africa and The Kirby Institute, NSW, Australia.

VISITECT® CD4 was developed through support from the Victorian Government, CD4 Initiative, Axxin, ACH2, National Health and Medical Research Council, and the Doris Duke Charitable Foundation. The UNITAID-funded program is part of Burnet’s Access P.O.C initiative whose mission is to increase access to lifesaving treatment for infectious diseases in hard to reach populations in developing countries through facilitating trials of existing and novel point of care tests’. Burnet’s Commercial Development and Industry Engagement Manager, Serina Cucuzza manages the initiative.

“There are about 2.1 million people living with HIV in India and while patients attending many urban centres have excellent care, those living in rural areas lack access to affordable HIV monitoring tests,” Professor Crowe said.

“The VISITECT® CD4 will greatly improve access to lifesaving anti-HIV drugs for potentially hundreds of thousands of HIV-positive people in India. The test is entering the first stage of field trials now.”

This grant is part of US$210 million in funding allocated to four developers of easy-to-use HIV diagnostics designed for low-income countries, in order to stimulate competition and encourage improved technologies on to the market quickly at more affordable prices.

UNITAID Executive Director ai Dr Philippe Duneton said the organisation has already committed over US$140 million to portable and easy-to-use HIV diagnostic technology.

“Our efforts are to provide better quality of care at the community level — affordable prices are critical to improve access in low-income countries. It is essential that our investments in easy-to-use, point-of-care tests are scaled up by other donors to reach millions of people so that those needing life-saving treatment can receive them quickly,” Dr Duneton said.

Burnet researchers Mary Garcia and Eman Aleksic have trained healthcare workers in Chennai in India in preparation for the field evaluation rollout. This project is a collaboration with Omega Diagnostics Group PLC, UK, Y.R.G Care, India, The University of Witwatersrand, South Africa and The Kirby Institute, NSW, Australia.

I owe my life to medical research

“I have lived with HIV for nearly 30 years, and have no doubt that I owe my life to one thing and one thing only: medical research.”

— Paul Collins

I was only 25 when I received the diagnosis that changed the course of my life forever. I remember so vividly the early days at Fairfield Infectious Diseases Hospital: young people in the prime of their life, everywhere, all sick and with no hope of regaining their health. It was an insight into my future. How wrong that has been!

Advances in HIV research since then have been astounding: I am living proof that HIV is a manageable condition, that with the right support and medical care it’s possible to live a full life, to accomplish goals that I once never thought possible.

I am so grateful to all those who have played an integral part in my health management, for their guidance and their belief in me.

Recently I met with HIV researchers at Burnet Institute and was so inspired by their dedication and commitment to finding a cure for HIV. Knowing more about the Institute’s research gives me confidence that a cure may be possible.

I am proud to have left a gift in my Will to help ensure that Burnet’s HIV research continues to change the lives of people living with HIV and AIDS worldwide. It’s my way of making a contribution to their future, and saying ‘thank you’ to all those whose work has transformed my own life.”

Paul Collins

Why should we stay silent about HIV?

“It can be difficult describing me as a person without including HIV, or having it define who I am.”

— Deanna Blegg

For almost two decades, Burnet’s HIV Ambassador, Deanna Blegg has faced the many challenges of being HIV positive with a determined resolve to overcome stigma and live a healthy and fulfilled life.

Now in her 40s, Deanna is bringing up two healthy children with her husband, competing in international adventure races, and supporting others through her ambassadorial roles with Burnet and ENUF (a campaign against HIV stigma), and by sharing her story through the Positive Speakers Bureau in Melbourne.

“Why should we stay silent about HIV — it is from fear or fear of stigma?” she told an audience on World AIDS Day last year.

For many years after being diagnosed she lived with a feeling of shame until she finally confident in someone.

“Being diagnosed in 1994 at the early age of 24 and given five years to live, it was a huge STOP sign in my life when I had always felt life consisted of green for GO,” she said.

“Being, fit, healthy and an athlete I never thought HIV would be a part of my life. How wrong I was. Fortunately, due to the combination of HIV medication, much support from family and friends and a healthy outlook on life, my health improved as did my vision for the future.

“The telling of my story and the acceptance and encoura...
Your bequest will help transform lives
At Burnet, we’re passionate in our commitment to defeating HIV and AIDS.

Our extensive laboratory research and public health programs are focused on developing better diagnostic tools, vaccines and more effective treatments, and to understanding and reducing the rate of HIV transmission, in Australia and internationally. And we continue to make significant progress in our research towards a cure.

For further information about how a gift in your Will could transform the lives of millions of people living with HIV and AIDS worldwide, please contact our Planned Giving Manager for a confidential discussion.

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A gift in your Will may lead to the next breakthrough.

burnet.edu.au