The Power of One: Uganda

Vaccine Trial or Error

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The government of Uganda has responded to HIV in a relatively proactive way since the beginning, declaring a national campaign against AIDS in 1986, when the first cases were identified in the country's Rakai district. Since then, messages extolling condoms have taken over local billboards and radio announcements in this East African country, a campaign credited with reducing infection rates by 25 percent over the past decade. Last year, Ugandan HIV infections were estimated at 1.84 million, still a high 10 percent of the country's population.

Last February, the Ugandan government showed that it's still ahead of the curve by hosting the first AIDS vaccine trials on the continent. After years of wrangling, 40 volunteers are now participating in the first phase of U.S.-sponsored trials for the vaccine, Pasteur Merieux Connaught's vCP205.

Yet the trial design will do little to encourage other African nations to follow Uganda's lead. VCP205, a combo of three HIV genes and a weakened canarypox virus, is based upon HIV subtype B -- the type prevalent in Europe and the Americas. The vaccine, if it works, may only combat subtype B infection. With Ugandans likely to carry subtypes A or D, such a trial may are all too likely to miss the mark.

In their defense, scientists have said they'll examine ways that vCP205 may also protect against the strains that more commonly infect Ugandans. Donna Kabatesi, MD, director of the Kampala-based Traditional and Modern Health Practitioners Together Against AIDS, says that at least infrastructure and scientific training will come out of the trials. She adds, "Any additional information will add to the process."

Meanwhile, in April, Uganda joined with four neighboring countries to form the Great Lakes Initiative, a landmark joint program to do prevention along the nations' shared trade routes.

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