

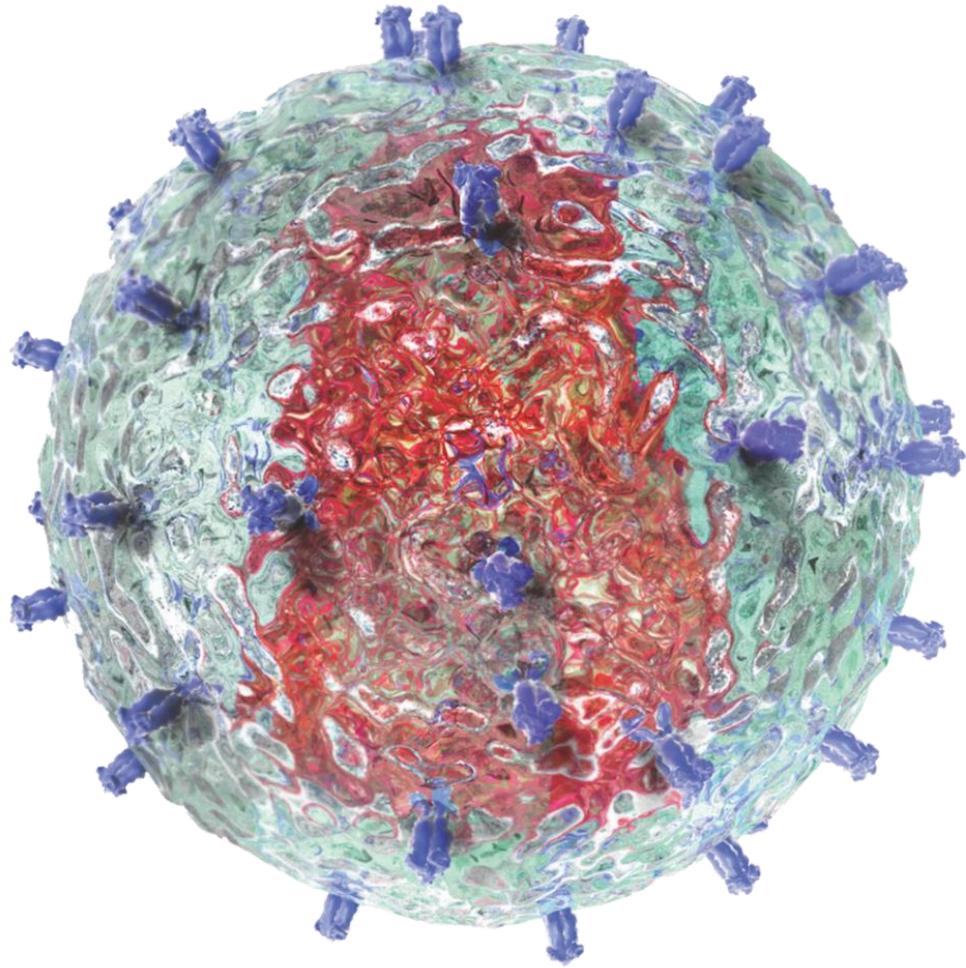
VACCINES FOR HIV: HISTORICAL PERSPECTIVES AND CURRENT CONCEPTS

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William J. Holloway Community Program

ChristianaCare

December 18, 2025



- Understand the historical background of HIV vaccine development and the basics of HIV epidemiology and immunology
- Understand the challenges inherent to HIV vaccine development
- Gain an overview of the wide range and types of HIV vaccine studies
- Understand the next frontier for HIV vaccine development, and challenges inherent to modern times

AGENDA

M M W R

MORBIDITY AND MORTALITY WEEKLY REPORT

- Epidemiologic Notes and Reports
249 Dengue Type 4 Infections in U.S. Travelers to the Caribbean
250 *Pneumocystis* Pneumonia — Los Angeles
Current Trends
252 Measles — United States, First 20 Weeks
253 Risk-Factor-Prevalence Survey — Utah
259 Surveillance of Childhood Lead Poisoning — United States
International Notes
261 Quarantine Measures

Epidemiologic Notes and Reports

Pneumocystis Pneumonia — Los Angeles

In the period October 1980-May 1981, 5 young men, all active homosexuals, were treated for biopsy-confirmed *Pneumocystis carinii* pneumonia at 3 different hospitals in Los Angeles, California. Two of the patients died. All 5 patients had laboratory-confirmed previous or current cytomegalovirus (CMV) infection and candidal mucosal infection. Case reports of these patients follow.



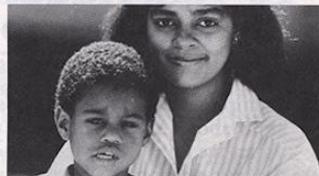
Under- standing AIDS

What Do You Really Know About AIDS?

Are You At Risk?

AIDS And Sex

Why No One Has Gotten AIDS From Mosquitoes



OTIS R. BOWEN, M.D.,
Secretary
U.S. Department of Health and Human Services

AMERICA
RESPONDS
TO AIDS



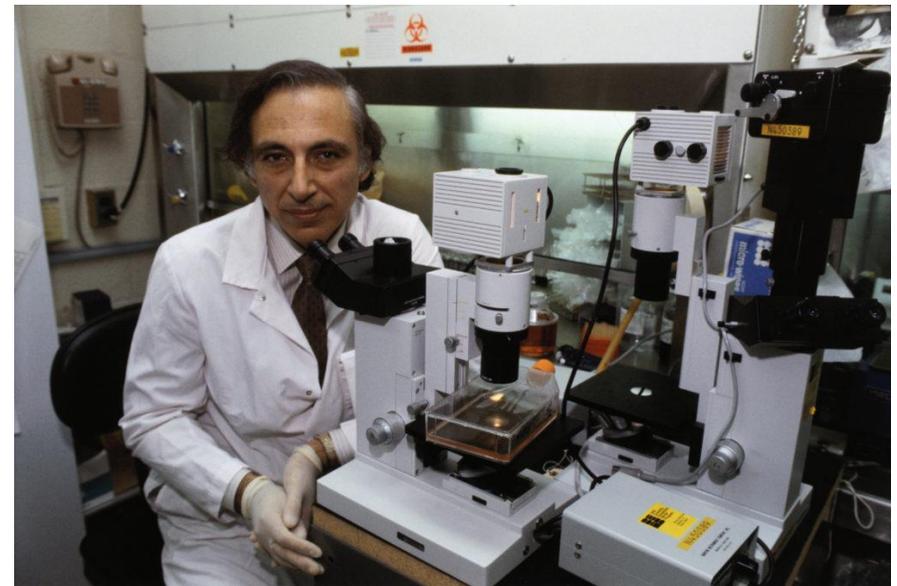
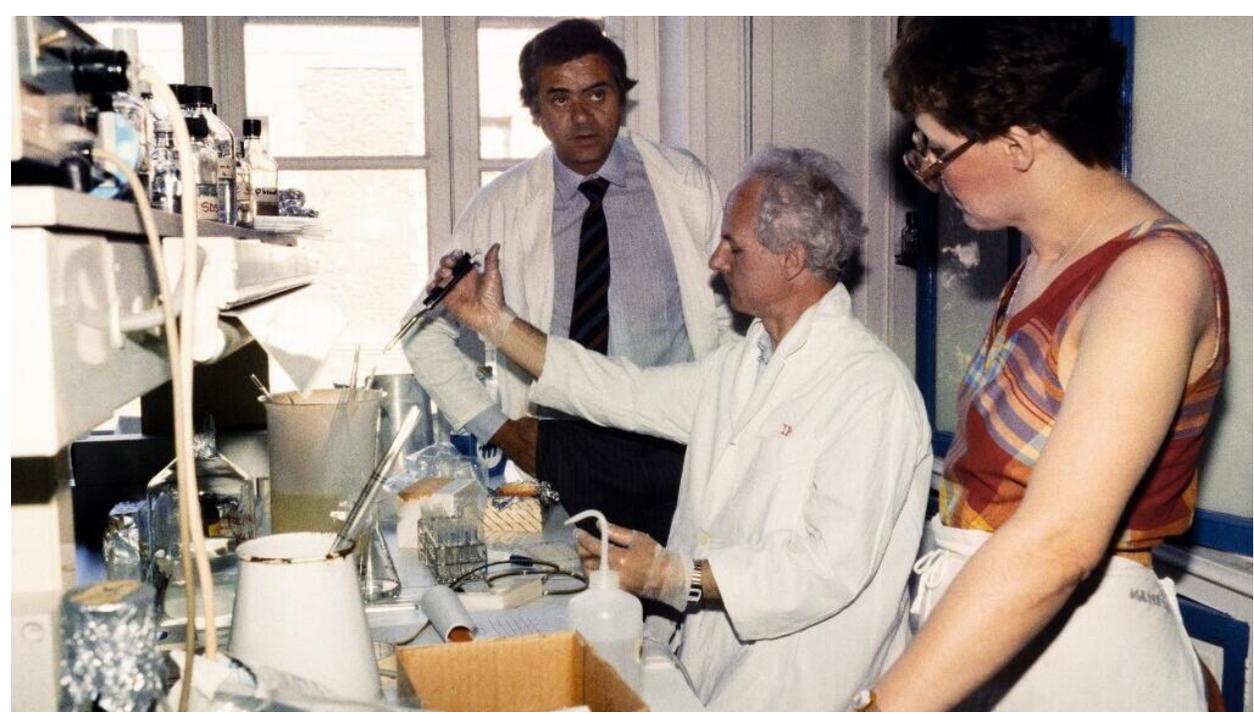
ROBERT E. WINDOM, M.D.,
Assistant Secretary for Health
U.S. Department of Health and Human Services

This brochure has been prepared by the Surgeon General and the Centers for Disease Control, U.S. Public Health Service. The Centers for Disease Control is the government agency responsible for the prevention and control of diseases, including AIDS, in the United States.

**JULY 27, 1982: NEW DISEASE
NAMED ACQUIRED
IMMUNODEFICIENCY
SYNDROME (AIDS)**



1983: PASTEUR INSTITUTE RESEARCHERS ISOLATE THE HUMAN IMMUNODEFICIENCY VIRUS (HIV)



Global HIV epidemic – incidence and mortality since 2010

2023
Globally

39.9 million

People living with HIV

+25%

Relative to 2010



1.3 million

People newly infected

- 39%

New infections/year
relative to 2010

0.63 million

HIV-related deaths

- 51.5%

Deaths/year
relative to 2010

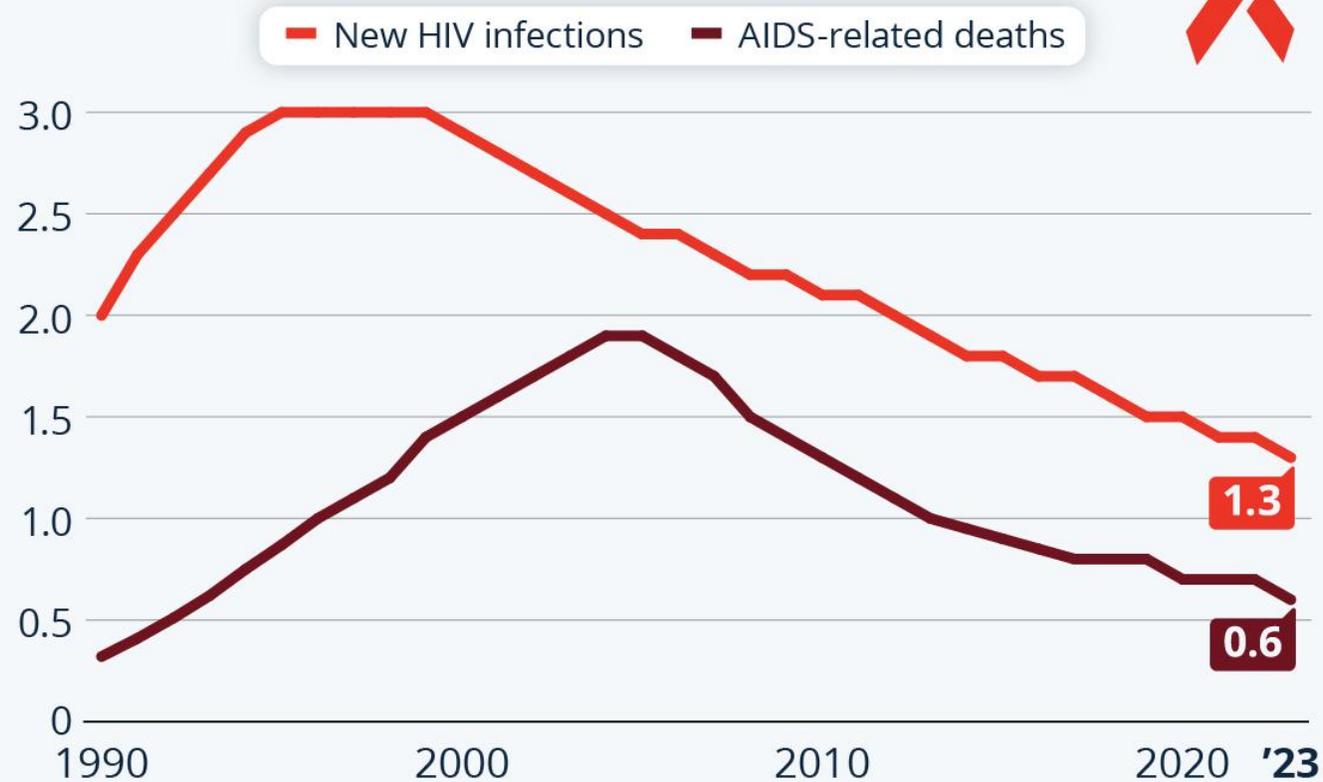
Source: UNAIDS/WHO and HIV.gov



World Health
Organization

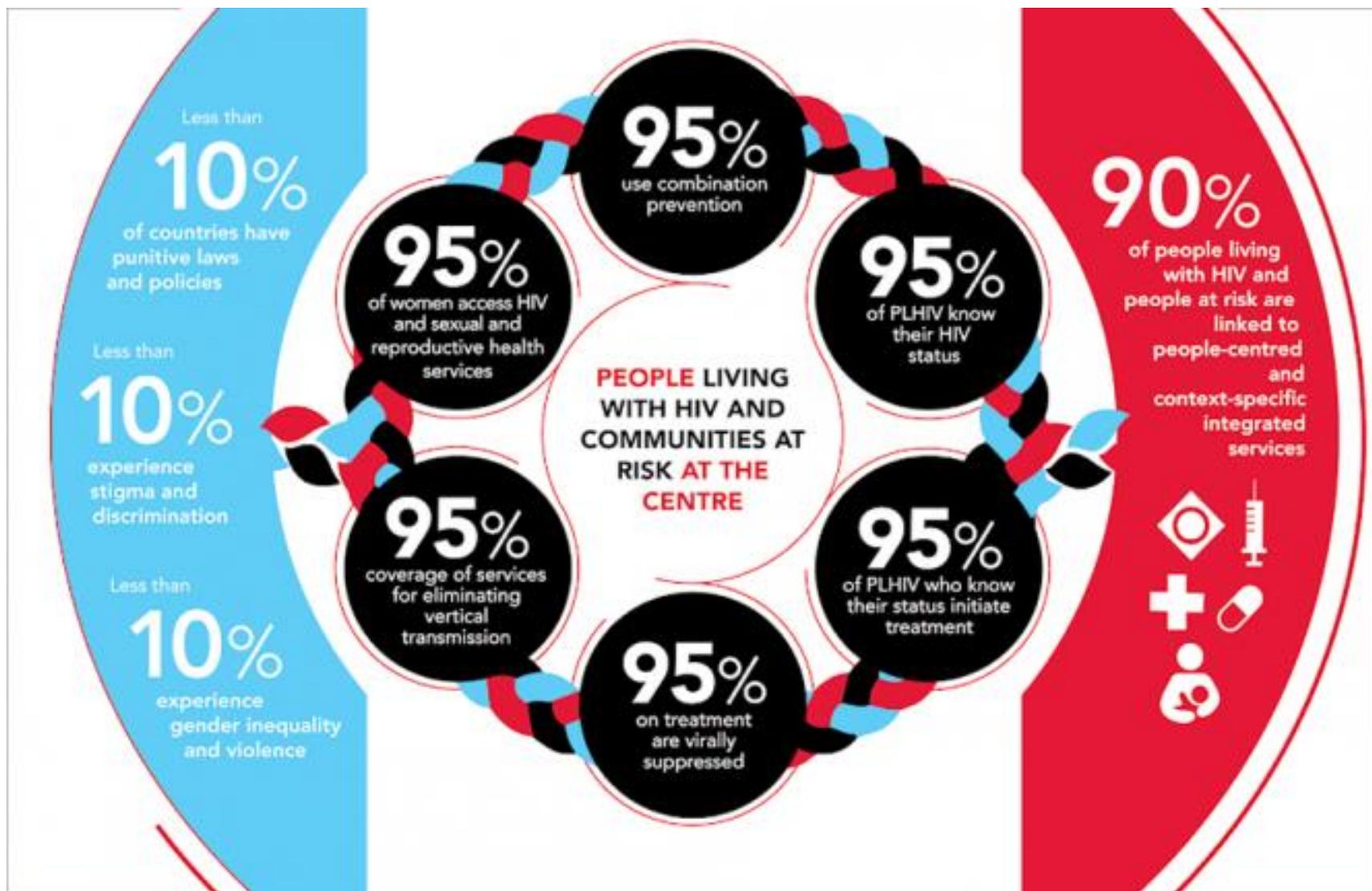
New Annual HIV Infections Still Above the One-Million Mark

Estimated number of new global HIV infections and AIDS-related deaths (in millions)

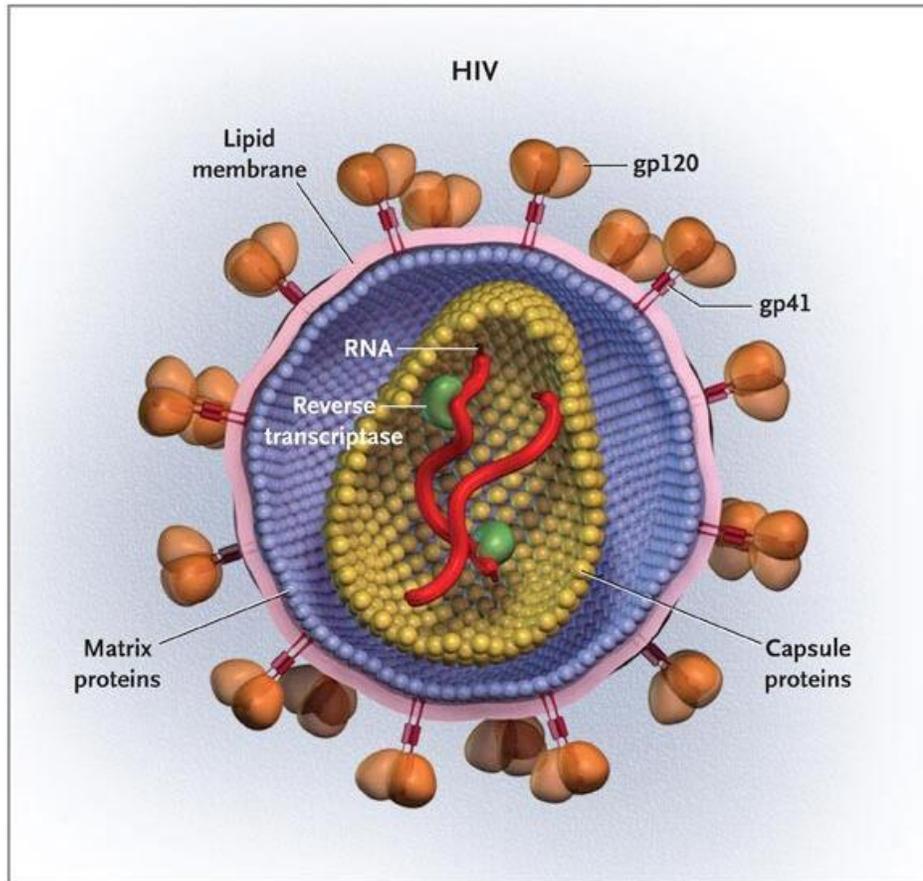


Source: UNAIDS





HIV VACCINE DEVELOPMENT IS CHALLENGING!



- Not readily recognized by immune system
- Hidden protein targets for neutralizing antibodies
- Huge genetic variation for vaccine to block
- No natural blueprint for protective immunity → no one has cleared HIV on their own
- Complex HIV biology: Must neutralize HIV before DNA inserted into cell nuclei
- Result: Traditional approaches have failed!

CAN WE SUCCEED?

- HIV mutates rapidly
- An HIV vaccine will not be like others
- We cannot mimic the immune responses of recovered patients
- Inactivated HIV not effective at eliciting an immune response
- Live form of HIV is too dangerous to use
- Vaccines most effective against rare encountered pathogens, high-risk groups may be exposed daily



Progress Toward an HIV VACCINE



Development of a **safe, effective, preventive HIV vaccine** remains key to realizing a durable **end to the HIV/AIDS pandemic**. NIAID and its global partners are pursuing numerous research strategies to develop next-generation vaccine candidates.

Developing an HIV vaccine is challenging

HIV **mutates rapidly** and has unique ways of evading the immune system.



MOST VACCINES

...mimic the immune responses of recovered patients. There are no documented cases of a person living with HIV developing an immune response that cleared the infection. Researchers are working to define and understand the responses that may protect against HIV.

...are inactivated or weakened viruses. Inactivated HIV was not effective at eliciting immune responses in clinical trials. A live form of HIV is too dangerous to use.



...are effective against pathogens that are rarely encountered. People in high-risk groups might be exposed to HIV daily.

But we've made progress

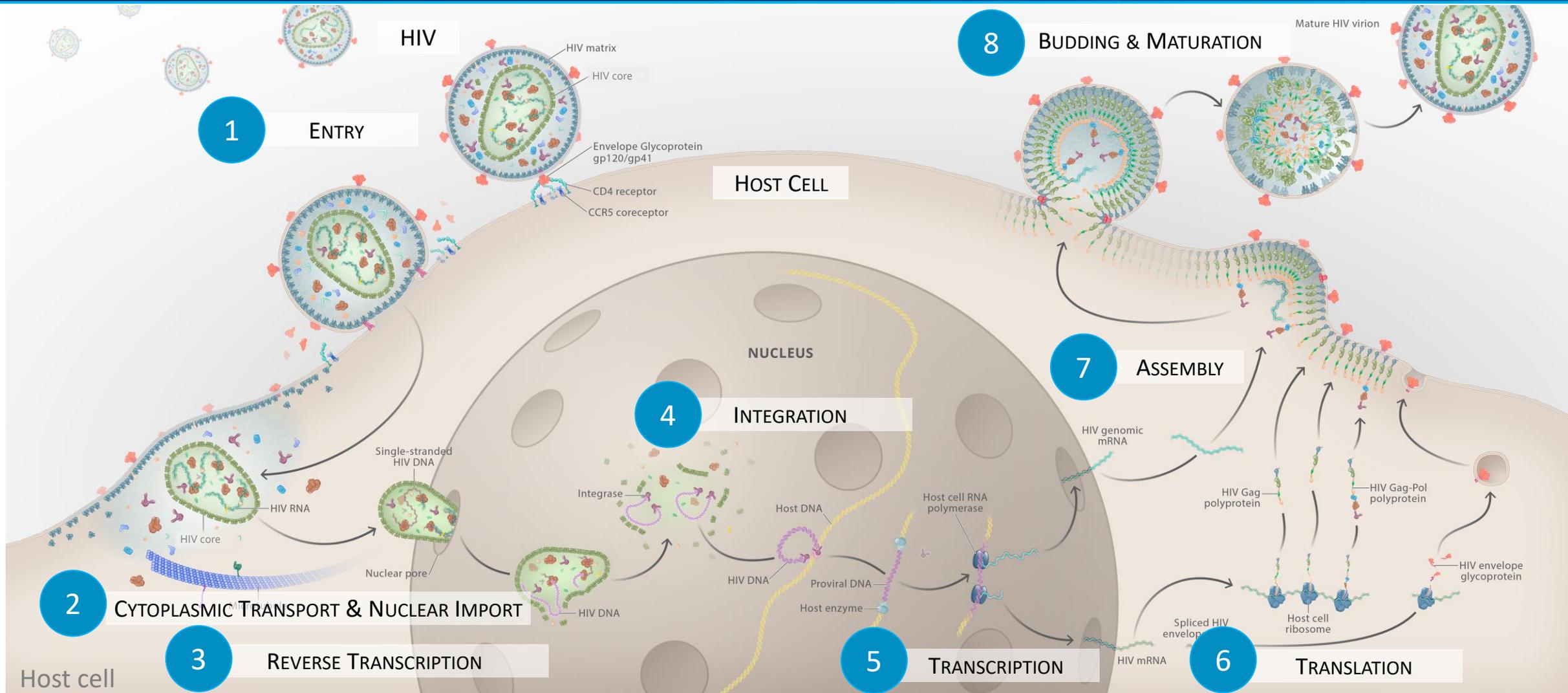


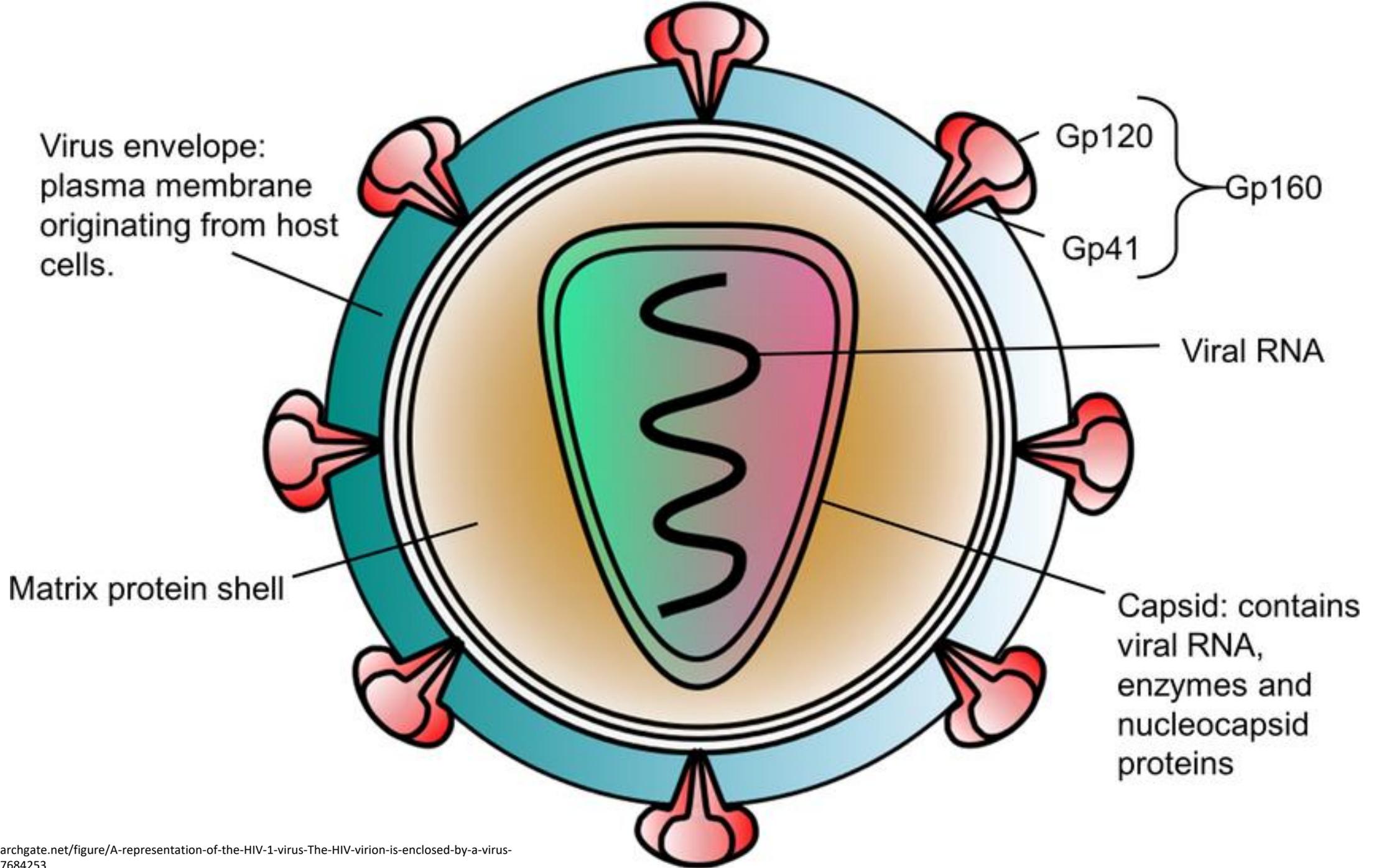
Results from the landmark **RV144** clinical trial in Thailand, reported in 2009, provided the first signal of HIV vaccine efficacy: a 31 percent reduction in HIV infection among vaccinees. RV144 evaluated the safety and efficacy of a **prime-boost** combination of two vaccine components given in sequence: one using a harmless virus as a **vector**—or carrier—to deliver HIV genes and a second containing a protein found on the HIV surface.



Broadly neutralizing antibodies, or **bNAbs**, can stop many HIV strains from infecting human cells in the laboratory. A minority of people living with HIV naturally produce bNAbs, but usually too late after infection to overcome the virus. Researchers have isolated bNAbs from the blood of people living with HIV and are studying them in detail in an effort to design novel vaccine candidates.

HIV LIFE CYCLE





ENTRY

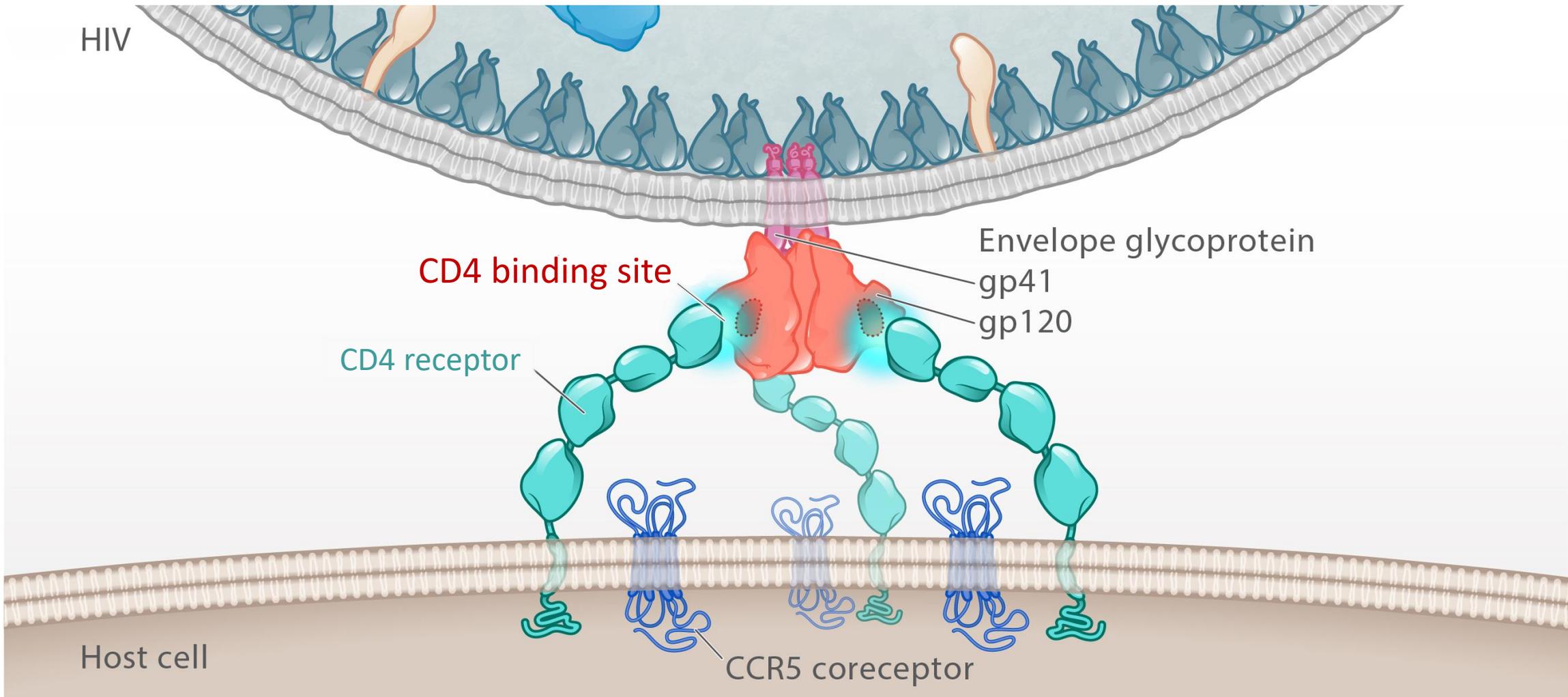
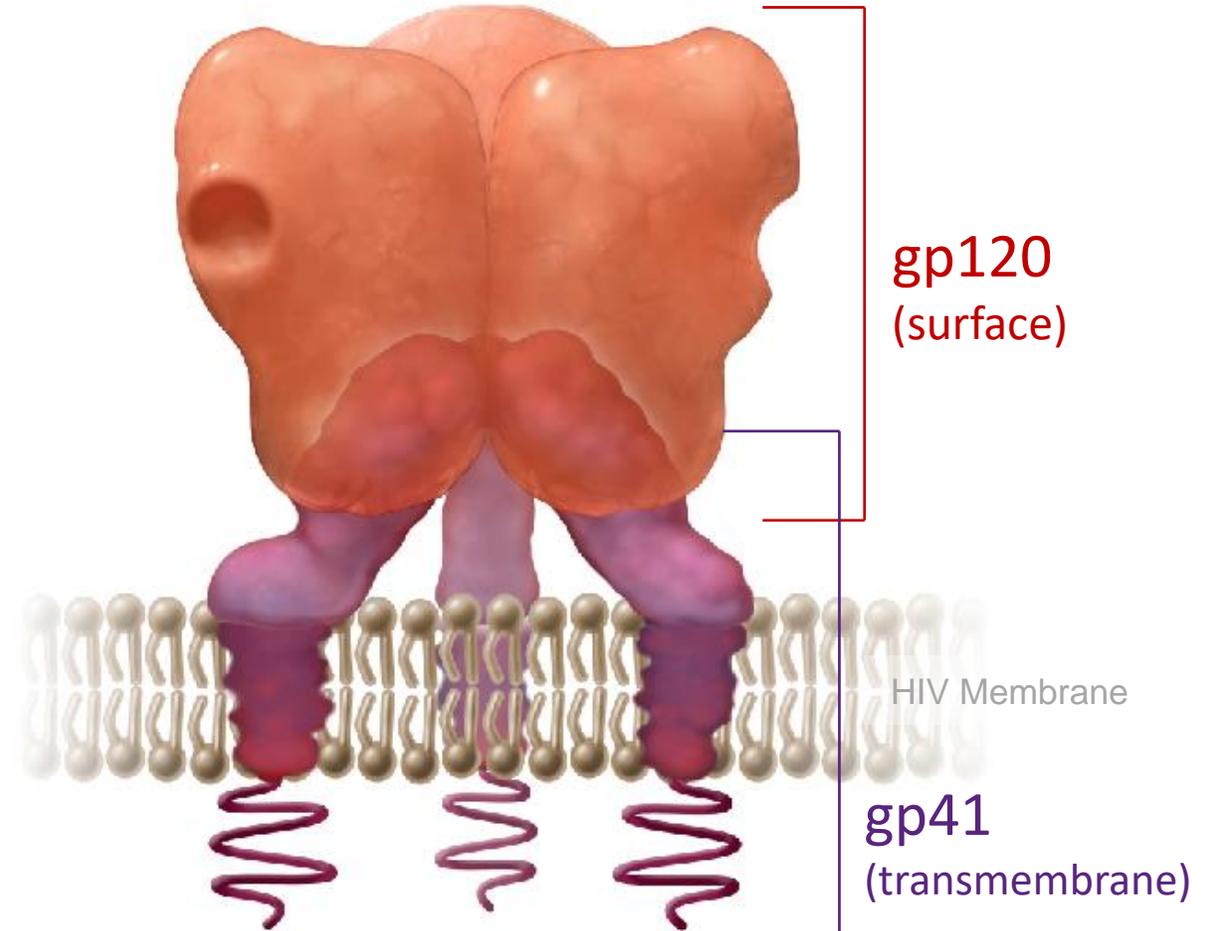


Illustration: Cognition Studio, Inc. and David H. Spach, MD

HIV ENVELOPE GLYCOPROTEINS: GP120 AND GP41 SUBUNITS

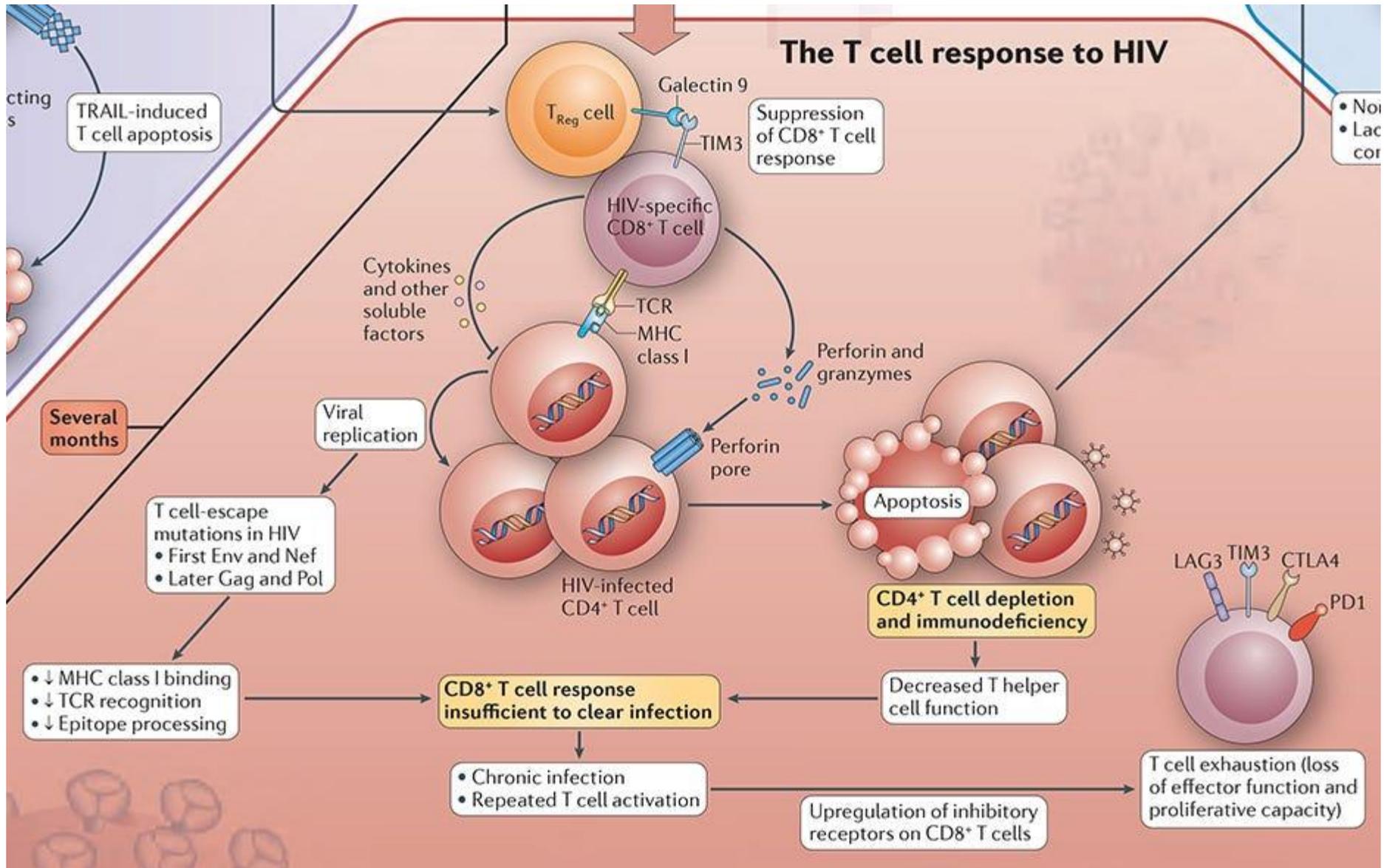


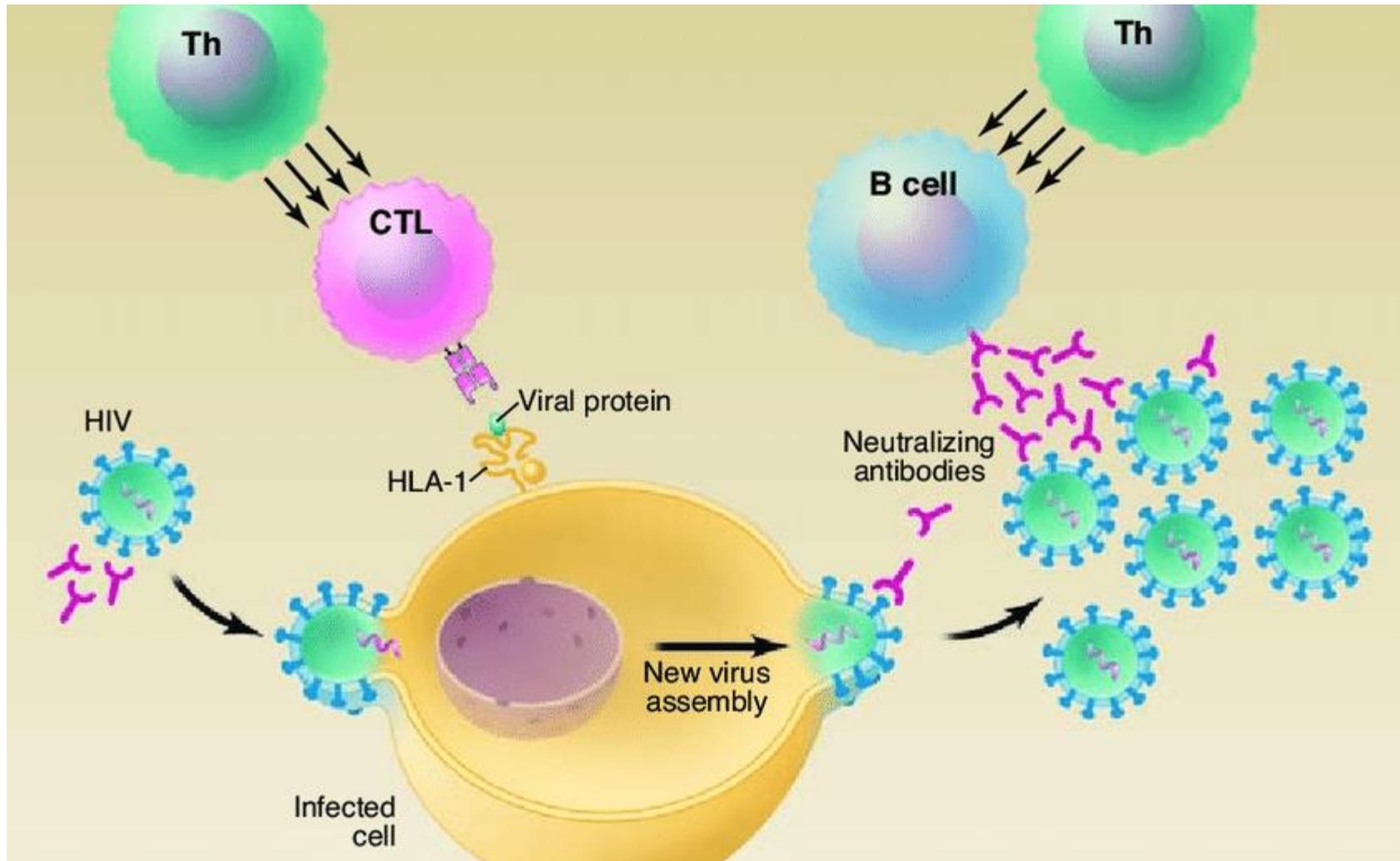
HIV Envelope Trimer



Trial	Years	Vaccine Components and Platforms	Adjuvants	Population and Phase	Outcome/Efficacy
VAX004	1998–2003	Bivalent gp120 (subtype B/B) protein subunit	Alum	MSM, High-risk Women; Phase 3	Vaccine efficacy (VE) 6% (95% CI –17 to 24)—not significant.
VAX003	1998–2003	Bivalent gp120 (subtype B/E) protein subunit	Alum	Injection drug users; Phase 3	VE 0% (95% CI –7 to 6). Highlighted limited protection from single protein immunogens.
STEP (HVTN 502)	2004–2007	Recombinant Ad5 vector encoding gag, pol, nef	None	MSM; Phase 2b	VE –18% overall; HR 1.4 (Ad5-seropositive uncircumcised subgroup). Indicates possible increased risk in some Ad5-seropositive individuals.
Phambili (HVTN 503)	2007	Recombinant Ad5 vector encoding gag, pol, nef	None	General; Phase 2b	Halted due to STEP results; Interim VE –69% (wide CI)
RV144	2003–2009	Canarypox vector (ALVAC) prime; gp120 protein boost (AIDSVAX B/E)	Alum	General community; Phase 3	VE 31.2% (95% CI 1.1–52.1) at 42 months, Demonstrated importance of prime-boost approach.
HVTN 505	2009–2013	DNA plasmid prime (Env, Gag, Pol, Nef) and Ad5 vector boost (Env, Gag-Pol)	None	MSM, Trans women; Phase 2b	VE –25%; $p = 0.44$. Underscored limits of DNA/Ad5 platform for HIV prevention.
HVTN 100	2015	ALVAC-HIV (subtype C Env, clade B Gag/Pol) prime; gp120 protein boost	MF59	General; Phase 1b	Immunogenic. 80% V1V2-IgG responders; GMT 1:–6300, but neutralization limited to Tier-1 strains
HVTN 702 (Uhambo)	2016–2020	ALVAC-HIV subtype C prime; gp120 subtype C protein boost	MF59	Adults at risk; Phase 2b/3	HR 1.02 (95% CI 0.81–1.30) → 0% VE. Illustrated challenges in translating RV144 efficacy to different populations and HIV strains.
Imbokodo (HVTN 705)	2017–2021	Ad26 vector mosaic Env, Gag-Pol prime; subtype C gp140 protein boost	Alum	High-risk women; Phase 2b	VE 14% (95% CI –22 to 40) months 7–24. Highlighted difficulties in inducing protective immune responses against diverse HIV variants.
Mosaico (HVTN 706)	2019–2023	Ad26 vector mosaic Env, Gag-Pol prime; mosaic gp140 protein boost	Aluminum Phosphate	MSM, Transgender; Phase 3	Futility stop; VE $\approx 0\%$. Further indicated limitations of mosaic immunogen approaches.
AMP Studies (HVTN 703/704)	2016–2021	Passive immunization with VRC01 bnAb	None	General; Phase 2b	Overall VE 0%; 75% VE vs. VRC01-sensitive viruses (IC ₈₀ < 1 µg/mL), demonstrating strain specificity and need for bnAb combinations.
IAVI G001	2021	Germline-targeting eOD-GT8 60mer nanoparticle immunogen	None	General; Phase 1	97% (35/36) generated VRC01-class precursors Represents a promising new strategy for inducing bnAbs.
HVTN 302	2022–Present	mRNA vaccines encoding different stabilized HIV Env antigens	Lipid nanoparticles	General; Phase 1	Phase 1 safety; early data show >90% binding-IgG seroconversion by day 28

Strategy/Platform	Key Antigen (s)	Primary Immune Goal	Representative Trials
Broadly neutralizing antibody (bnAb) induction	Conserved Env epitopes (CD4bs, V3-glycan, fusion peptide, MPER) presented as stabilized trimers, germline-targeting nanoparticles, or mRNA-encoded Env	Serum bnAb titers (ID ₅₀ ≥ 1:200 against global panel)	IAVI G001 (eOD-GT8), HVTN 302 (BG505 MD39 mRNA)
Non-neutralizing/Fc-effector antibodies	V1V2 loop, gp120 outer domain, gp41 HR2	ADCC, ADCP, complement; correlate seen in RV144	RV144 (ALVAC + gp120), HVTN 100/702
Polyfunctional CD4 ⁺ /CD8 ⁺ T-cell vaccines	Conserved Gag, Pol, Nef, or HTI mosaics delivered by Ad26, MVA, DNA	Cytolytic T _{RM} , IFN-γ/IL-2 polyfunctionality	STEP, Phambili, Imbokodo, Mosaico
Mucosal-immunity approaches	Vaginal/nasal gp140, intranasal Env+TLR7/8, RhCMV vectors	Secretory IgA; genital/rectal T _{RM}	CN54 intravaginal Phase I; RhCMV/SIV macaque studies
Passive immunization (bnAb combinations)	VRC01, 10-1074, PGT121, tri-specific antibodies	Canarypox vector (ALVAC) prime; gp120 protein boost (AIDSVAX B/E)	AMP VRC01, CAPRISA-012 VRC07-523LS/CAP256V2LS
Vectored immunoprophylaxis	AAV-encoded bnAb genes (PG9, eCD4-Ig)	Immediate, strain-breadth neutralization (IC ₈₀ ≤ 1 μg/mL)	AAV-PG9 Phase 1 (Lancet HIV 2019)







**DHHS SECRETARY
MARGARET HECKLER,
1984: “AN AIDS
VACCINE WILL BE
READY FOR TESTING
IN 2 YEARS”**

IN THE BEGINNING...

- Private sector enterprise
- MicroGeneSys → VaxSyn (gp160 envelope protein preventive vaccine)
- Dr. Jonas Salk → Remmune (“whole-killed,” therapeutic vaccine)
- Both progressed to Phase 2 trials, but by mid-1990s were seen to have failed





LATE 1980S: SHIFT FROM INDUSTRY → ACADEMIA

- NIH declined further funding for simple subunit protein vaccines by mid-1990s
- Standard industry approach doubted (envelope protein, whole-killed virus)
- NIAID involvement begins
- Comprehensive funding: National Cooperative Vaccine Development Groups for AIDS

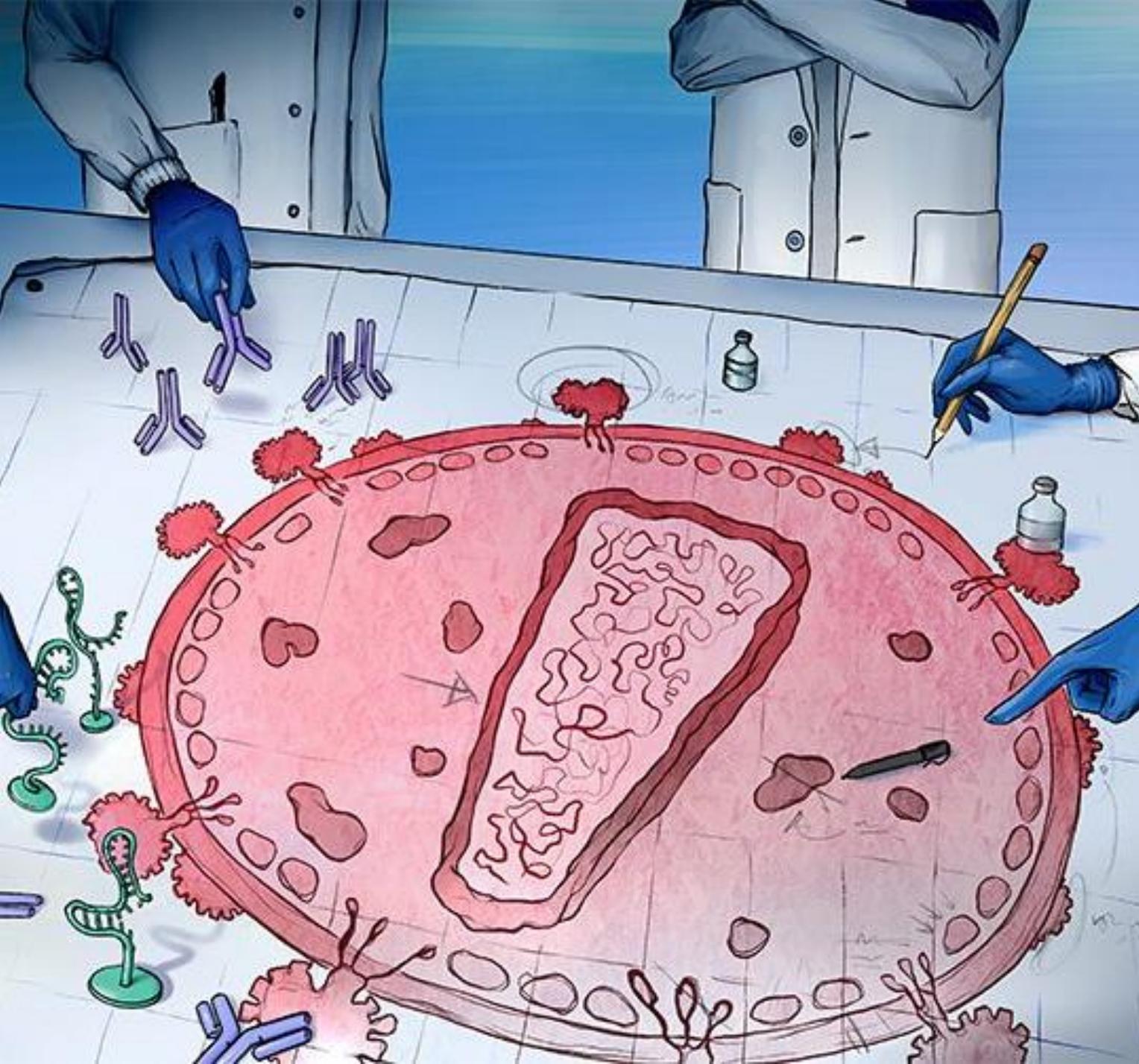
1987: FIRST HIV VACCINE TRIAL OPENED AT NIH IN BETHESDA, MARYLAND: 138 HEALTHY, HIV-NEGATIVE VOLUNTEERS

- MICROGENESYS GP160 VACCINE**
- MOSTLY MEN WHO HAVE SEX WITH MEN**





1988: NIAID AIDS VACCINE EVALUATION GROUP (AVEG), FIRST U.S. COOPERATIVE HIV VACCINE CLINICAL TRIALS GROUP



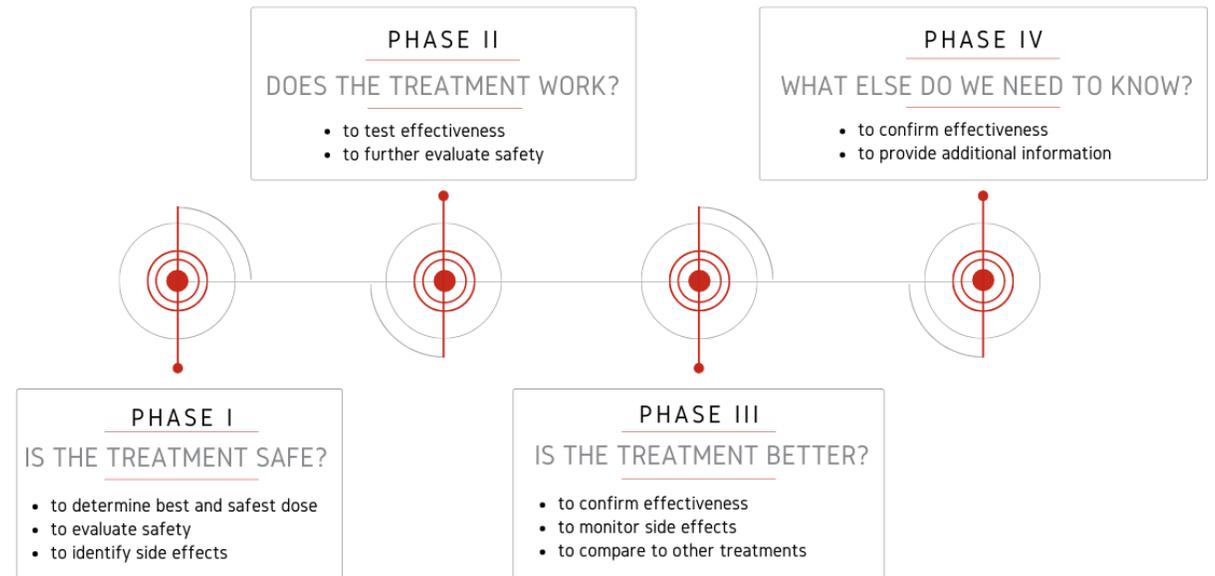
AVEG: EXAMPLE OF A COMPREHENSIVE AND COLLABORATIVE APPROACH

- AIDS vaccine evaluation units
- Data coordinating and analysis center
- Central immunology laboratory
- Mucosal immunology laboratory
- Viral immunology laboratory

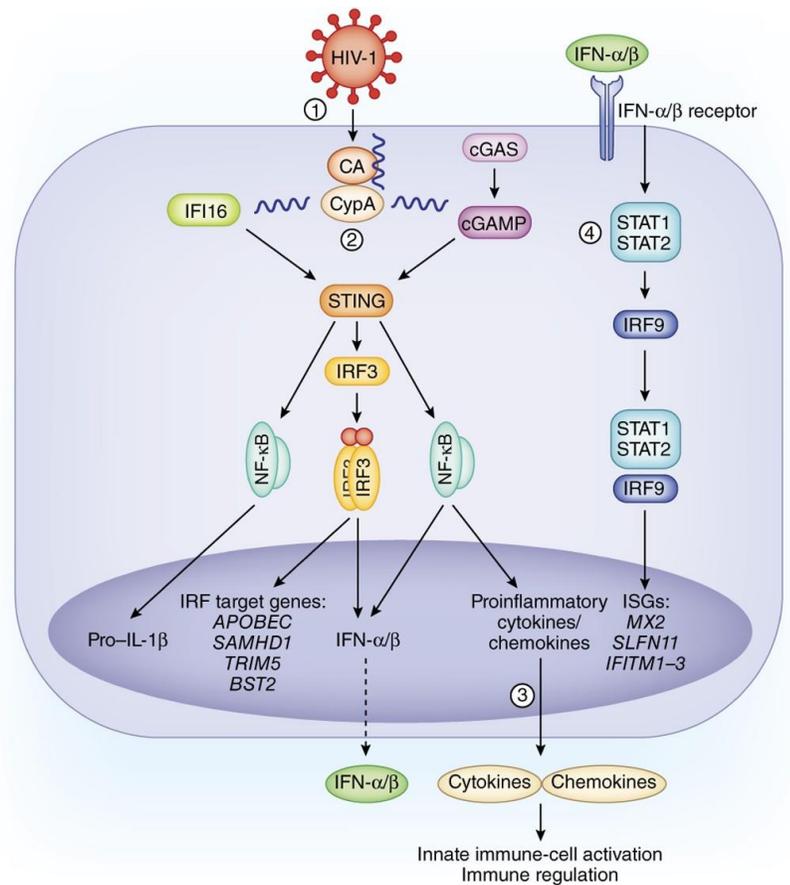
1992: FIRST PHASE 2 HIV VACCINE CLINICAL TRIAL: SAFETY AND IMMUNOGENICITY

THE 4 PHASES IN CLINICAL TRIALS

DIAGRAM RESEARCH



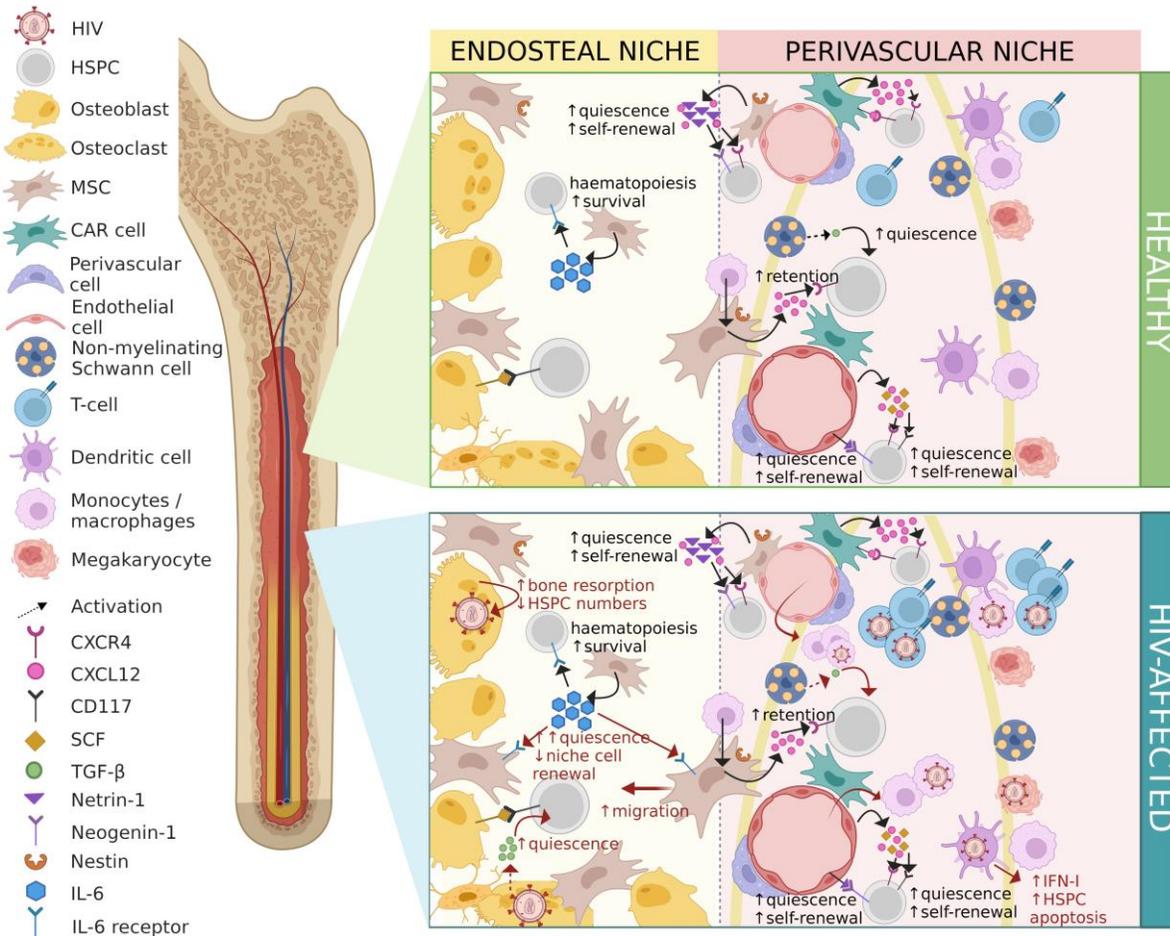
YOUR EXPERT FOR PHASE II-IV TRIALS - diagramresearch.com/trials



Kim Caesar/Nature Publishing Group

- NIH Levine Committee (1996)
- “Back to basics” → allocate funding to immunology research, engage immunologists
- Enlist expert academics (genesis of HIV Vaccines Trials Network)
- Shift from “mission oriented” to iterative approach: Multiple successive trials → better understanding and efficacy
- HIV Vaccine Research and Design program (HIVRAD): Basic research funding continues to this day

**SLOW
PROGRESS**

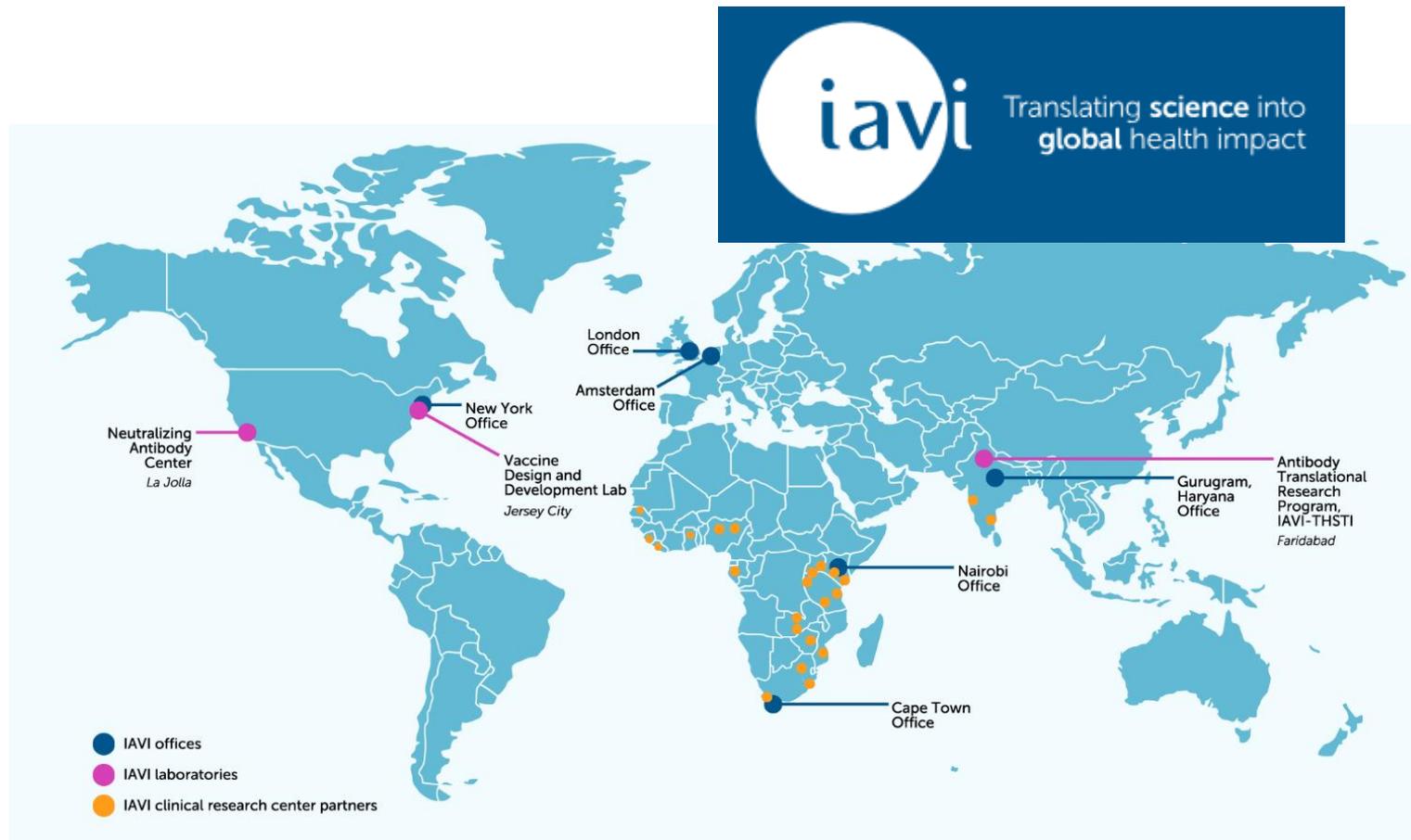


1994: RESEARCHERS ISOLATE FIRST HUMAN ANTIBODY THAT NEUTRALIZES 75% OF HIV STRAINS

- FROM BONE MARROW OF ASYMPTOMATIC HIV-INFECTED MAN
- FIRST BROADLY NEUTRALIZING ANTIBODY (BNAB)

1996: INTERNATIONAL AIDS VACCINE INITIATIVE (IAVI)

- The Rockefeller Foundation
- Nonprofit international initiative
- \$128 million in revenue
- Staff in 7 countries
- Labs in New Jersey, California, and India

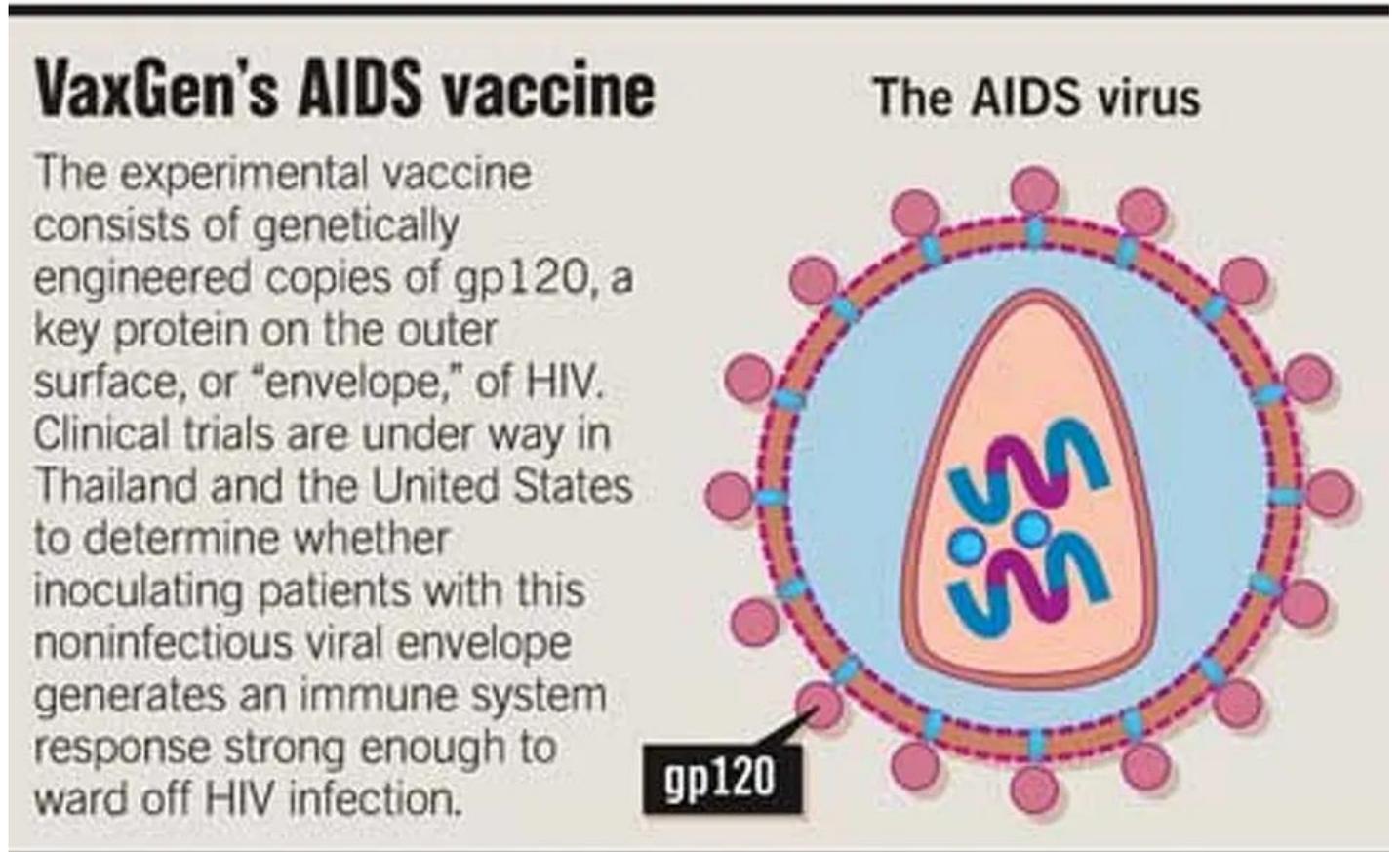




**MAY 18, 1997:
PRESIDENT BILL
CLINTON ANNOUNCES
GOAL TO DEVELOP AN
AIDS VACCINE WITHIN
A DECADE, WORLD
AIDS VACCINE DAY**

1998: FIRST LARGE-SCALE HIV VACCINE TRIAL BEGAN (VAXGEN PHASE 3 TRIAL OF AIDSVAX, NORTH AMERICA AND NETHERLANDS)

- GP120 USED AS
ANTIGEN



Atlanta Journal-Constitution Graph

[History of HIV Vaccine Research | NIAID: National Institute of Allergy and Infectious Diseases](#)
[AIDS vaccine developer VaxGen hedging bets with new venture](#)

Shim I, Rogowski L, Venketaraman V. Progress and Recent Developments in HIV Vaccine Research. *Vaccines* (Basel). 2025 Jun 26;13(7):690. doi: 10.3390/vaccines13070690. PMID: 40733667; PMCID: PMC12298520.

1999: FIRST AFRICAN PREVENTIVE HIV VACCINE TRIAL (NIAID, UGANDA), FIRST LARGE-SCALE HIV VACCINE TRIAL IN DEVELOPING COUNTRY (THAILAND)



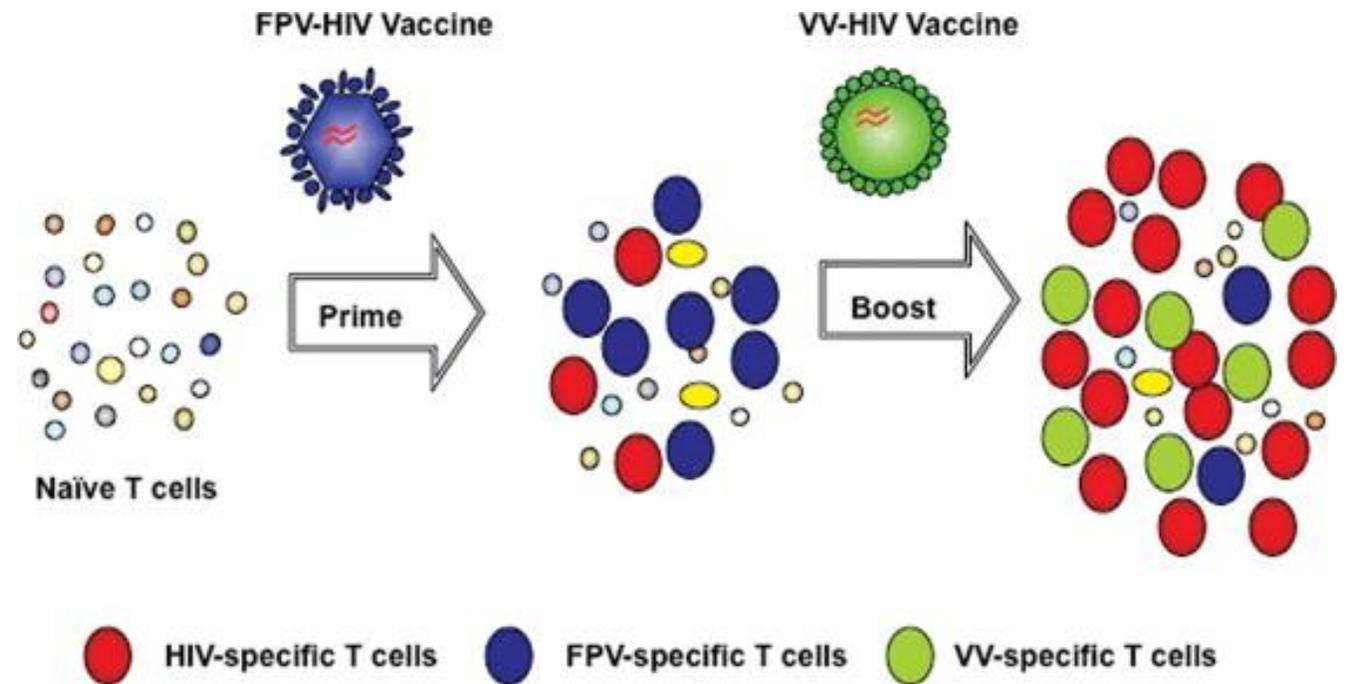
1999: VACCINE RESEARCH CENTER (VRC) ESTABLISHED ON NIH CAMPUS, FOCUSED ON HIV AND OTHER PATHOGENS



**2000: NIAID FORMS
THE HIV VACCINE
TRIALS NETWORK
(HVTN), 25 SITES IN
THE U.S., AFRICA,
ASIA, SOUTH
AMERICA, AND THE
CARIBBEAN**



2003: U.S. AND THAI GOVERNMENTS JOINTLY INITIATE RV144, PHASE 3 TRIAL EVALUATING “PRIME BOOST”

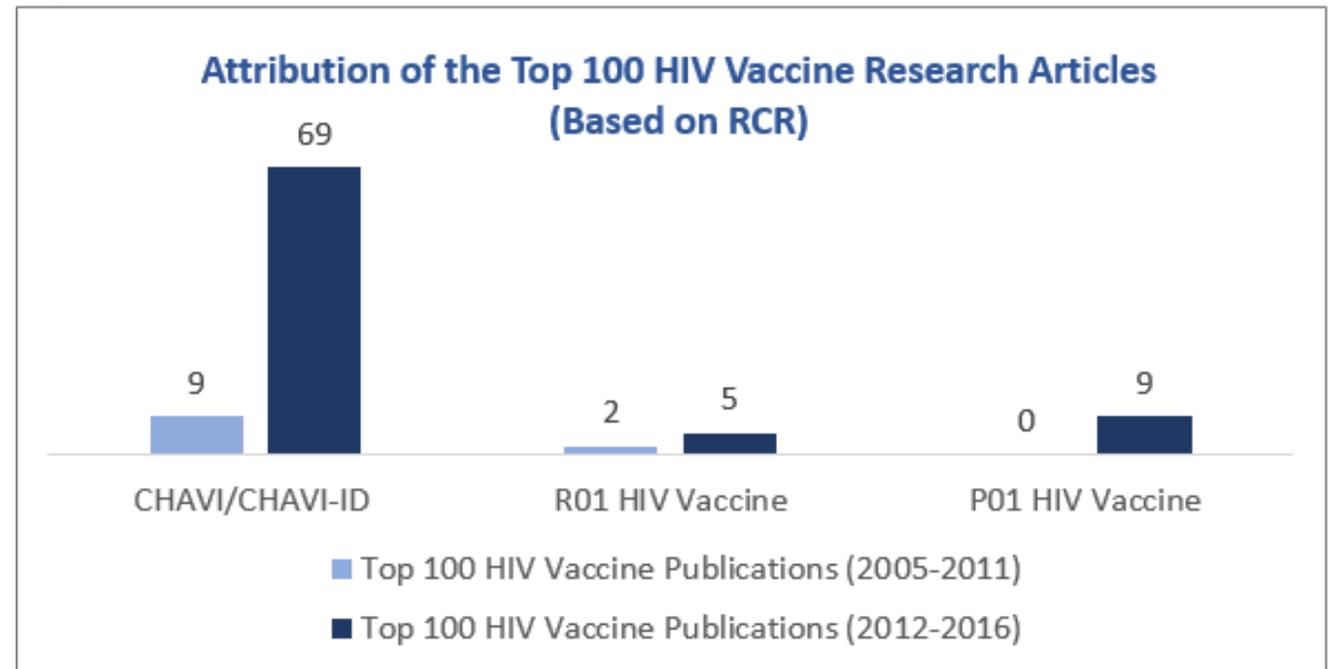


**2004: BOTH VAXGEN CANDIDATES FAILED TO
CONFER PROTECTION IN PHASE 3 TRIALS**

The logo for VaxGen, featuring the word "VaxGen" in a bold, blue, sans-serif font. The "V" is significantly larger than the other letters. A horizontal line extends from the end of the "n". Above the text is a large, light-colored, semi-circular shape that resembles a sun or a stylized arch.

VaxGen

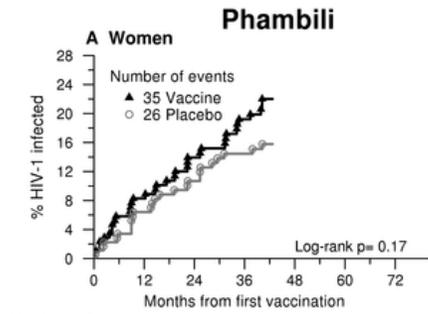
**2005: NIAID
ANNOUNCES \$300
MILLION FOR
CENTER FOR
HIV/AIDS VACCINE
IMMUNOLOGY
(CHAVI)**



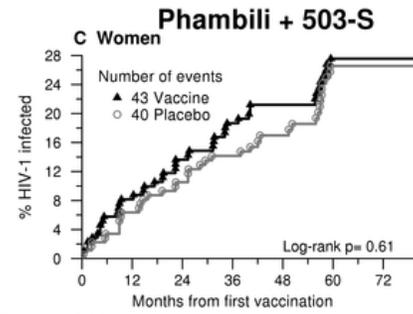


2006: BILL AND MELINDA GATES FOUNDATION AWARDS \$287 MILLION TO ESTABLISH THE COLLABORATION FOR AIDS VACCINE DISCOVERY (CAVD)

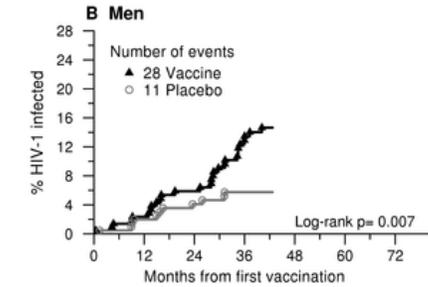
2007: NIAID HALTED PHASE 2 STEP AND PHAMBILI STUDIES DUE TO SAFETY CONCERNS



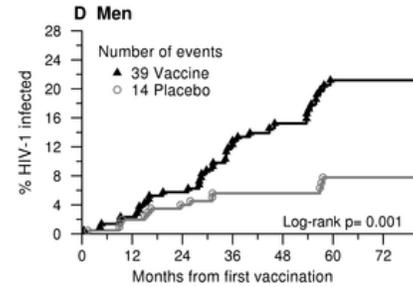
Numbers at risk				
Vaccine	178	150	135	121
Placebo	181	155	143	132



Numbers at risk							
Vaccine	178	154	140	129	99	91	75
Placebo	181	158	149	139	104	92	78



Numbers at risk				
Vaccine	222	202	179	157
Placebo	219	189	177	162



Numbers at risk							
Vaccine	222	206	189	172	128	119	90
Placebo	219	194	183	172	129	126	109

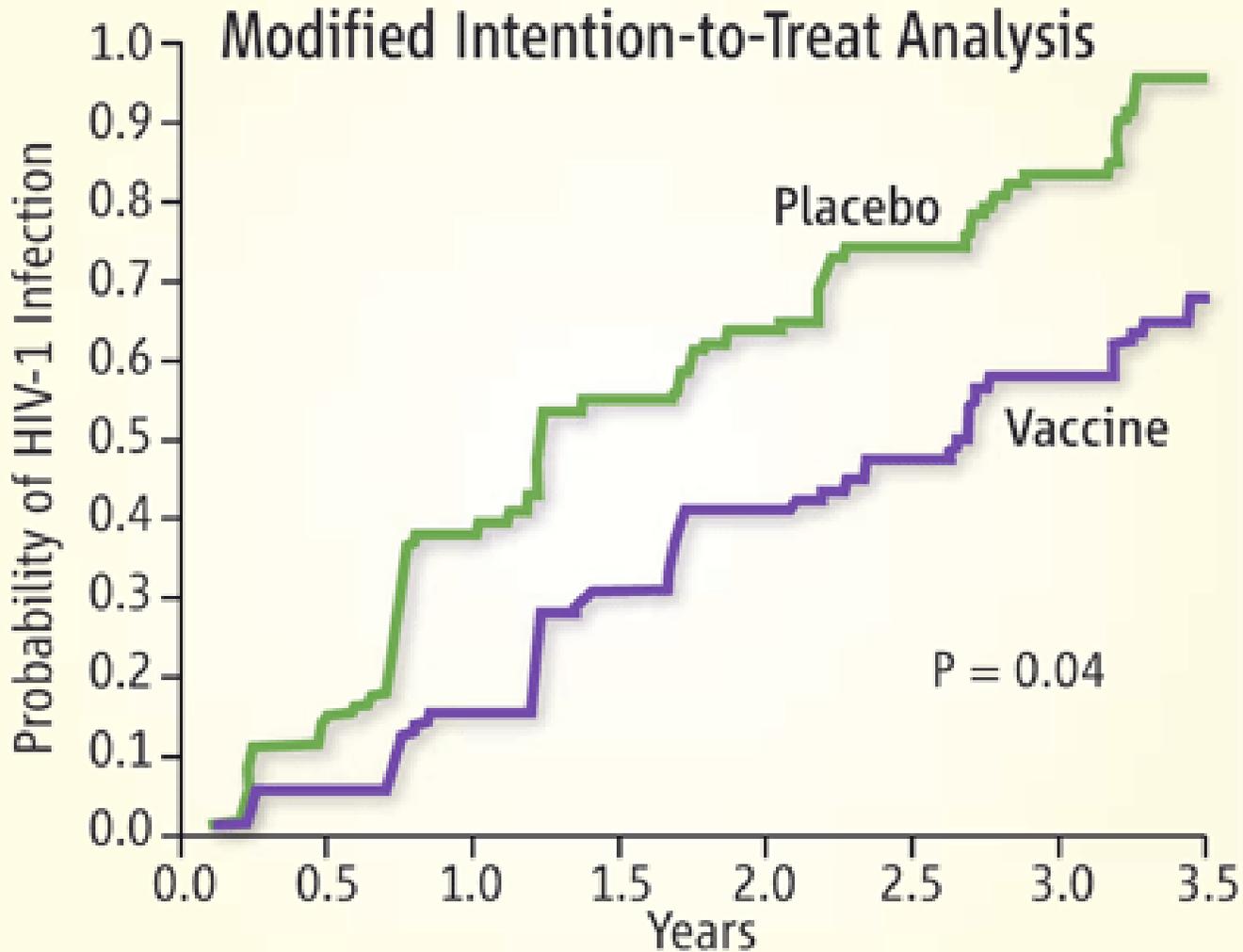
- Shift from antibody-inducing simple subunit envelope protein vaccine
- Phase 2B efficacy trials of CD8 CTL-inducing HIV vaccine
- Failed to protect against infection
- May have increased the risk of infection in some subgroups
- Consensus: “Overreliance” on T-cell approach, probably not adequate



[History of HIV Vaccine Research | NIAID: National Institute of Allergy and Infectious Diseases](#)

Shapiro SZ. HIV Vaccine Development: 35 Years of Experimenting in the Funding of Biomedical Research. *Viruses*. 2020 Dec 19;12(12):1469. doi: 10.3390/v12121469. PMID: 33352755; PMCID: PMC7767134.

Shim I, Rogowski L, Venketaraman V. Progress and Recent Developments in HIV Vaccine Research. *Vaccines (Basel)*. 2025 Jun 26;13(7):690. doi: 10.3390/vaccines13070690. PMID: 40733667; PMCID: PMC12298520.



2009: FIRST AND ONLY LARGE CLINICAL TRIAL TO DEMONSTRATE EFFICACY FOR INVESTIGATIONAL HIV VACCINE (PHASE 3 THAI TRIAL, RV144)

- “PRIME-BOOST”: TWO VACCINES IN SEQUENCE, VIRAL VECTOR + PROTEIN SUBUNIT
- 31% EFFICACY IN PREVENTION OF HIV ACQUISITION
- BUT: NO NEUTRALIZING ANTIBODY OR CYTOTOXIC T-CELL RESPONSES
- 2019: TRIAL ABANDONED

[History of HIV Vaccine Research | NIAID: National Institute of Allergy and Infectious Diseases](#)

[Beyond Thailand: Making Sense of a Qualified AIDS Vaccine "Success" | Science](#)

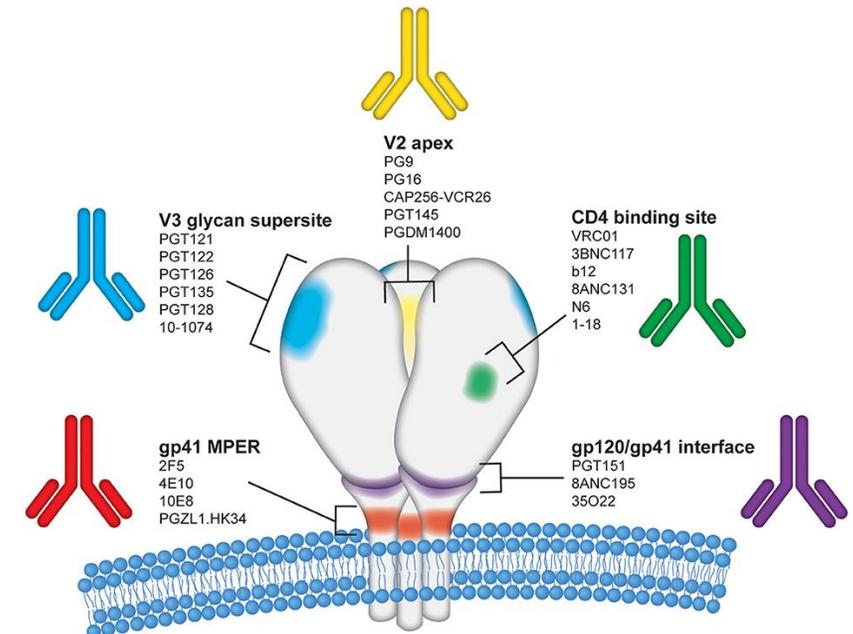
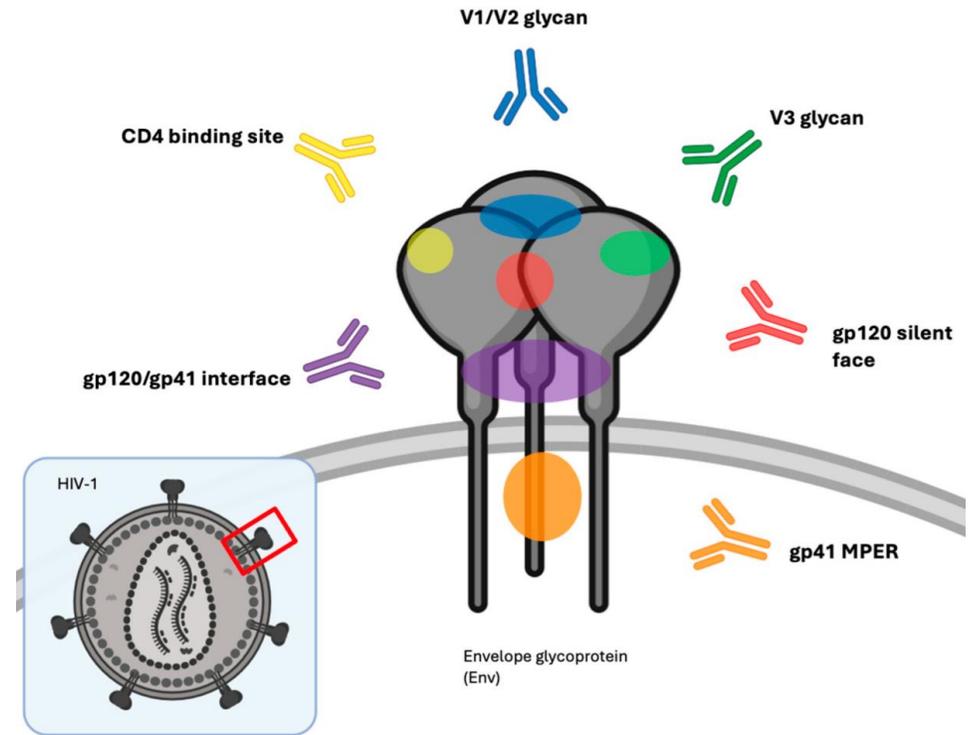
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[Progress Toward an HIV Vaccine](#)

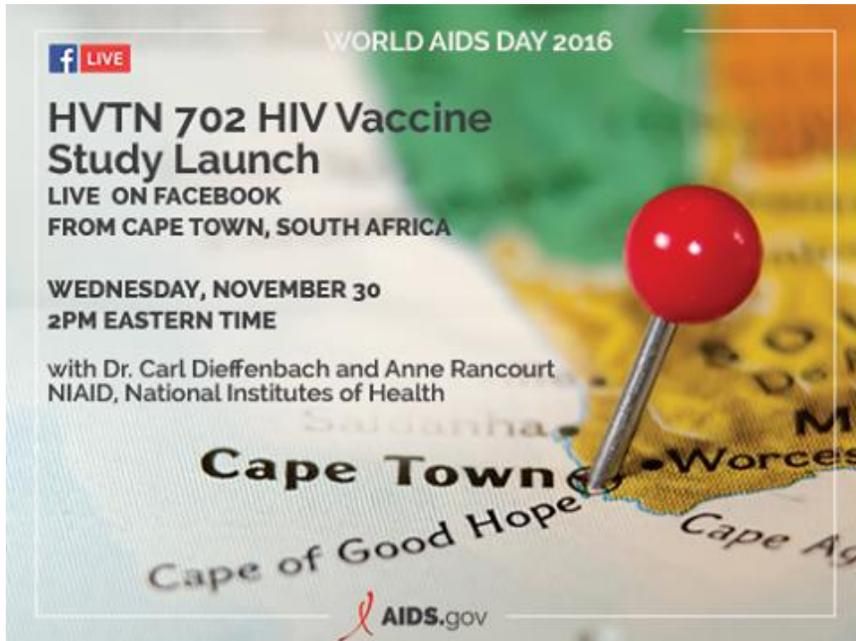
2009, A NEW ERA: BROADLY NEUTRALIZING ANTIBODIES (BNABS)

- Neutralizing Antibody Center established : IAVI and The Scripps Research Institute in California
- IAVI isolated bnAbs from large cohorts living with HIV in Africa, India, Thailand, Australia, U.K., and U.S.
- Bill and Melinda Gates Foundation
- Can block HIV infection in the lab
- 2021 study: Possible to protect people from HIV infection
- Circulating HIV strain and bnAbs must be well matched
- Level of bnAbs in the blood must be very high
- Template for further research

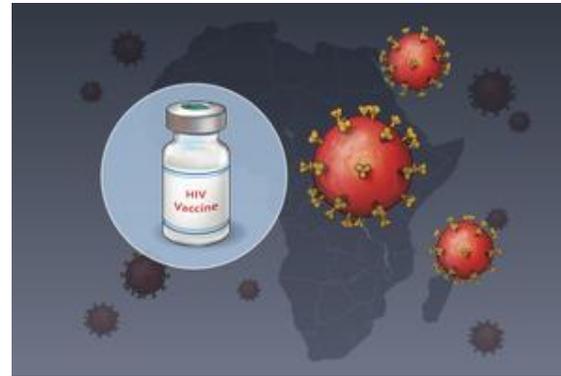


<https://www.iavi.org/iavi-report/hiv-vaccine-research-funding-faces-an-uncertain-future/>

Shapiro SZ. HIV Vaccine Development: 35 Years of Experimenting in the Funding of Biomedical Research. *Viruses*. 2020 Dec 19;12(12):1469. doi: 10.3390/v12121469. PMID: 33352755; PMCID: PMC7767134.



2015: PHASE ½ HVTN 100 STUDY LAUNCHED TO TEST SAFETY OF EXPERIMENTAL HIV VACCINE, BASED ON RV144 FINDINGS



- Progressed to HVTN 702 (South Africa)
- 2020: Stopped for futility, no reduction in HIV infection risk
- Antibody responses did not translate across diverse human or viral populations
- Antibodies produced were of poor quality



Linda-Gail Bekker
ChB, DCh, FCD, MD, PhD
HVTN 100 Co-chair

New regimen tested in an early-phase clinical trial elicited robust immune responses that appeared to be stronger than those observed in a landmark 2009 study showing that a vaccine can protect people from HIV infection. [\[Click to read more\]](#)

“These early-phase trial results show promise. There was a pre-specified set of immune response criteria to signal whether the regimen should move forward into advanced phase testing or not. Those criteria were met, which is why we are currently conducting HVTN 702, an advanced-phase large-scale trial that seeks to understand if the vaccines can prevent HIV infection in human beings.”



2017: NIAID LAUNCHES IMBOKODO/HVTN 705/HPX2008, PHASE 2B PROOF-OF-CONCEPT STUDY: SAFETY AND EFFICACY OF “MOSAIC” VACCINE

- WIDE VARIETY OF GLOBAL HIV STRAINS
- ADENOVIRUS VECTOR
- ONLY 14% EFFICACY
- NOT EFFECTIVE

THE NEXT FRONTIER

- **Germline-Targeting/Sequential Immunogen Design:** Stimulate naïve B-cells
- **Epitope-Focused/Computationally Optimized Immunogens:** Overcome rapid mutation rate by targeting specific viral proteins, use of nanoparticles
- **Improved Adjuvants/Delivery Systems:** Enhance immune response, needle-free systems
- **mRNA Vaccine Technology:** 2022, Moderna/IAVI launched HVTN 302, Phase 1 trial
- **Passive Immunization/Bi-specific Antibodies:** bNAbs

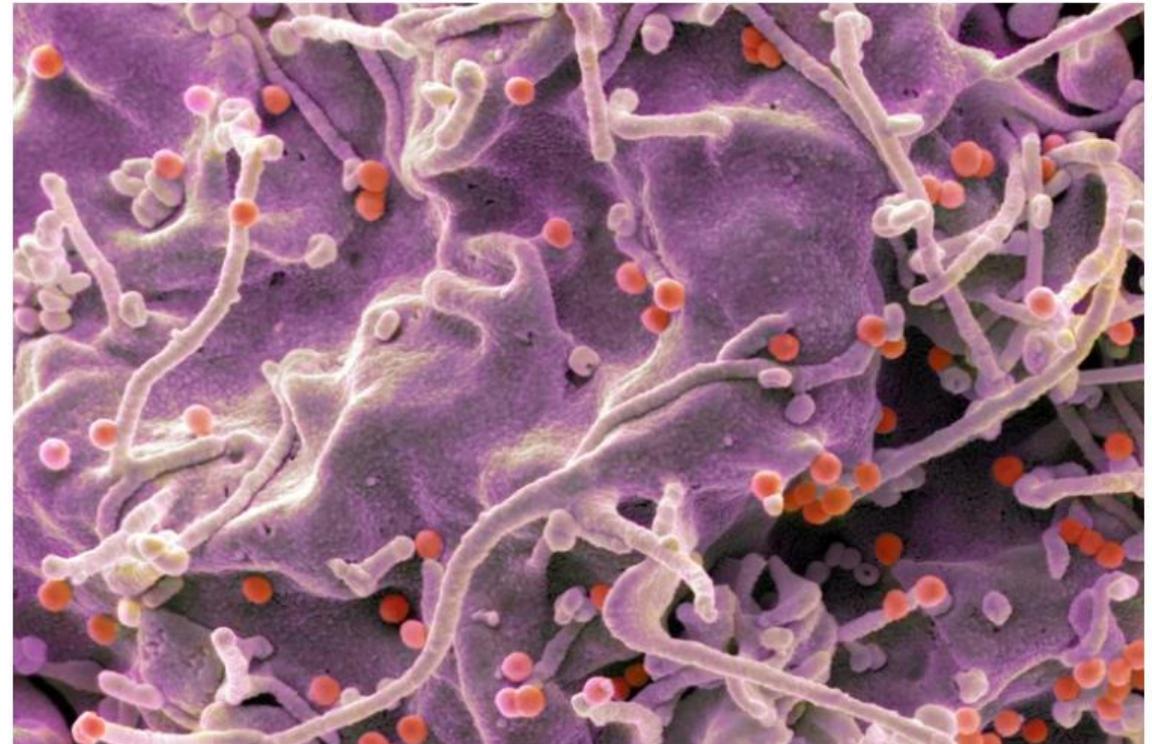
	Subunit protein	mRNA	Viral vectors
Vaccine regimen	<p>Carrier-conjugated FP (prime) ± Env Gp140 trimer (boost)</p>	<p>Sequential mRNAs expressing germline-targeting immunogens</p>	<p>Human cytomegalovirus vector and Adenovirus</p>
Vaccine concept	Neutralising antibodies	Neutralising antibodies and some T-cell responses	T-cell responses and some neutralising antibodies
Target immune response	<p>Broadly neutralising antibodies → HIV variants</p>	<p>Broadly neutralising antibodies → HIV variants</p>	<p>Cross-reactive T cells → HIV variants</p>

- Early-stage clinical trial
- Two mRNA vaccine candidates
- 80% of participants produced antibodies that could block HIV entry into cells
- Recent trials in the U.S., Rwanda, and South Africa produced a broad immune response

mRNA vaccines for HIV trigger strong immune response in people

Results from early-stage trial show that 80% of participants who received one of two HIV vaccine candidates produced antibodies against viral proteins.

By [Smriti Mallapaty](#)



Federal mRNA funding cut is 'most dangerous public health decision' ever, expert says

Aug 6, 2025 6:55 PM EST

nature

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EDITORIAL | 15 August 2025

Cancelling mRNA studies is the highest irresponsibility

The rest of the world is not following the US government's dangerous path, and will stick with the technology that helped the world out of the COVID-19 pandemic.

The New York Times

Health Policy | Vaccine Questions, Answered | Texas Sues Tylenol Makers | Aluminum in Vaccines | Measles Outbreak | Generic Abortion Pill Approved

Kennedy Cancels Nearly \$500 Million in mRNA Vaccine Contracts

That kind of shot was first used during the Covid-19 pandemic, but the health secretary has been sharply critical of the technology.

NOVEMBER 18, 2025 | 19 MIN READ

Personalized mRNA Vaccines Will Revolutionize Cancer Treatment—If Funding Cuts Don't Doom Them

Vaccines based on mRNA can be tailored to target a cancer patient's unique tumor mutations. But crumbling support for cancer and mRNA vaccine research has endangered this promising therapy

SCI AM

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How Cuts to mRNA Vaccine Development Will Set the U.S. Back

mRNA vaccines' potential to treat infectious diseases, chronic diseases, and even cancer may be stalled with cuts to funding.

NBC NEWS U.S. NEWS POLITICS WORLD LOCAL SPORTS HEALTH EARLY BLACK FRIDAY DEALS TIPLINE WATCH

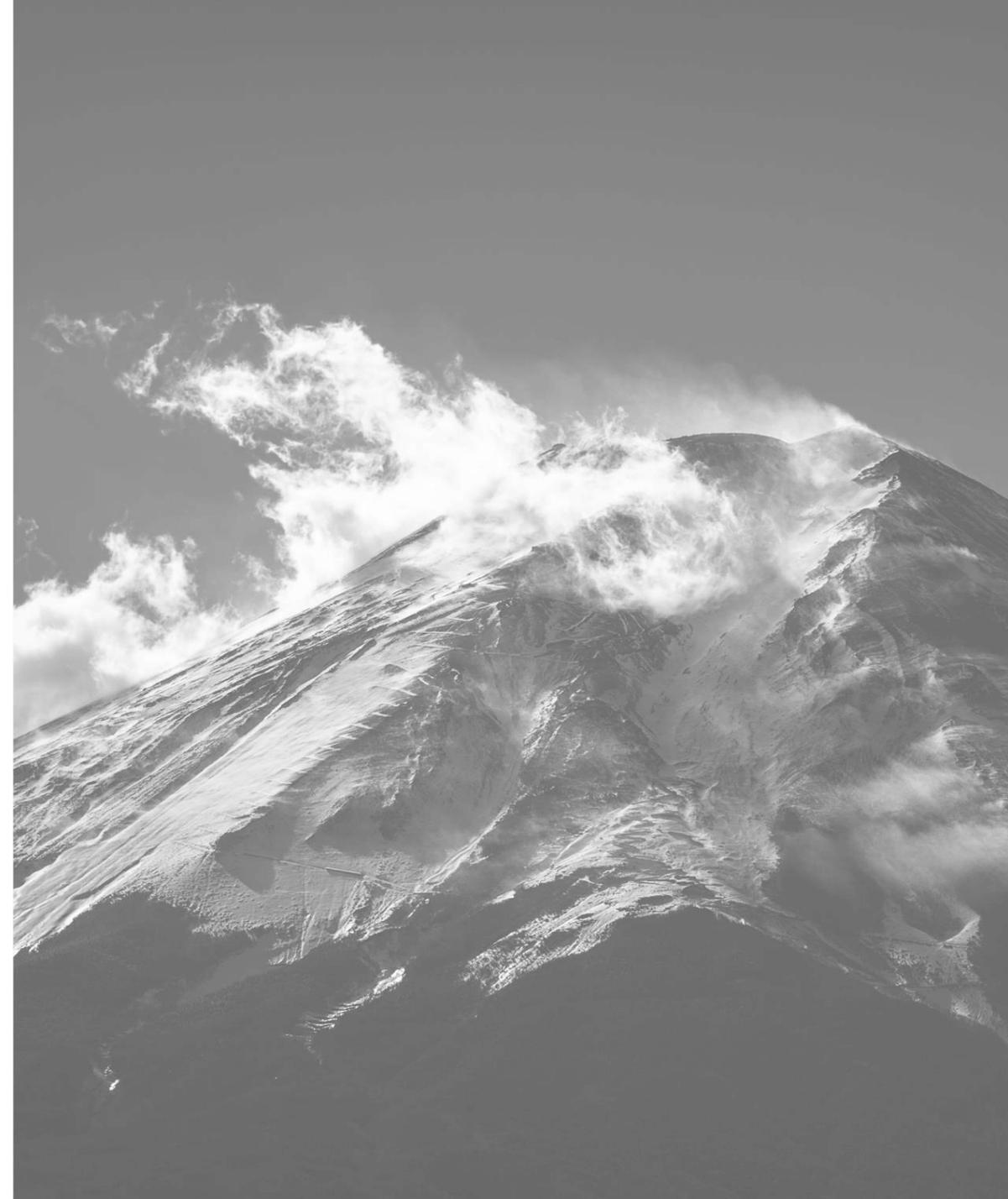
HEALTH NEWS

RFK Jr. cuts \$500 million in mRNA vaccine contracts, dealing major blow to promising area of research

The cuts add to mounting evidence that Kennedy is pursuing an aggressive anti-vaccine agenda.

HIV PREVENTION RESEARCH FUNDING CUTS

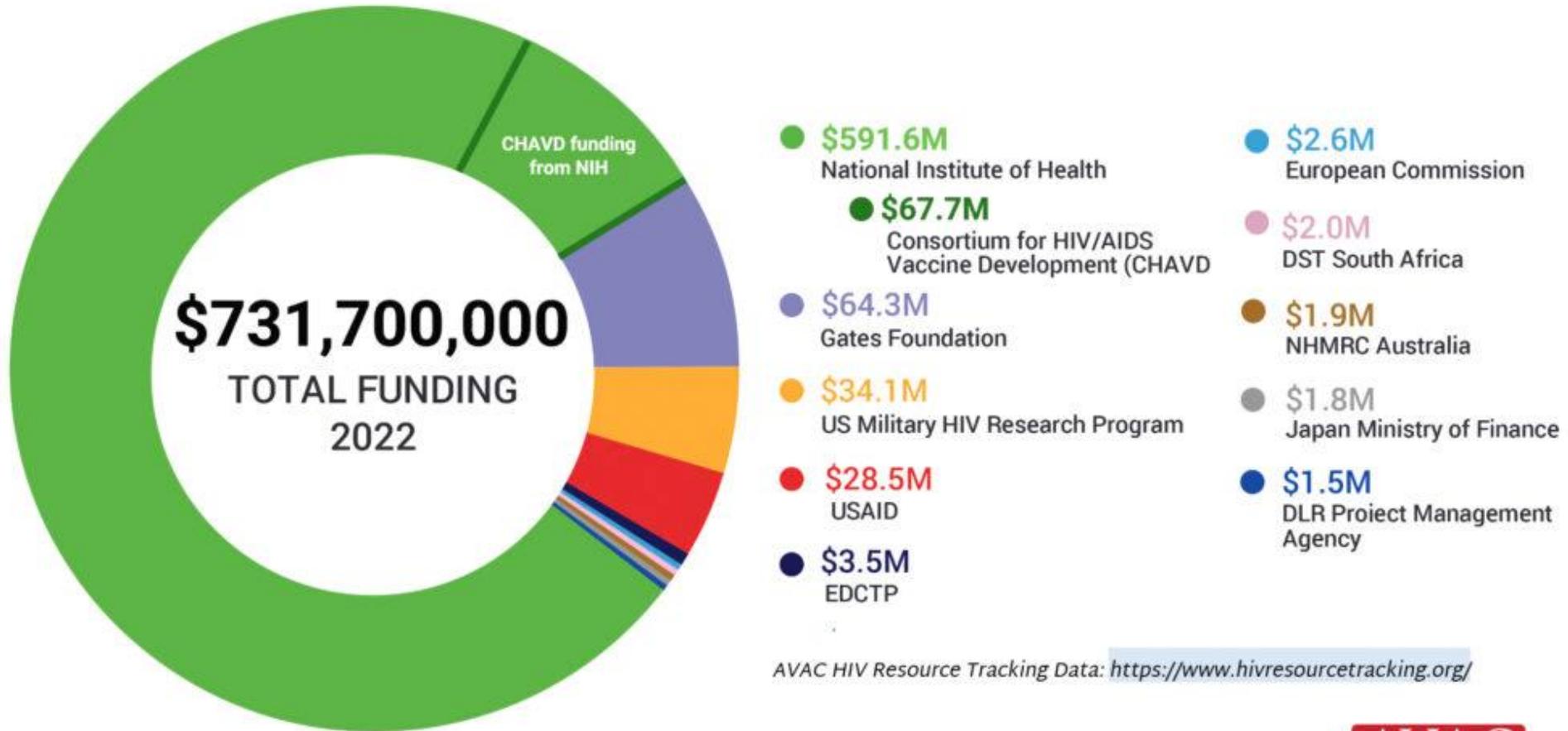
- NIH Funding Cuts
- Eliminated 191 HIV-specific grants worth \$200 million
- 56% of active HIV clinical trials halted
- Termination of U.S.-backed international HIV research
- Reduction of NIH personnel dedicated to HIV/AIDS work
- Funding for HIV response \$17 billion below what is needed to meet 2030 targets, BEFORE drastic 2025 funding cuts
- Eliminated Consortia for HIV/AIDS Vaccine Development (\$67.7 million)
- Proposed White House budget for FY2026 features a \$2 billion cut to federal HIV programs



HIV Vaccine Funding: Impact of Cuts to the Consortia for HIV/AIDS Vaccine Development (CHAVD)

2022 Data (US\$ millions)

The CHAVD grants represent approximately 10% (\$67.7M) of all funding for HIV vaccine development, and also represents a funding amount that is larger than annual giving by any other donor



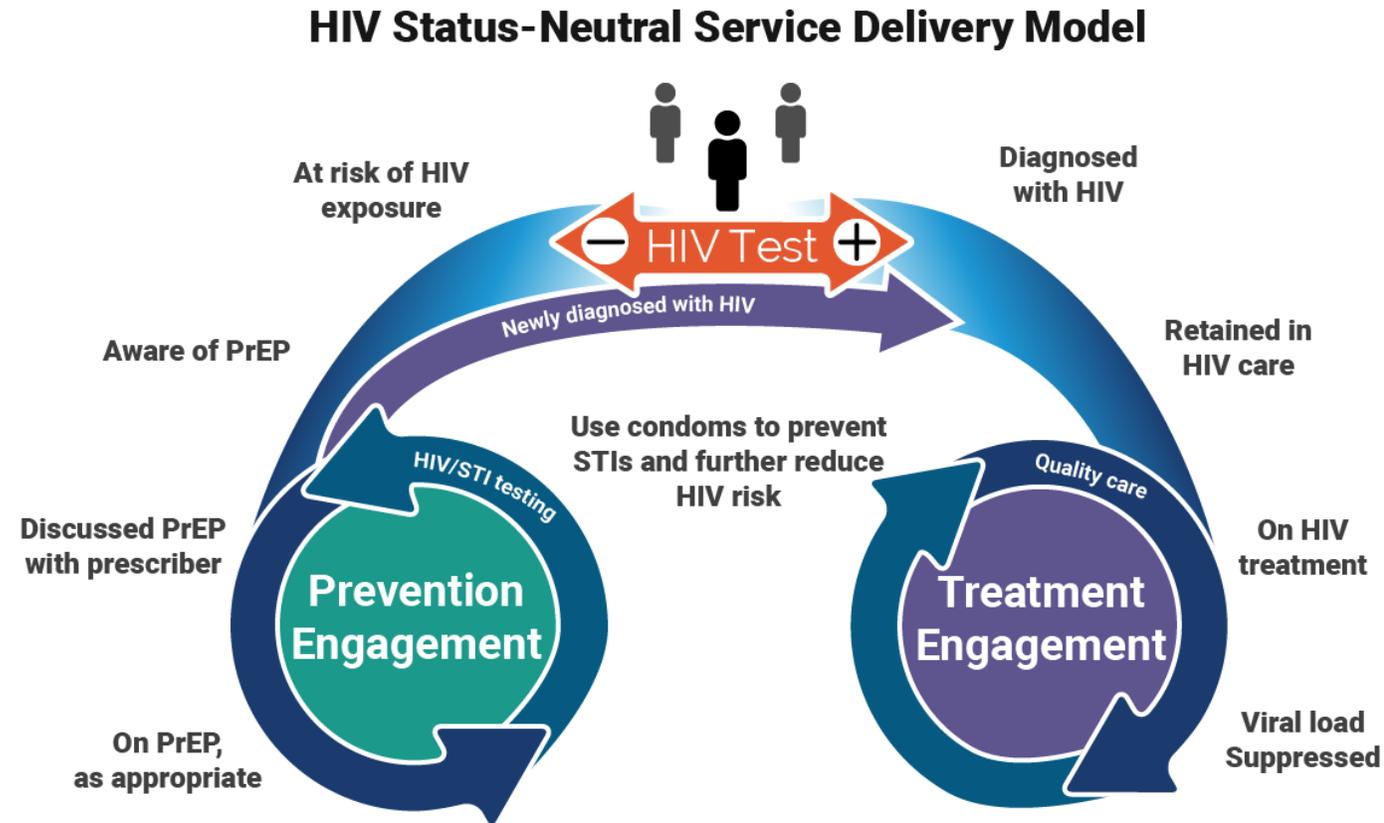
AVAC HIV Resource Tracking Data: <https://www.hivresourcetracking.org/>



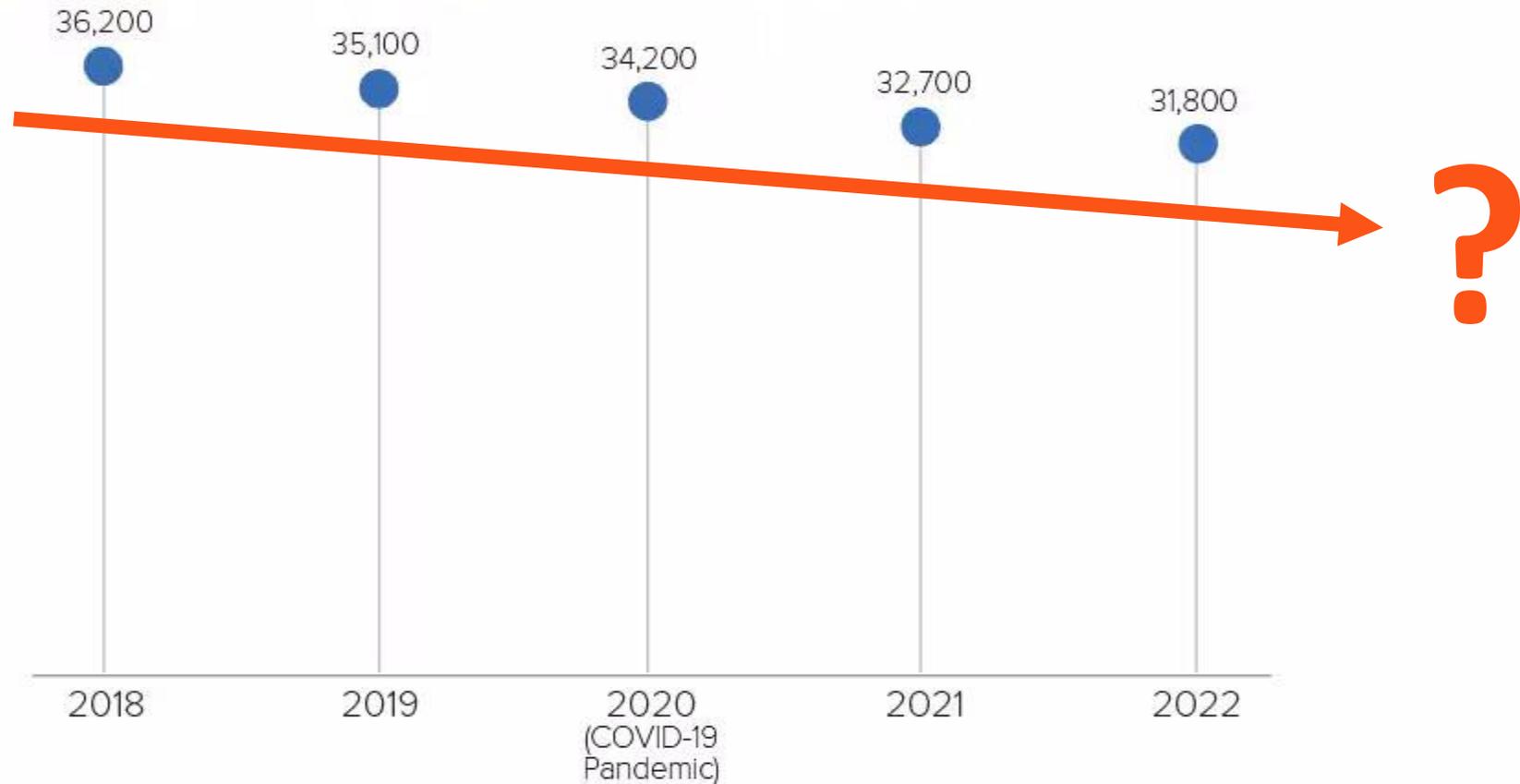
July 2025

CURRENT STATE OF AFFAIRS

- 20+ HIV vaccine clinical trials ongoing
- Fiscal and budgetary challenges
- Political challenges
- Fate of mRNA vaccine platform research
- Importance of HIV treatment and prevention: U=U, PrEP, barrier protection, safe sex, substance use prevention and treatment, mental health treatment

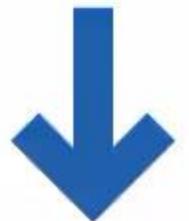


Progress in HIV prevention continues with an overall 12% decline in estimated HIV infections from 2018 to 2022.



Ending
the
HIV
Epidemic

Overall Goal: Decrease the estimated number of new HIV infections to 9,300 by 2025 and 3,000 by 2030.



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HIV VACCINE AWARENESS DAY

MAY 18th

THANK YOU!
QUESTIONS?

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