facts

Vaxfacts

Myths

Myths & misconceptions

myth 1

An AIDS vaccine exists, but it is only available in places where people can afford it.

Reality: Currently, no AIDS vaccine exists anywhere in the world. However, scientists are studying possible candidate vaccines and testing several of them in human clinical trials.

A great deal of AIDS vaccine development takes place in countries where the burden of disease is high, with the ultimate aim of ensuring future vaccine use in these countries. It is unfortunately true that health interventions often reach the developing world long after they are available in industrialized countries. A number of players in the AIDS vaccine field are taking steps to shift this paradigm by learning as much as possible now about vaccine introduction in developing countries.

Key message: An AIDS vaccine does not currently exist, but there is an ongoing effort to develop one and quickly deliver it to countries hardest hit by HIV and AIDS.

myth 2

AIDS vaccine efforts are taking resources away from other efforts to respond to the AIDS pandemic.

Reality: Experts agree that a vaccine would be the single most effective tool against HIV and AIDS. However, there will never be one solution, and the response to the pandemic must include a combination of prevention, treatment, care and support efforts.

AIDS vaccine research receives only a fraction of the money spent on HIV and AIDS interventions worldwide. Given the likely positive impact an AIDS vaccine could have in the future, this is a small amount of resources.

Different interventions against HIV and AIDS (e.g., behavioural prevention, prevention technologies, and treatment) should never be seen as distracting from each other. All interventions need attention and resources, since each is an important component of the comprehensive response to the pandemic.

Key message: Vaccine research is one part of the comprehensive response to HIV and AIDS; resources must continue to be available for prevention, care, treatment, and research efforts.

iavi
International AIDS Vaccine Initiative

Trial volunteers cannot count on protection from the candidate AIDS vaccine and must continue HIV risk-reduction practices.

myth3

Western scientists are unfairly using people in developing countries to test AIDS vaccine candidates.

Reality: **To make sure that vaccines will be safe and effective in nations hardest hit by the epidemic, it is necessary to test them there. Protecting volunteers, no matter where an AIDS vaccine trial is conducted, is of the utmost concern. AIDS vaccine trial sponsors work to ensure not only that trials are conducted in a locally relevant and ethical way, but also that capacity is built in the community as a result of the trial.**

AIDS vaccine trials usually take place in several countries at the same time and follow strict international guidelines to ensure ethical conduct. Trials in developing countries are often led by in-country researchers working in collaboration with researchers and trial sponsors from other countries. Additional partnerships with such country stakeholders as policymakers and civil society groups help ensure that trials are appropriately conducted and accepted by the surrounding community.

Key message: Vaccines need to be tested in countries where they will be used, and trials should be conducted in close partnership with in-country scientists and other groups.

myth4

The experimental AIDS vaccine might cause HIV infection in trial volunteers.

Reality: There is NO chance of a candidate AIDS vaccine causing infection in trial volunteers.

Many other vaccines, such as the measles vaccine, use weakened (also known as live-attenuated) versions of the virus the vaccine is meant to protect against. However, researchers have not used this approach to develop AIDS vaccines to avoid the possibility that such vaccines could cause infection.

To develop AIDS vaccines, researchers use only copies of pieces of genetic material from HIV. Candidate vaccines developed in this way cannot cause HIV infection, but there is evidence that they can create immune responses against HIV in humans.

Key message: There is NO chance that candidate AIDS vaccines cause HIV infection, because they do not contain the virus.

myth5

While participating in a trial, volunteers will be exposed to HIV to see if the vaccine really works.

Reality: No volunteer is ever intentionally exposed to HIV. Exposure to HIV would be highly unethical and would never be approved as part of a clinical AIDS vaccine trial.

Volunteers receive HIV education and risk-reduction counselling to reduce their risk of infection. Behavioural protection is not perfect, however, and it is possible that some volunteers will become infected through such means as sexual transmission or injecting drug use. To find out whether the vaccine is effective, researchers monitor a large number of volunteers over a long period of time to see how many become infected through such means. Researchers compare the infection rate in the group of volunteers who received the vaccine to the infection rate in the group who did not receive it to determine if the vaccine has efficacy.

Key message: Trial volunteers are not exposed to HIV as part of vaccine research.

myth6

Trial volunteers do not need to continue HIV risk-reduction practices.

Reality: People who join a clinical trial should NOT count on the candidate vaccine to protect them against HIV infection!

In fact, the purpose of the trial is for researchers to determine if the vaccine works at all. The effect that a candidate vaccine may have on a volunteer's risk of HIV infection or disease if exposed through such means as sexual transmission is unknown – the level of risk might be less, the same, or more than if the volunteer had not received the experimental vaccine. In addition, some trial volunteers receive a placebo – an inactive substance that looks like the vaccine – rather than the vaccine itself.

All volunteers should continue to use condoms and practice other forms of risk reduction, and cannot assume that they have received a vaccine that will protect them against HIV.

Key message: Trial volunteers cannot count on protection from the candidate vaccine.

myth 7

Once an AIDS vaccine is available for the general population, people will be able to revert back to risky behaviours.

Reality: No vaccine that is currently available for other diseases provides absolute protection to everyone who receives it. Similarly, an AIDS vaccine may not protect everyone who receives it from HIV infection.

It will be very important not to create a false sense of security among people who receive a partially-effective vaccine. If people think they are guaranteed protection against HIV infection, they may change their behaviour and increase their vulnerability to HIV – the opposite of the vaccine's intended effect.

Policy research shows that even a partially-effective AIDS vaccine could have a significant impact on the epidemic if given to enough people. Such a vaccine should be accompanied by proper educational messages about the need to continue HIV risk-reduction practices. Prevention methods such as use of condoms and clean needles **MUST** continue to be promoted even when an AIDS vaccine is eventually discovered and introduced.

Key message: A vaccine, once available, must be used in conjunction with other HIV prevention methods.

myth 8

An AIDS vaccine will benefit only people who are not already infected with HIV.

Reality: Preventive AIDS vaccines target HIV-uninfected individuals. The primary aim will be to block infection so people who get the vaccine will not become HIV-infected in the future.

While preventing infection is the primary goal, researchers are also studying AIDS vaccines to determine whether they will have an effect on disease progression in individuals who do become HIV-infected.

Furthermore, once a number of people in a certain community get vaccinated, HIV will be transmitted less frequently in the population, and overall HIV infection and related death rates will go down. Society as a whole will benefit because fewer people will be infected during their productive years of life, more people will live longer, and there will be fewer children affected by HIV.

Key message: Even though AIDS vaccines are developed for use by uninfected individuals, introduction of a vaccine will have enormous benefits for society as a whole.

myths

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This fact sheet is a part of the AIDS Vaccine Literacy ("VaxLit") Toolkit which contains resources intended for training, mobilization, and advocacy purposes around AIDS vaccine research. To view the entire VaxLit Toolkit please visit http://www.iavi.org/vaxlit or contact IAVI at pubs@iavi.org to request print copies or CD-ROMs.