



trial of discordant couples that demonstrated a reduction of almost 100% in transmission to partners.

The development of an effective vaccine is the target of active research. Early clinical trials of vaccine candidates are ongoing but to date have demonstrated, at most, limited protection. Induction of brisk T-cell responses to HIV antigens has neither protected against HIV acquisition nor decreased the magnitude of HIV replication among vaccinated subjects. A legitimate goal for vaccines, the induction of antibody responses that can broadly inhibit or neutralize the infectivity of diverse HIV strains, has so far eluded vaccine developers.

For a deeper discussion of these topics, please see Chapter 387, "Prevention of Human Immunodeficiency Virus Infection," in Goldman-Cecil Medicine, 25th Edition.

PROGNOSIS

With ART, survival in many cohorts approaching that of age-matched controls. Because of the high rates of co-infection with viral hepatitis in many populations, liver disease remains a significant cause of morbidity and mortality, accounting for a significant portion of the early mortality still associated with HIV. In endemic areas, tuberculosis is a similar cause of early mortality among persons with HIV infection. Even with effective ART, persons with HIV still experience some excess risk of cardiovascular disease as well some non-AIDS-defining malignancies such as non-Hodgkin's lymphoma. The key message for persons living with HIV is that if they stay in care and maintain adherence to ART, they can expect to live a relatively normal life.

SUGGESTED READINGS

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