



MODULE 2

FLORIDA DEPARTMENT OF HEALTH

STUDY GUIDE

HIV/AIDS: 101

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HISTORY OF HIV

The impact of HIV/AIDS on individuals and communities continues to grow, decades after the first identified case of HIV/AIDS has become part of the American experience and lexicon. In fact, most people today have known about HIV and AIDS for most or all their lives.

So will the virus continue to affect us? To fully understand this, we first need to understand the history of HIV.

WHERE DID HIV COME FROM?

Scientists identified a type of chimpanzee in West Africa as the source of HIV infection in humans. They believe the chimpanzee version of the immunodeficiency virus was most likely transmitted to humans and mutated into HIV when humans hunted these chimpanzees for meat and came into contact with their infected blood. Studies show HIV may have jumped from apes to humans as far back as the late 1800s. The virus slowly spread across Africa and later into other parts of the world. HIV has existed in the United States since at least the mid- to late 1970s.

No matter where it originated or how it became an infection unique to humans, HIV has managed to become a global pandemic effecting virtually every country, social strata, race, ethnicity and sexual orientation.

TRACKING THE VIRUS AND ITS TREATMENTS

1981: First identified case

1981 – the Centers for Disease Control and Prevention (CDC) identified the first cases of a new complex of diseases and conditions in otherwise healthy men who reported having sex with other men, people who shared needles and people who received blood products. The first clients to start seeing the infection in New York and San Francisco. CDC originally referred to this complex as GRID, Gay Related Immune Deficiency, but quickly changed it to Acquired Immune Deficiency, or AIDS as it became clear that gay and bisexual men were not the only ones affected

1984: Causative Agent Discovered

Working independently, the National Institutes of Health in the United States and the Pasteur Institute in France identified the causative agent as Human T-cell Lymphotropic Virus III, or HTLV-III. European researchers referred to the virus as Lymphadenopathy Associated Virus or LAV until 1986, when the scientific community agreed on Human Immunodeficiency Virus, or HIV, as the cause of AIDS. Also, the CDC for the first time announced that HIV could be transmitted by sex and/or needle sharing.

1985: Blood Tests Become Available

In March, a blood test became available that could detect HIV antibodies. The sole purpose of this test was to screen the nation's blood supply to reduce HIV infections contracted through blood products.

1986 AZT is Discovered

AZT, a failed cancer drug, was tested as an HIV treatment for the first time. The trial was so successful that researchers stopped the study, not wanting to withhold medication from the placebo group.

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1987 AZT is Approved as Treatment for HIV

AZT was approved by the Federal Food and Drug Administration.

1988 the Florida Omnibus AIDS Act

The Florida legislature passed the Omnibus AIDS Act, prohibiting discrimination against persons who have HIV or AIDS.

1996 – Protease Inhibitors

Doctors started to prescribe combinations of medications, including new protease inhibitors, to control HIV. These “cocktails” were a treatment breakthrough, offering much brighter prospects for people living with HIV and AIDS.

1997 - HIV infection reporting began in Florida in July

2000: NAAT Test Adopted

The American Association of Blood Banks adopted the NAAT or NAT test. This highly sensitive nucleic acid amplification test is used to screen all donated blood and blood products and greatly reduces the risk of HIV transmission through blood transfusion.

2004 – Rapid Testing Begins

U.S. Food and Drug Administration (FDA) approves the use of oral fluid samples with a rapid HIV diagnostic test kit that provides the result in approximately 20 minutes

2006 – Number of Deaths and New Infections Falls for the First Time

The number of AIDS-related deaths and new HIV infections fell for the first time since the epidemic began 25 years before. According to the most recent estimates, about 33.3 million people are living with HIV today.

2009 – Lifting of the HIV Travel and Immigration Ban

Officials lift the HIV travel and immigration ban in January 2010 by removing the final regulatory barriers to entry. The lifting of the travel ban occurs in conjunction with the announcement that the International AIDS Conference will return to the United States for the first time in more than 20 years. The conference would be held in Washington, DC in 2012. The ban is officially lifted January 3, 2010.

2010: HIV-Reduction Strategy Introduced

The Office of National AIDS Policy releases the first AIDS Strategy for the United States. This strategy is designed to be a roadmap for states, territories and communities to help reduce HIV incidence, increase access to care and optimize health outcomes, as well as reduce HIV-related disparities.

PrEP is First Announced

The National Institutes of Health (NIH) announce the results of the iPrEx study, showing that a daily dose of HIV drugs reduced the risk of HIV infection among HIV-negative men who have sex with men by 44%, supporting the concept of pre-exposure prophylaxis (PrEP) in a targeted population.

2011

A new CDC study (TDF2) and a separate trial (the Partners PrEP study) provide the first evidence that a daily oral dose of antiretroviral drugs used to treat HIV infection can also reduce HIV acquisition among uninfected individuals exposed to the virus through heterosexual sex.

2012: Florida Adds New Test

Florida adds a “4th generation” antibody/antigen screening test to the HIV tests performed on blood and plasma samples sent to the Florida Bureau of Laboratories. The confirmation test for these samples was changed to a supplemental test and, if necessary, NAAT.

2012: XIX International AIDS Conference

The conference returned to the United States after 22 years. Located in Washington D.C, it opened amidst a backdrop of tremendous optimism that an end to the HIV epidemic is possible, tempered with recognition that many years of hard work remain ahead.