

**CAB Conference Call
January 24, 2013
12:00 EST
Meeting Minutes**

Participants:

Claire	Harvard University
De`Angelo	University of Florida, Jacksonville
Delia	University of Miami
George	NIH, NICHD
Jennifer	University of Colorado, Denver
Julie	University of Alabama, Birmingham
Julie	Harvard University
Julie	Westat
Kim	Texas Children's Hospital
Krystal	Harvard University
Laurie	FSTRF
Lennie	St. Jude Children's Hospital
Linda	St. Christopher's Hospital for Children
Marilyn	Bronx-Lebanon Hospital Center
Megan	Westat
Rosetta	Bronx-Lebanon Hospital Center
Trevis	Bronx-Lebanon Hospital Center
Yuri	University of Miami

• **APPROVAL OF MINUTES**

The minutes from the December 27, 2012 call were approved with no changes.

• **PARTICIPANT SUMMARY DISCUSSION – DR. GEORGE SIBERRY**

Dr. George Siberry talked about measles, mumps and rubella (MMR) seropositivity in children with perinatal HIV infection. Most HIV-infected youth have strong immune systems and good HIV control because of ARV therapy. HIV-infected youth on ARV therapy show a good response to most vaccines. ARV therapy was not available to some AMP participants at birth. Some AMP participants may have had their vaccines when they were not on ARV therapy. Some of these participants may not still have protection against MMR.

The study was about the MMR vaccine. Children get two doses of the MMR vaccine. One is given at age 1. The second is given at age 5. The purpose of the study is to use blood tests to look at the level of protection against MMR in children in AMP. The researchers looked at whether there is a difference in current protection against MMR according to whether the vaccine was given before or after the start of ARV therapy.

Currently, babies born with HIV are started on ARV therapy. By age 1 when they get their first MMR vaccine they can show a good response to the vaccine. At age 5, when they receive the second dose they can show a good response and be seropositive. Seropositive means they are protected against the infections.

Older participants in AMP may have had the MMR vaccine before they were on ARV therapy. This means there was no HIV control. When they had their first dose of the MMR vaccine there may not have made a good response to the vaccine. There may also have been a poor response after the second dose at age 5.

There were 649 AMP participants in the study. There were 428 HIV-infected participants in the study. There were 221 HIV-exposed but uninfected participants in the study. Participants were aged 7-16 when they entered the study. The researchers got information about which vaccines were given in the lifetime. They also got information about when the vaccines were given. The researchers used the AMP repository blood specimen to look for evidence of protection against MMR.

The researchers used a blood test for measles that has been shown to detect protection against measles. They also used a blood test for rubella that has been shown to detect protection against rubella. The researchers used a test for mumps that shows whether there are antibodies to mumps. This test does not clearly tell whether there is protection against mumps.

The study found that 99% of HIV-infected participants had at least one MMR vaccine dose. 92% had two vaccines. The study found that 97% of the HIV-exposed but uninfected participants had at least one vaccine. 89% had two vaccines. Of the HIV-infected participants, 68% had suppressed viral loads. 77% had good CD4 counts. 94% were on ARV therapy.

Dr. Siberry talked about the percentage of participants who had evidence of protection against measles and rubella, and positivity against mumps. Of the HIV-infected participants, 57% had protection against measles. 59% were positive against mumps. 65% were protected against rubella. Of the HIV-exposed but uninfected participants, 99% were protected against measles. 97% were positive against mumps. 98% were protected against rubella.

The researchers looked at the percentage of protection according to the number of MMR vaccine doses received after starting ARV therapy. Participants in the study who had no vaccine doses since starting ARV therapy had lower rates of protection. Participants who had two doses after starting ARV therapy had higher rates of protection.

The study found that there are perinatally HIV-infected youth in the US who may not be protected against MMR. There was evidence of a benefit of getting MMR vaccines after starting ARV therapy. There was no evidence that the HIV-exposed but uninfected participants were unprotected against MMR.

The CDC used results from this study to update the official recommendations for MMR in people who have HIV. Youth with perinatal HIV who have not received any MMR vaccines since they started ARV therapy should be given a new series of two doses of MMR.

• **PARTICIPANT SUMMARIES – NEW FORMAT**

Claire talked about the new format of the participant summaries. Claire got feedback from CAB members about the new format. A CAB member suggested that Claire add her phone number at the bottom of the summary. There was a suggestion to add a glossary to the participant summary. Yuri suggested adding a glossary at the end of the summary. Yuri suggested that Claire include a footnote that lists the full title of the study. A CAB member suggested that Claire send the link to the full study when she emails the summary.

Claire asked CAB members to volunteer to review participant summaries. CAB members can email Claire or Megan to review participant summaries.

• **HEALTH EDUCATION AND COMMUNICATION COMMITTEE (HECC) UPDATE**

Claire talked about the Health Education and Communication Committee (HECC). The HECC has members from all different areas of PHACS. There have been two meetings. The HECC is creating a communications plan. There will be four subcommittees in the HECC. There will be a Retention Subcommittee and a CAB Subcommittee. There will also be a Publicity Subcommittee. The fourth subcommittee will work on a website for young adults in PHACS.

Megan talked about the HECC CAB Subcommittee. Megan invited CAB members to join the subcommittee. The HECC subcommittees will develop activities. The CAB subcommittee will present all activities to the CAB. The first call was on Tuesday, January 22. The subcommittee drafted a list of goals. Megan will send the finalized goals to the CAB for review. The long-term goal of the subcommittee is to improve the quality of life and health status of HIV-infected or affected community members. Yuri talked about the CAB Subcommittee. Some of the subcommittee goals came from the story circle exercise. The subcommittee will focus on increasing community engagement.

Action Item: Megan will send the HECC CAB Subcommittee goals to the CAB for review.

• **PHACS CAB EVALUATION SURVEY RESULTS**

Megan talked about the PHACS CAB Evaluation Survey results. There were 10 responses. Some suggested topics for upcoming calls are:

- Stress management for youth, and
- How children and teens cope with side effects from medication.

• **CAB NETWORK MEETING DISCUSSION**

The PHACS Fall 2013 Network Meeting is October 2-3, 2013 in Baltimore, MD. The PHACS leadership may extend the meeting to have time for a CAB retreat. The CAB retreat would have CAB-specific sessions. Many CAB members expressed interest in having a CAB retreat. The CAB retreat will most likely be after lunch on October 1, 2013. CAB members would still attend all sessions at the Network Meeting.

• **PHACS CAB NEWSLETTER, DECEMBER 2012 EDITION**

Megan talked about the PHACS CAB Newsletter, December 2012 Edition. The theme for the newsletter is "Emotional and Developmental Aspects of Children and Adolescents." Megan sent the newsletter to the PHACS Broadcast email group. Megan thanked the CAB members for submitting articles to the newsletter. The Spanish version of the newsletter will be sent out as soon as it becomes available.

NOTE: The next CAB call will be on Thursday, February 28, 2013 at 12:00 pm EST.