Continuing Our Progress Toward Ending HIV, Tuberculosis, and Hepatitis C

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CABENUVA, THE FIRST LONG-ACTING INJECTABLE HIV REGIMEN, IS HERE; NOW, WHO WILL TAKE IT?

The Body | Tim Murphy | January 28, 2021

‘The unbelievable science of HIV drug development is still pushing unbelievable new innovations into the market. That’s how longtime HIV treatment activist Mark Harrington, executive director and cofounder of Treatment Action Group, greeted the Jan. 21 announcement by the U.S. Food and Drug Administration (FDA) that it had approved Cabenuva (cibaligravir/rilpivirine) as the first-ever long-acting injectable HIV regimen. ‘We have to take a big step back to understand the technical breakthrough this represents and how cool it is to now have the option of getting a once-monthly injection instead of taking a daily pill or pills,’ says Harrington.”

FUNDING FOR COVID-19 OVERSHADOWS HIV/TB RESEARCH EXPENSE

TheNews.com.pk | Amer Malik | February 6, 2021

‘According to KENUP Foundation, the governments, to-date, spent at least $111.6 billion on COVID-19 vaccines and therapeutics, 95 per cent of which went into coronavirus vaccine development alone. It betrays a whopping amount of $103.8 billion spent on COVID19 vaccine research and development alone,’ says Mike Frick from TAG-USA quoting the latest statistics on R&D funding at a session titled ‘HIV & TB: An R&D tale of two vaccines’ during the ongoing 4th HVR4P // Virtual hosted by International AIDS Society (IAS).”

HOW’S NEW YORK STATE DOING IN ITS EFFORTS TO ELIMINATE HEPATITIS C?

Hep Magazine | Trenton Straube | March 18, 2021

‘I don’t think we can continue to point to COVID as a reason why work on other infection disease isn’t getting done,’ Annette Gaudino, director of policy strategy at the Treatment Action Group (TAG), told WCNY Radio’s The Capitol Pressroom in an interview about the state’s hepatitis C efforts. ‘While COVID was raging in New York state and New York City, services, screenings diagnoses and linkage to care effectively stopped because peer workers didn’t have PPE [personal protective equipment], because of social distancing and everything that was happening. But it’s pretty safe to say we’re going to see a surge in [hepatitis C] cases as folks start to come back to the health care system. There are people who have now been waiting over a year to start their treatment—let’s get them into treatment,’ Gaudino noted. ‘We have fallen behind. And we have also wasted many months while the governor’s office was holding up these recommendations. So let’s get to work.’”

A U.N. DECLARATION ON ENDING AIDS SHOULD HAVE BEEN EASY. IT WASN’T.

The New York Times | Apoorva Mandavilli | June 8, 2021

‘The mixed messaging from the administration, given recent support for Covid-19 vaccine patent waivers, is confusing and disappointing,’ said Annette Gaudino, director of policy strategy at Treatment Action Group, an advocacy organization in New York. ‘This would be far from the first time the U.S. has put pharmaceutical companies’ profits over people and public health.’”

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FINGERSTICK BLOOD TEST SHOWS PROMISE FOR TB SCREENING
Spotlight | Tiyese Jeranji | October 28, 2021

‘Similar to rapid molecular tests, fingerstick blood-based TB tests will require instruments for nucleic acid extraction and amplification,’” David Branigan, TB Project Officer at the New York-based NGO Treatment Action Group (TAG) points out. ‘The GeneXpert MTB-HR test is run on GeneXpert instruments, positioning the test at the district lab level and not at the point of care. The issue of delayed turnaround times to results for this test will, therefore, likely be a limitation, similar to other GeneXpert TB tests. For people living with HIV, especially with advanced HIV disease, the limitation of delayed turnaround time to results will be significant, because rapid TB diagnosis and treatment initiation among people living with HIV could be life-saving.’”

CALL FOR ACTION ON TB AS DEATHS RISE FOR FIRST TIME IN DECADE
The Guardian | Kaamil Ahmed | October 28, 2021

DONATE ONLINE: https://treatmentactiongroup.salsalabs.org/yearend2021

Mike Frick, co-director of the TB project at Treatment Action Group, said: ‘Governments cumulatively spent $104bn on research and development of Covid-19 vaccine and therapeutics in the first 11 months of the pandemic. That is 75 times more than the money governments and other funders spent on TB vaccine research over the 11 years from 2005 to 2019. This disparity signals a clear abdication of responsibility on the part of governments to protect the human rights of people with TB to health and scientific progress. It is past time that we as a TB community start expecting – and demanding – more.’”

IMPORTANT TB DRUG AS EFFECTIVE AT LOWER DOSE, STUDY FINDS
Spotlight | Tiyese Jeranji and Marcus Low | July 26, 2021

As pointed out by Lindsay McKenna, TB Project co-director at the US-based NGO Treatment Action Group (TAG), rates of grade three or higher adverse events during treatment were very high in the Nix trial, requiring linezolid dose reductions or interruptions among a majority of participants. ‘In fact, only 37 participants (34%) completed six months of linezolid without any interruption, and only 16 participants (15%) completed six months of linezolid without interruption at a total daily dose of 1 200 mg,’ she says. ‘As such, being able to reduce the linezolid dose and/or duration without compromising the efficacy of the BPaL regimen could improve the safety and tolerability of the regimen.’”

IF THESE MRNA VACCINES ARE SO GREAT, WHY DON’T WE HAVE ONE FOR HIV YET?
The Body | Tim Murphy | August 18, 2021
https://www.thebody.com/article/mrna-hiv-vaccine-development-challenges

Another reason is HIV’s uniquely diabolical targeting of the very part of the body that usually fights off predators—the immune system. “HIV goes into CD4 [immune] cells and prevents them from sending the right signals to the B cells [another part of the immune system],” explained Jefferys. “[Richard Jefferys, TAG’s Basic Science, Vaccines, and Cure Director.] ‘HIV is always ahead of the game.’”