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***Errata***

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## Errata

*Basic Sciences: HIV Latency and Viral Reservoirs*  
*Sciences fondamentales : Latence du VIH et réservoirs de virus*

### BS4.06

#### An Advanced BLT-humanized Mouse Model for Extended HIV-1 Cure Studies

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Although BLT-humanized mice provide a robust model for HIV-1 infection and enable evaluation of cure strategies dependent on endogenous immune responses, most BLT-humanized mice develop graft versus host disease (GVHD), limiting their utility for extended HIV cure studies. This study aimed to: 1) Evaluate the GVHD-resistant C57BL/6  $\gamma$ CD4 triple knockout (TKO)-BLT mouse as a model to establish HIV-1 latency. 2) Determine whether TKO-BLT mice could be maintained on cART for extended periods of time. 3) Assess viral rebound following therapy interruption. Daily injected and oral cART-mediated suppression of HIV-1 infection was tested at various doses in TKO-BLT mice. Mice were monitored for suppression of viremia and cellular HIV-1 RNA and DNA prior to and following therapy interruption. Mice remained healthy for 45 weeks post-humanization and could be treated with cART for up to 18 weeks. Viremia was suppressed to <200 copies/ml in the majority of mice with significant reductions in cellular HIV-1 RNA and DNA. Treatment interruption resulted in rapid viral recrudescence. In conclusion, HIV-1 latency can be maintained in TKO-BLT mice over extended periods on cART and rapid viral rebound occurs following therapy removal. The additional 15–18 weeks of healthy longevity compared to other BLT models provides time to thoroughly test cure strategies including evaluation of systemic viral RNA and DNA loads and of recrudescence kinetics to assess for reductions in the latent reservoir.

*Epidemiology and Public Health: Interdisciplinary Epidemiology (Biological, Behavioural and Social) of HIV infection, including structural, social and individual determinants*  
*Épidémiologie et santé publique : Épidémiologie interdisciplinaire (biologique, comportementale et sociale) de l'infection au VIH et déterminants structurels, sociaux et individuels*

## EPHP4.07

### How Different Are Invisible and Visible Disabilities in HIV?

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HIV infection has evolved from an infectious disease to a chronic disease in the post-cART era. As people with HIV live into their senior years, they accumulate health challenges both from aging and from HIV. Disability is one of the results of aging and of living with a chronic disease, but these disabilities are not always visible.

The objective is to estimate the prevalence of impairments, activity limitations, and participation restrictions in people living with HIV and the effect of age and sex on these disabilities. Data came from the Positive BHN study, a Canadian cohort of older people living with HIV. The BHN cohort was fully characterized on measures under the framework of the International Classification of Functioning, Disability, and Health model. Binary indicators of disabilities were generated based on self-reported problems and logistic regression was used to assess the contribution of age and sex to the frequency of disability.

A total of 858 men and women (723 men, 135 women) were enrolled in the BHN study. The mean age of the men was 53.3 (SD:8.3) and the women was 50.5 (SD:7.5) years.

The prevalent invisible disabilities were pain, fatigue, low mood, negative body image, low self-esteem, low sleep quality, cognitive problems, planning and organization challenges, symptoms of depression and anxiety, fatigue, and pain.

The prevalence visible disabilities were physical capacity, engagement in physical activities and usual roles, restrictions in social activities performing physically demanding activities, climbing several flights of stairs, bending, kneeling, or stooping, lifting and carrying.

People 60+ had the lowest rates of invisible disabilities and the highest rates of visible disabilities. Women reported higher rates of disabilities, invisible or visible, than men.

As most of the disabilities are actionable, behavioural and rehabilitative interventions should be considered as part of front-line therapy to change this disability profile.

### SSP9.03

#### **Understanding the Experiences of Testing, Treatment, Disclosure and Living Well with HIV: Perspectives of People Living with HIV in Manitoba**

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**Background:** To develop actions that reduce HIV-related stigma and discrimination in Manitoba, a research partnership between individuals and communities affected by HIV, service providers, researchers, and policymakers aimed to understand experiences of HIV stigma and discrimination through the administration of the People Living with HIV Stigma Index (Stigma Index) (UNAIDS et al., n.d).

**Objectives:** Obtain the perspectives of people living with HIV about challenges and opportunities related to: 1) HIV testing and treatment, 2) disclosure, and 3) supports, services, systems and policy changes for living well with HIV.

**Methods:** Adults living with HIV were recruited through organizations and networks. Peer research assistants conducted interviews with participants. Several Stigma Index questions asked participants to describe experiences with testing, treatment, disclosure and living well with HIV. Open-ended responses were audio-recorded, transcribed verbatim and analyzed using inductive qualitative methods.

**Results:** Thirty-nine (39) participants (54% male), completed the open-ended question from the Stigma Index. A commonly reported challenge to HIV testing and diagnosis was fear of test results, often related to perceived lack of widespread awareness of HIV facts and risk of criminalization. Challenges to treatment included complex medication regimes, the costs of medications and healthy living. Participants described disclosure as having both risks and benefits. Some participants felt that avoiding disclosure helped avoid stigmatization. Other participants felt it was important for people to disclose their HIV positive status publicly to increase social awareness of HIV. Some participants described making different disclosure decisions over time and across situations. Importantly, participants offered suggestions for living well with HIV across personal, organizational and institutional levels.

**Conclusions:** Participants living with HIV in Manitoba identified common challenges and provided suggestions for improving testing, treatment retention and living well with HIV. The Manitoba Collective Impact Network can utilize these findings to develop strategies that reduce HIV-related stigma and discrimination.