# WorldMEDSchool GLOBAL EDUCATION

# HIV: Discovery and Early Findings

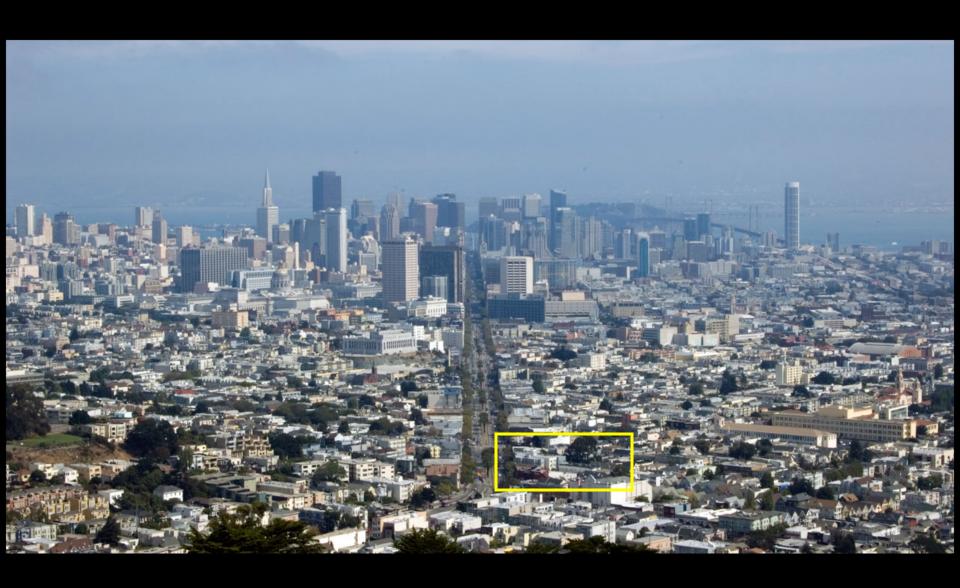
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WorldMedSchool; August 26, 2013

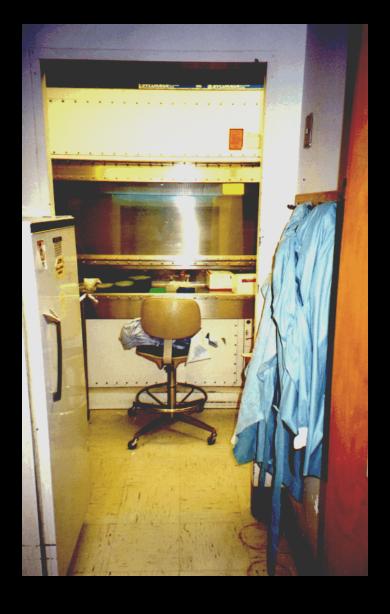


University of California San Francisco

# How Does HIV Differ from Other Epidemic Pathogens?

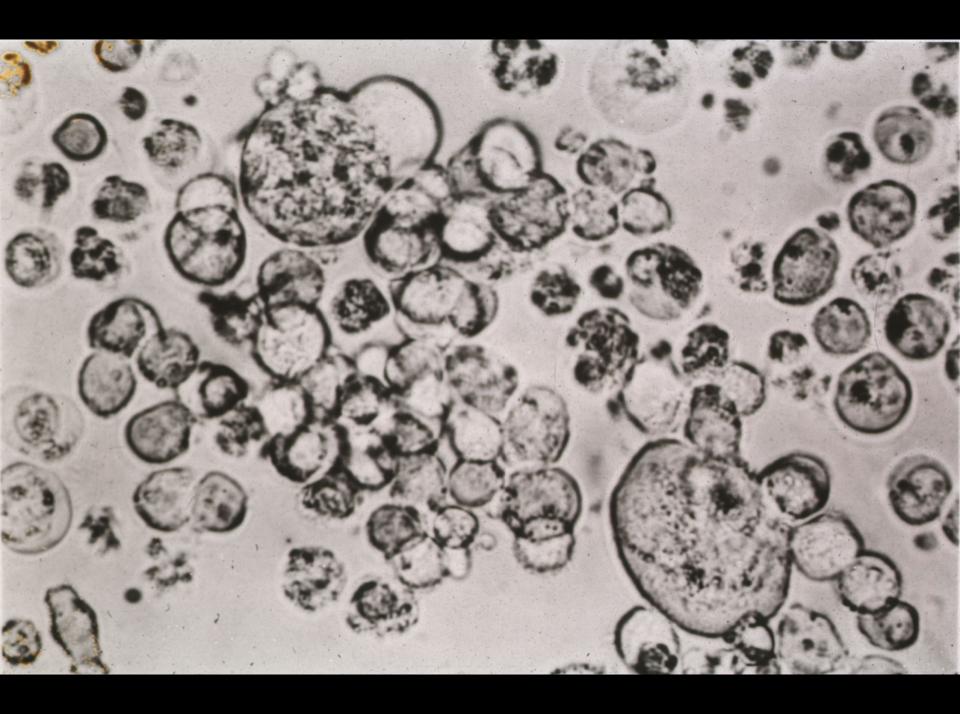
- Directly attacks the immune system
- Involves virus incorporation into the cellular genome
- Establishes a chronic infection before becoming pathogenic
- Involves an agent that frequently changes or modulates itself within the host.
- Can recruit other cells by direct infection or cell:cell transfer



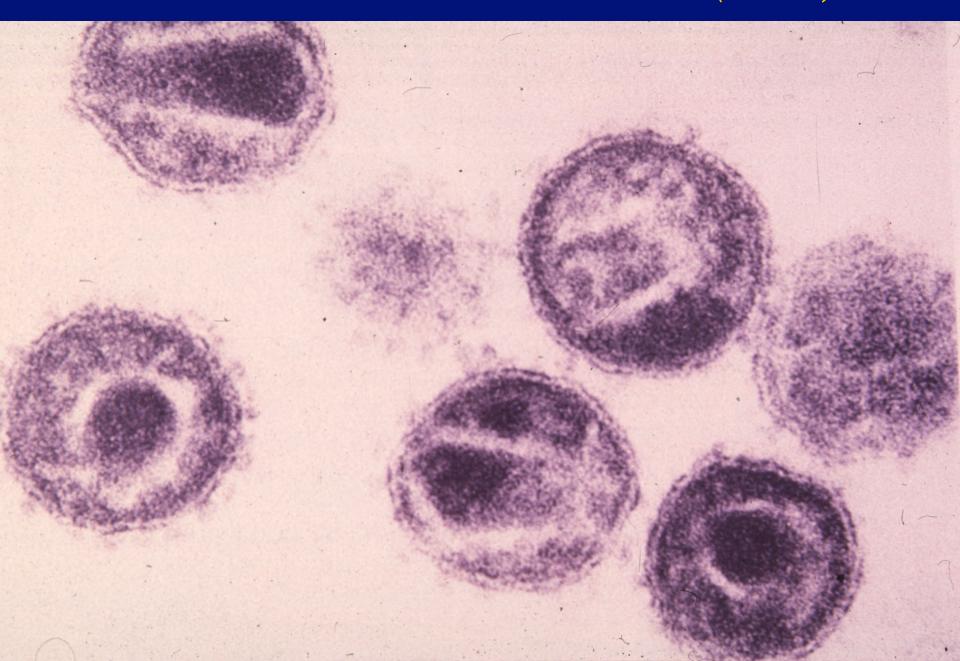








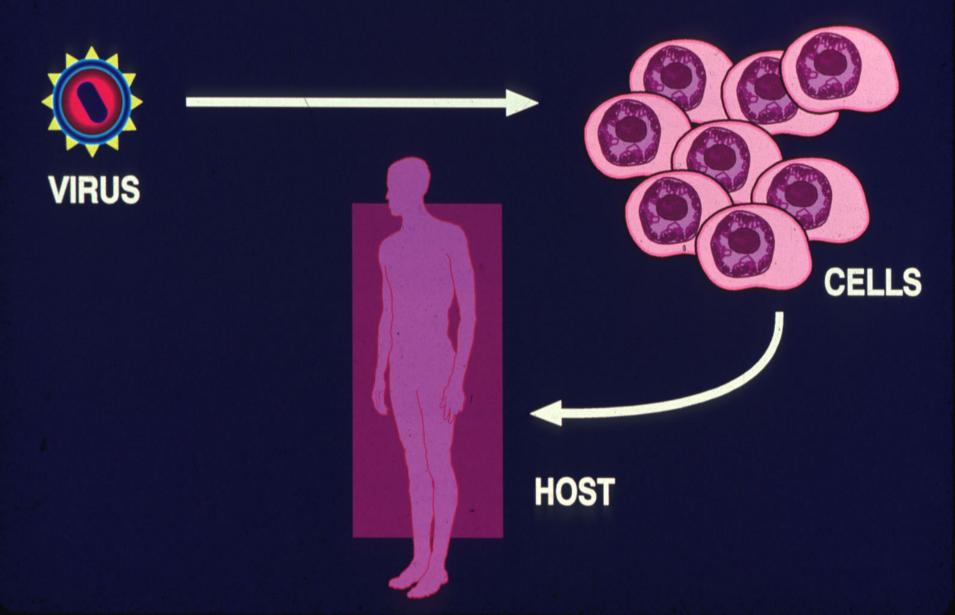
## AIDS-Associated Retrovirus (ARV)



## LAV / HTLV III / ARV

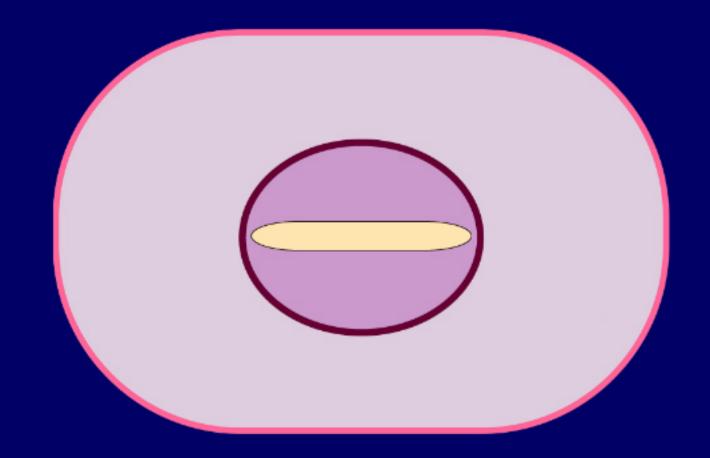
ARV = HIV-1<sub>SF</sub>

# **Components of HIV Infection**



# HIV Pathogenesis

Virus: Host Interactions

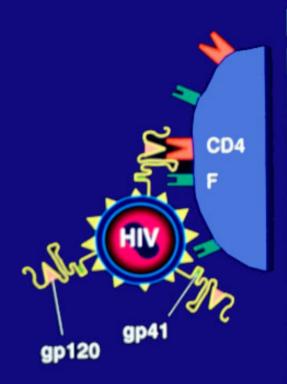




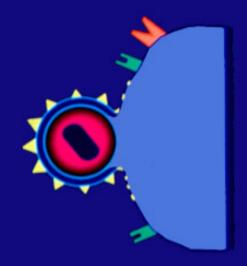


## HIV: Cell Entry

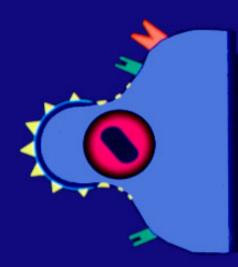
#### **Attachment**



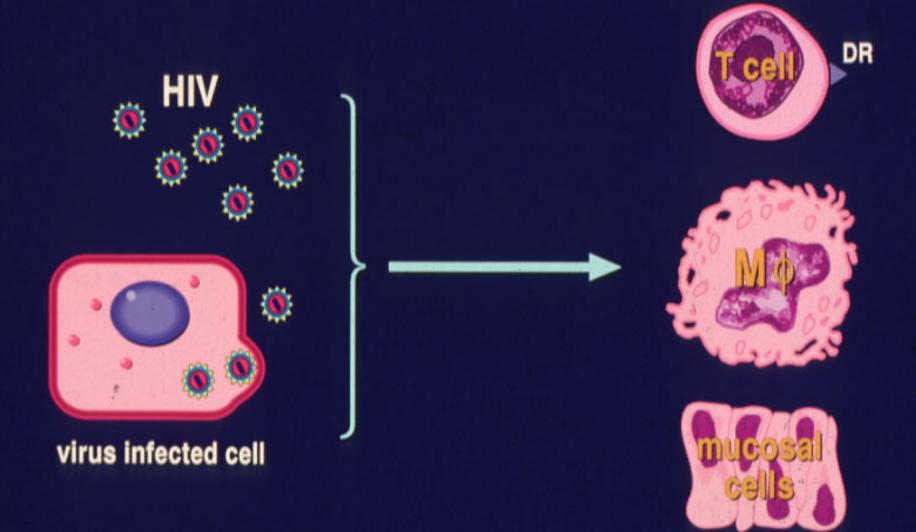
#### **Fusion**

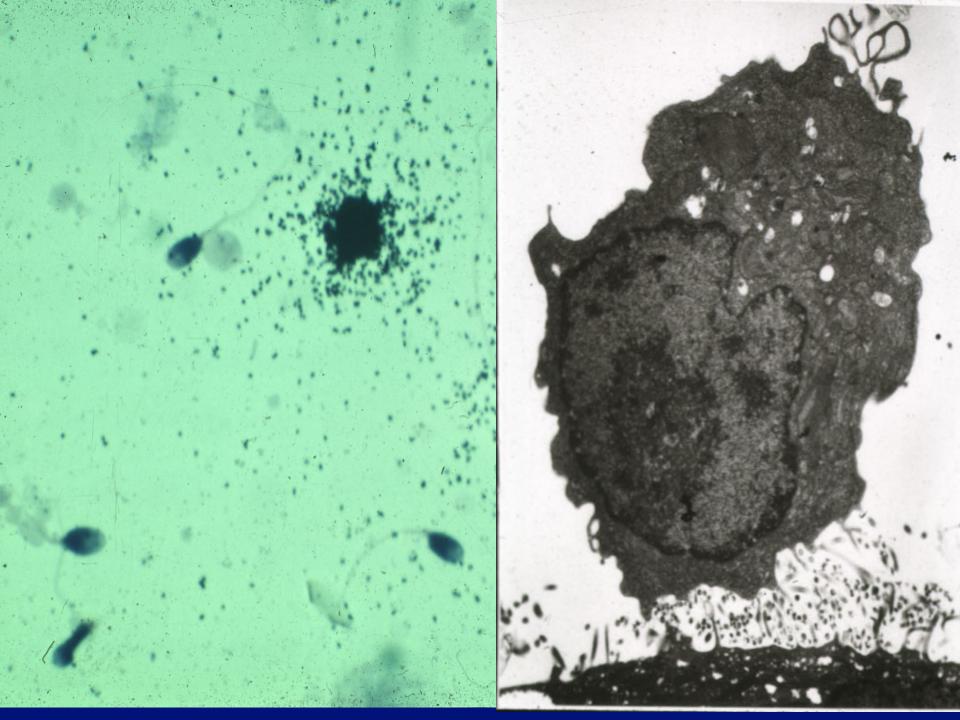


#### **Entry**



# Initial HIV Infection





## Human Cells Susceptible to HIV

TT /		• ,	•
Hemat	nna	MAI	nc
Hellia	vpc		ul

T lymphocytes

**B** lymphocytes

Macrophages

**NK** cells

Megakaryocytes

**Dendritic cells** 

**Promyelocytes** 

**Stem Cells** 

Thymic epithelium

Follicular dendritic cells

Bone marrow endothelial cells

#### <u>Skin</u>

Langerhans cells

**Fibroblasts** 

#### <u>Brain</u>

Capillary endothelial cells

Astrocytes

**Macrophages** (microglia)

Oligodendrocytes

**Choroid plexus** 

Ganglia cells

Neuroblastoma cells

Glioma cell lines

Neurons (?)

#### **Bowel**

Columnar and goblet cells

**Enterochromaffin cells** 

Colon carcinoma cells

#### **Other**

Myocardium

Renal tublar cells

Synovial membrane

Hepatocytes

Hepatic sinusoid endothelium

Hepatic carcinoma cells

**Kupffer cells** 

**Dental pulp figroblasts** 

**Pulmonary figroblasts** 

**Fetal adrenal cells** 

**Retinal cells** 

Cervix-derived epithelial cells

**Cervix** (epithelium ?)

**Prostate** 

**Testes** 

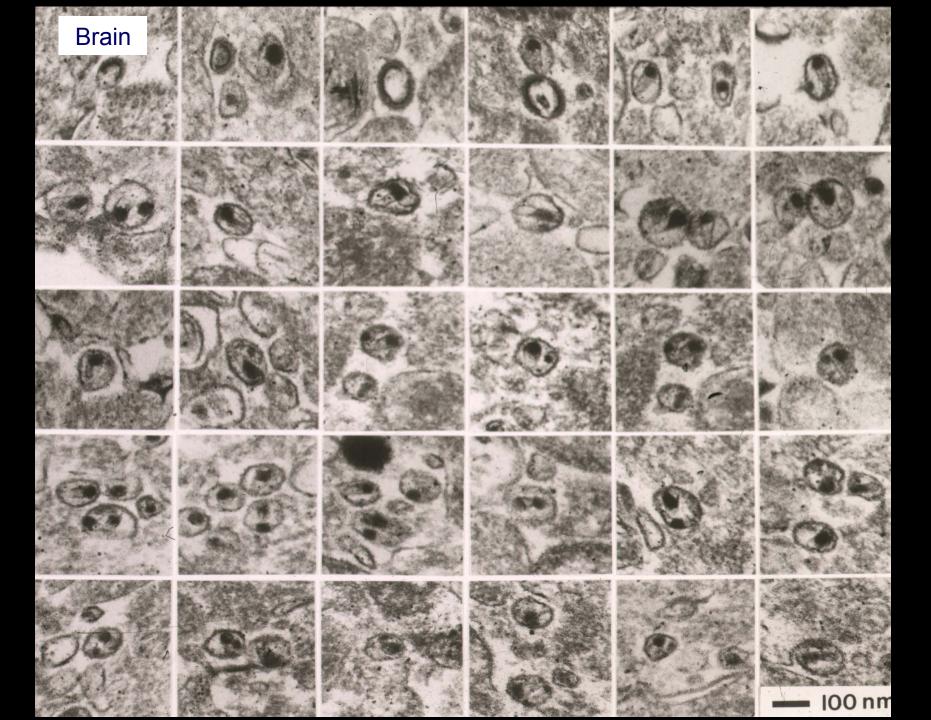
Osteosarcoma cells

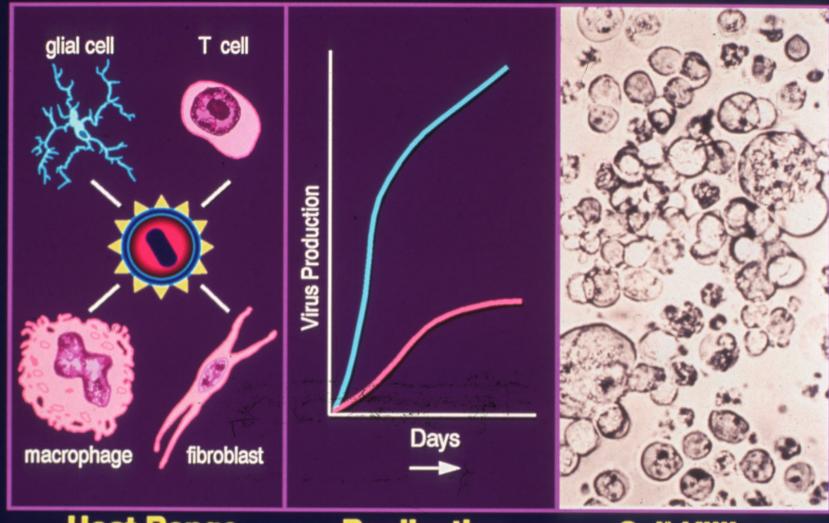
Rhabdomyosarcoma cells

Fetal chorionic villi

**Trophoblast cells** 







**Host Range** 

Replication

**Cell Killing** 

# Biologic Causes for the Spread of HIV/AIDS

Infected individuals remain healthy for many years

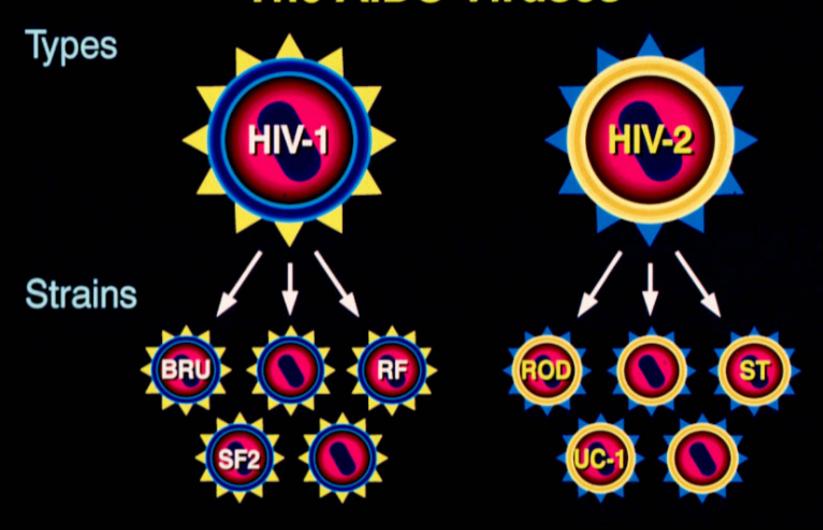
Virus can be transmitted by an infected cell

Virus is spread by sexual transmission

Virus mutates at a rapid rate

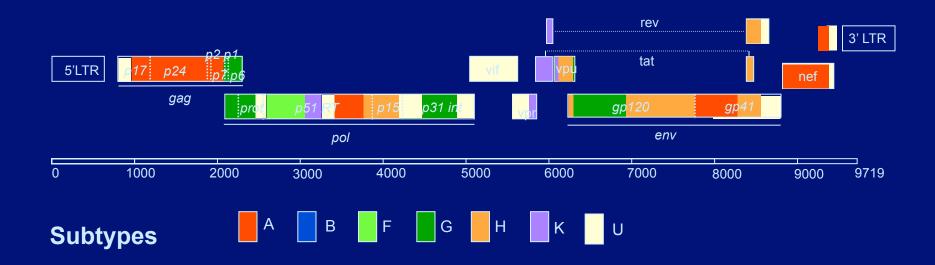
Virus can become resistant to immune response

## **The AIDS Viruses**





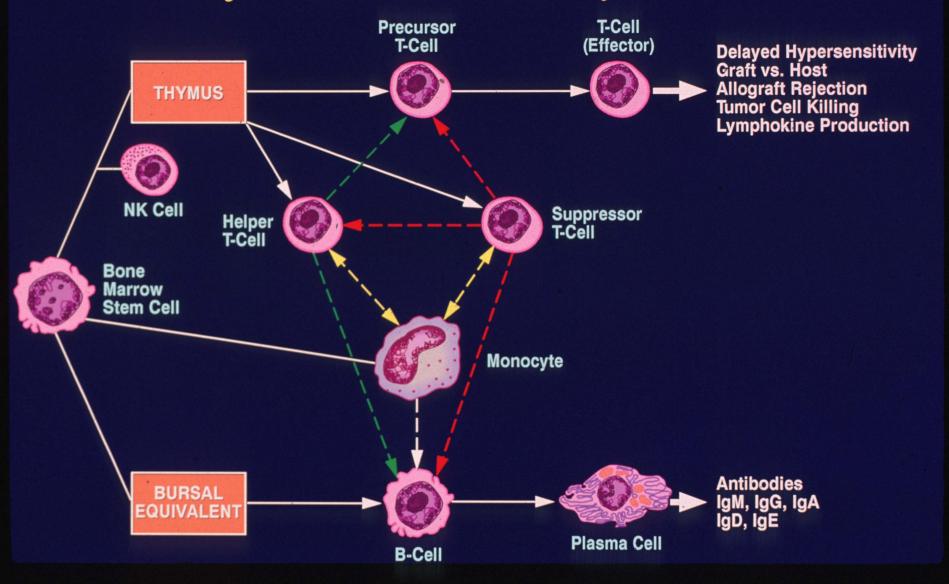
#### Multi-clade Recombinant HIV-1



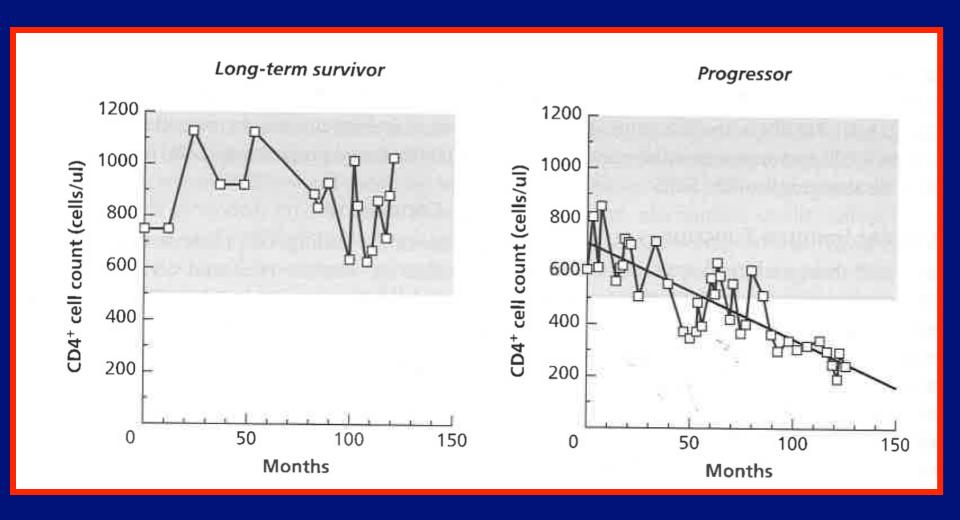
# HIV Pathogenesis

Virus: Host Interactions

#### Major Cells in the Immune System

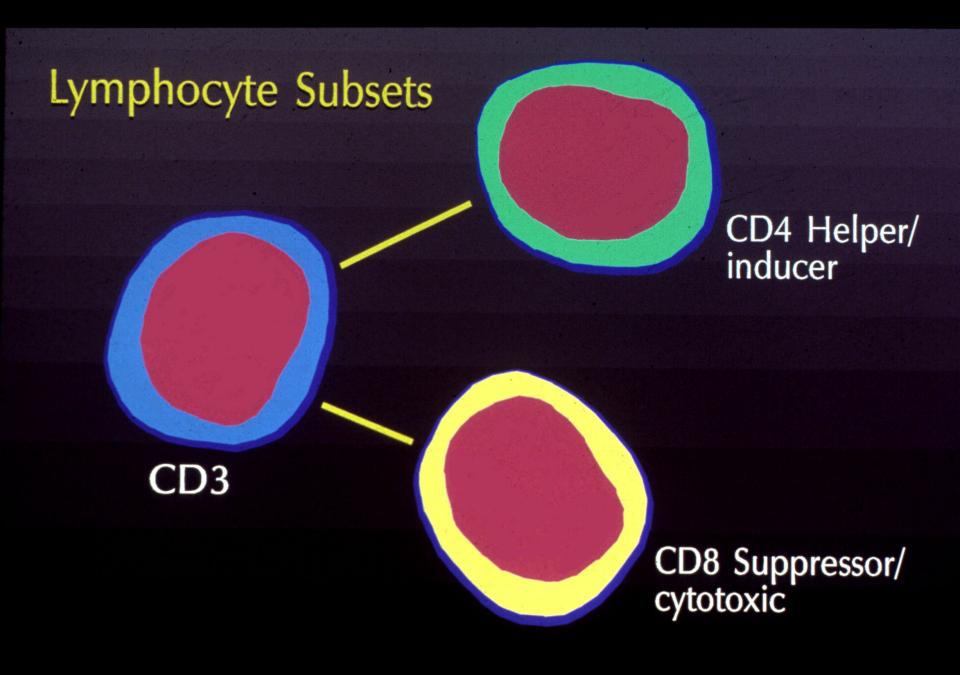


#### Loss of CD4+ Lymphocytes in HIV Infection



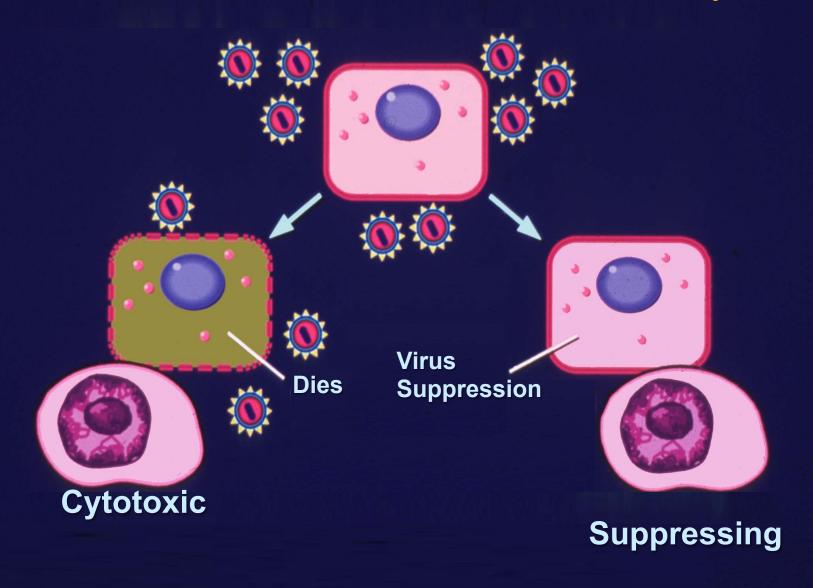
#### HIV Isolation from Peripheral Blood of a Clinically Healthy Infected Man

	<u>Virus</u>		<u>Virus</u>		<u>Virus</u>
<u>Date</u>	<u>Isolation</u>	<u>Date</u>	<u>Isolation</u>	<u>Date</u>	<u>Isolation</u>
10/84	+	2/94	_	8/05	_
11/84	÷ .	8/94	_	2/06	_
1/85	÷ .	2/95		8/06	
2/85	÷ .	8/95		2/07	_
4/85		2/96		8/07	_
			_		
8/85	_	8/96		2/08	
11/85	_	2/97	_	8/08	_
2/86	<del>-</del>	8/97	_	2/09	_
8/86	_	2/98	_	8/09	_
2/87	_	8/98	_	2/10	-
8/87	_	2/99	-	8/10	_
2/88	_	8/99	_	2/11	-
8/88	_	2/00	<del>-</del>	8/11	_
2/89	_	8/00	_	2/12	_
8/89	_	2/01	_	8/12	_
2/90	_	8/01	_	2/13	-
8/90	_	2/02	_	8/13	_
2/91	_	8/02	_		
8/91	_	2/03	_		
2/92	_	8/03	_		
8/92	_	2/04	_		
2/93	_	8/04	_		
8/93	_	2/05	_		
0,00					





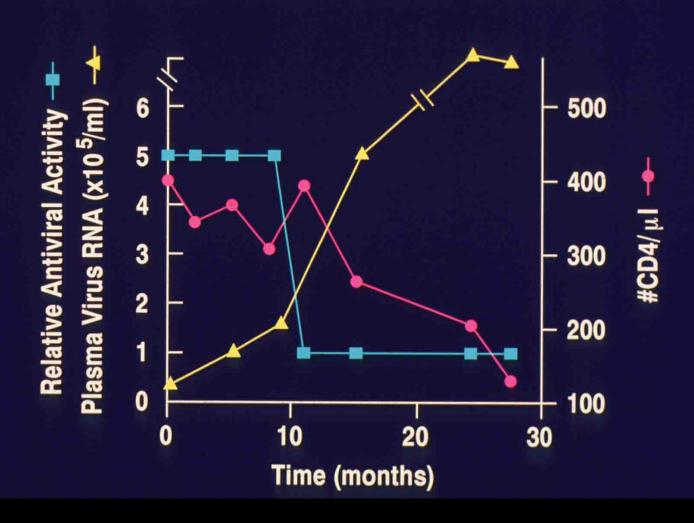
# CD8+ Cell Antiviral Activity



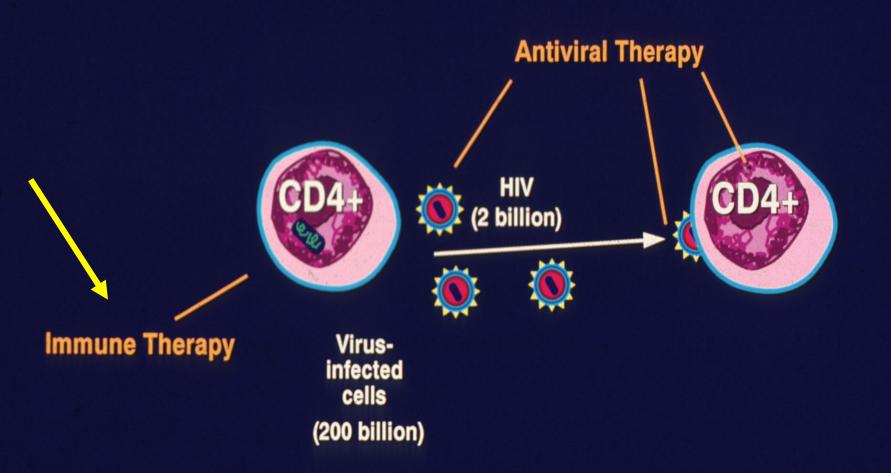
# Major Characteristics of Long-Term Survivors of HIV Infection

- Clinically asymptomatic for ≥ 10 years; no antiviral therapy
- Normal CD4+ cell number
- Low virus load (measured by plasma viremia; infected PBMC)
- Low immune activation; normal T-reg function
- Elite Controllers: Undetectable plasma virus for 2-10 years

# CD8+ Cell Anti-HIV Activity in a Healthy Individual Over Time



# Approaches at Controlling HIV Infection



#### The Ideal HIV Vaccine

#### • Induces:

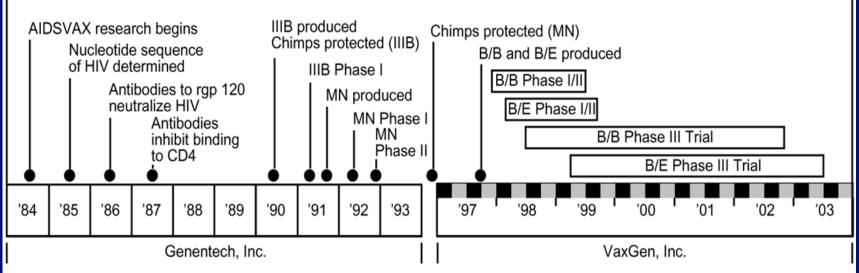
- Early innate response that can curtail the infection
- Cellular and humoral immune responses against virusinfected cells as well as HIV; not autoimmune activities
- Antibodies that neutralize HIV; not enhancing antibodies
- Local immunity at all entry sites for HIV
- Safe with long-lasting effects

#### Challenges of Developing an HIV Vaccine

- HIV integrates into the cellular genome
- Infected cells transmit the infection
- Cell to cell transfer of infection takes place
- Numerous HIV variants: virus replication leads to mutations
- Virus compromises immune function



# Timeline for Phase III Vaccine Trials held in Canada, Puerto Rico, the Netherlands, and the United States



Francis DP et. al. AIDS, <u>17</u>, 147, 2003

#### Future Considerations

- Role of emerging recombinant viruses in HIV transmission, drug/immune resistance, and disease.
- Role of immune therapy in controlling HIV as seen in long- term survivors.
- Develop an effective vaccine that prevents infection by all HIV-1 and HIV-2 isolates.
- Can we bring about a cure involving elimination of HIV from the body or continual control of the virus as seen in elite controllers?