PATIENT EDUCATION SERIES

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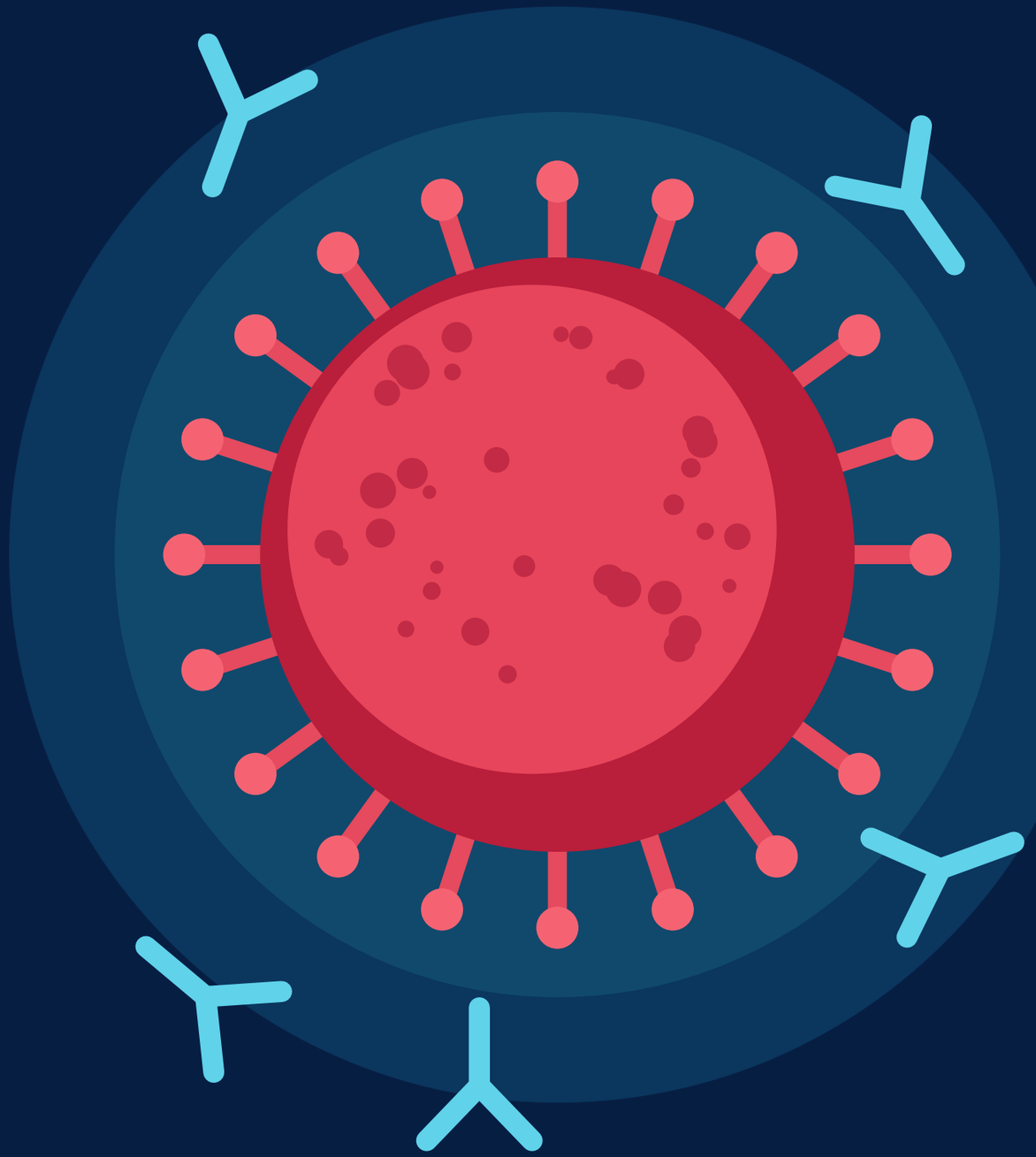
HIV Vaccine and Cure Research



An illustrated guide for people living with HIV

18 educational infographics

November 2026 edition

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Project of PoWeRUSA.org

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Before you read

Understanding the evidence and using this guide safely

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What this guide covers

These educational graphics introduce prevention vaccines, therapeutic vaccines, antibodies, immune cells, and HIV remission and cure research.
The images summarize selected research rather than all published studies.

Understand the difference

Viral suppression means HIV is controlled with treatment. Remission means sustained control without antiretroviral therapy. A cure requires stronger evidence than an undetectable blood test alone. Early immune responses do not establish clinical benefit.

Important safety and interpretation notes

Continue prescribed HIV treatment. Interruptions require specialist-supervised research.
Sustained viral suppression prevents sexual transmission of HIV (U=U). Stem-cell transplants carry serious risks and are not routine HIV treatment.

Sources and editorial status

Starting reference: AVAC HIV vaccine pipeline (July 2026).

The 13 transplant cases were reported by AIDS 2026 (July); amfAR summarized them in August.

Scientific and citation review supplied by Nelson Vergel, November 27, 2026.

Revised in response to that review; final author approval pending.

HIV Vaccine Research: The Big Picture



The goal: Help the immune system prevent HIV infection or keep the virus under long-term control.

Some progress: A few vaccines

One vaccine regimen (RV144) showed partial protection.

quickly and is hard for the immune system to see.

What's next: Newer, more powerful vaccines and antibody strategies are in clinical trials.

2 Two Types of HIV Vaccines

Prevention Vaccines (for people without HIV)

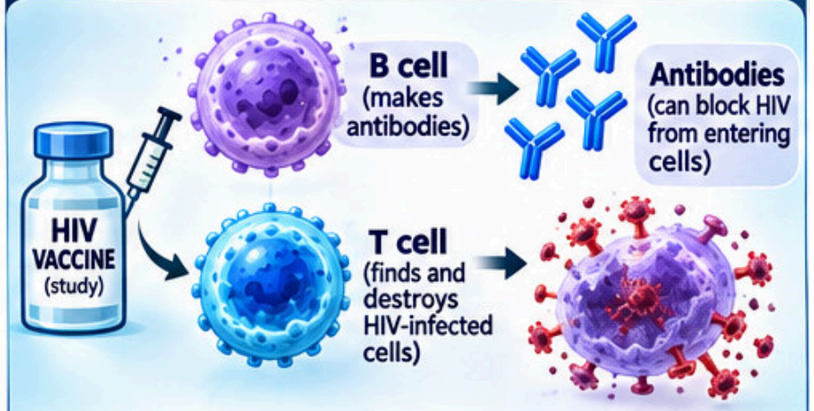
Aim to prevent HIV infection if you are exposed to the virus.

Therapeutic Vaccines (for people living with HIV)

Aim to strengthen your immune system to keep HIV under better control, reduce the amount of virus, and possibly allow periods off medication (in studies).

Neither type is approved yet. Both are being tested in clinical trials.

3 How HIV Vaccines Train Your Immune System



Vaccines show the immune system key parts of HIV so it can make antibodies and T cells that recognize and fight the virus.

4 Broadly Neutralizing Antibodies (bNAbs)

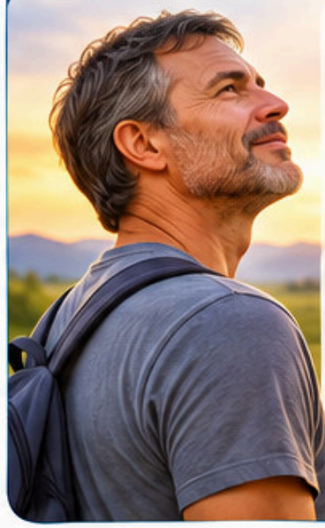


- Special antibodies that can block many different HIV strains.
- Can lower the amount of HIV in the body (viral load).
- Being tested alone and in combination with vaccines.
- Long-acting versions may provide protection for weeks or months.

5 Understanding Clinical Trial Phases

Preclinical (lab and animal studies)	Test the idea and check for safety before testing in people.
Phase 1 (10 – 100 people)	Mainly checks safety and the right dose.
Phase 2 (100 – several hundred)	Further tests safety and how well it triggers an immune response.
Phase 3 (hundreds – thousands)	Finds out if it is effective at preventing or controlling HIV and continues to monitor safety.

6 Could We Eventually Control HIV Without Daily Medication?



- Research is exploring combinations of therapeutic vaccines and long-acting antibodies to keep HIV under control.
- Some people in studies have been able to stay off HIV medication for a period of time.
- But the virus can often return ("viral rebound"), so this is not a cure yet.
- The goal is a "**functional cure**": long-term control of HIV without daily medication.

The Bottom Line: | HIV vaccine research is more active and promising than ever, with new vaccine designs, antibody approaches and combinations in clinical trials. **Continue your prescribed HIV treatment** and talk with your healthcare provider about research studies that may be right for you.

Rerks-Ngarm et al. N Engl J Med 2009;361:2209-2220. doi:10.1056/NEJMoa0908492 | AVAC HIV vaccine pipeline, July 2026.

HIV Vaccine Research: The Road So Far



2009 | RV144 in Thailand
31.2% lower risk of HIV acquisition over 3.5 years.

The first sign a vaccine regimen might offer modest protection. Later trials did not confirm meaningful protection.

What comes next?
Researchers are testing approaches aimed at broader and longer-lasting immune responses.

No approved HIV vaccine. Continue prescribed HIV treatment.

Rerks-Ngarm et al. N Engl J Med 2009;361:2209-2220. doi:10.1056/NEJMoa0908492.

How HIV Vaccines Work: Training Your Immune System

A Simple Guide for People Living with HIV



The Big Idea

HIV vaccines expose your immune system to safe pieces of HIV so it can learn to recognize and fight the real virus.

Step by Step: Building HIV Protection

1 Vaccine (training)



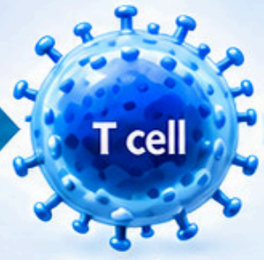
A vaccine shows your immune system key parts of HIV (safely).

2 Immune activation



B cells are activated and start making antibodies against HIV.

3 T-cell response



T cells learn to find and destroy HIV-infected cells.

4 Protection (goal)



Together, antibodies and T cells can block HIV, reduce the virus, and help keep it under control.

Key Immune Players



B cells – make antibodies that can bind to HIV and block it from entering cells.



T cells – find and destroy cells that are already infected with HIV.



Antibodies – proteins that attach to HIV and can stop it from infecting new cells.

Newer Vaccine Strategies



mRNA vaccines – use genetic instructions to teach immune cells to recognize HIV.



Viral vector vaccines – use a harmless virus to deliver HIV instructions.



Mosaic vaccines combine pieces from multiple strains; protein vaccines deliver HIV proteins directly.

What Researchers Are Aiming For

- **Stronger and longer-lasting antibodies** (especially broadly neutralizing antibodies).
- A powerful **T-cell response** to keep HIV in check.
- **Protection against many different HIV strains.**
- Vaccines that work well for people with or without HIV.

Important Takeaways

- Vaccine research is more advanced than ever, with several promising approaches in clinical trials.
- These vaccines are still experimental and not yet available.
- **Continue your prescribed HIV medication** (ART) and talk with your healthcare provider about clinical trial opportunities.

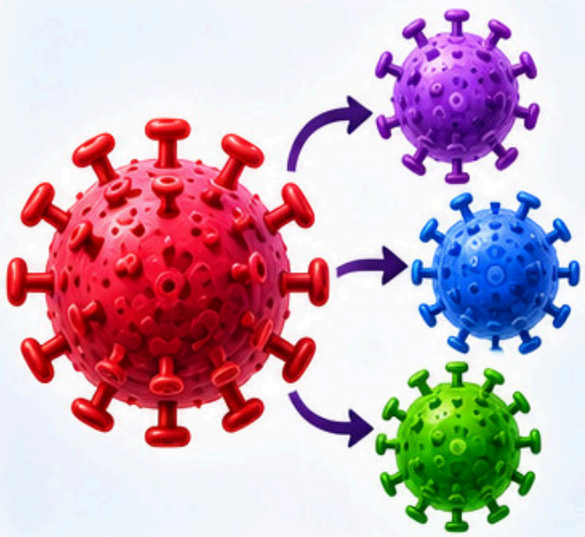
Haynes et al. J Int AIDS Soc 2025;28:e26489. doi:10.1002/jia2.26489.

Why Is HIV So Difficult to Vaccinate Against?

A Look at the Unique Challenges of HIV

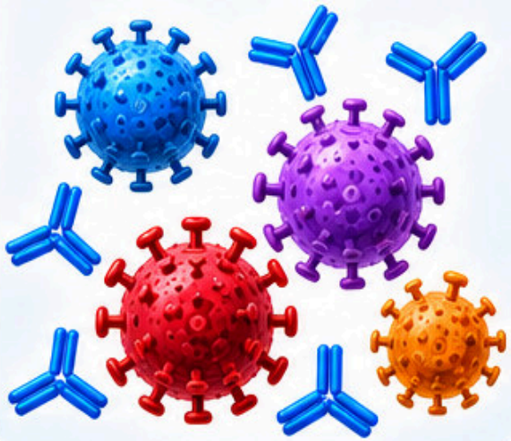
HIV changes rapidly

HIV mutates often, creating new variants that can escape immune defenses.



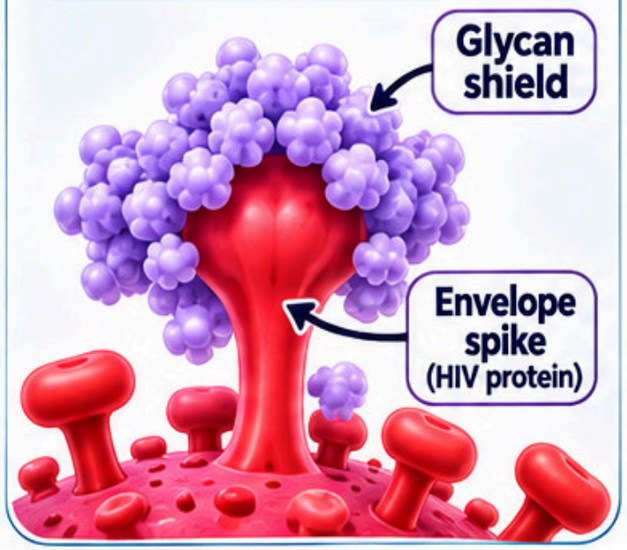
Many HIV strains

HIV exists in many different strains (variants) around the world, so a vaccine needs to work against a wide range of forms.



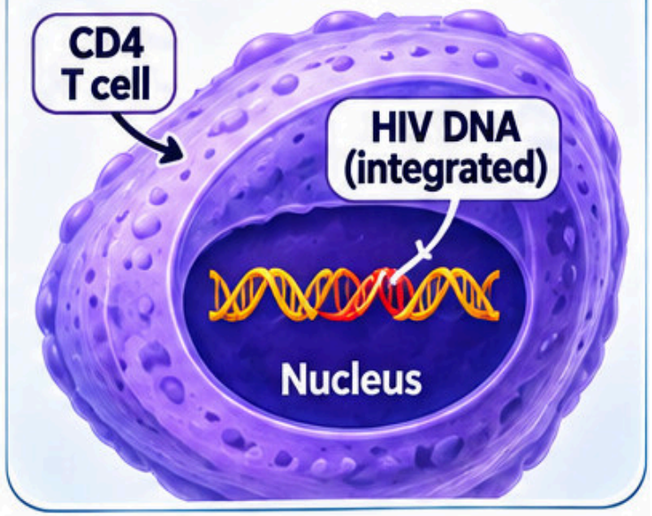
A protective sugar coating

HIV is covered by a layer of sugars (glycans) that can hide key targets from antibodies.



HIV hides inside cells

HIV can integrate its DNA into the genetic material of long-lived CD4 T cells, forming a persistent reservoir even during effective treatment.



How researchers are responding



Train B cells to make broadly neutralizing antibodies.



Target viral regions that change less (conserved regions).



Combine immune treatments to address persistent HIV (the reservoir).

These approaches are experimental. Continue prescribed HIV treatment.

Haynes et al. J Int AIDS Soc 2025;28:e26489. doi:10.1002/jia2.26489 | Liu et al. Nat Rev Bioeng 2026;4:435-453. doi:10.1038/s44222-025-00387-2.

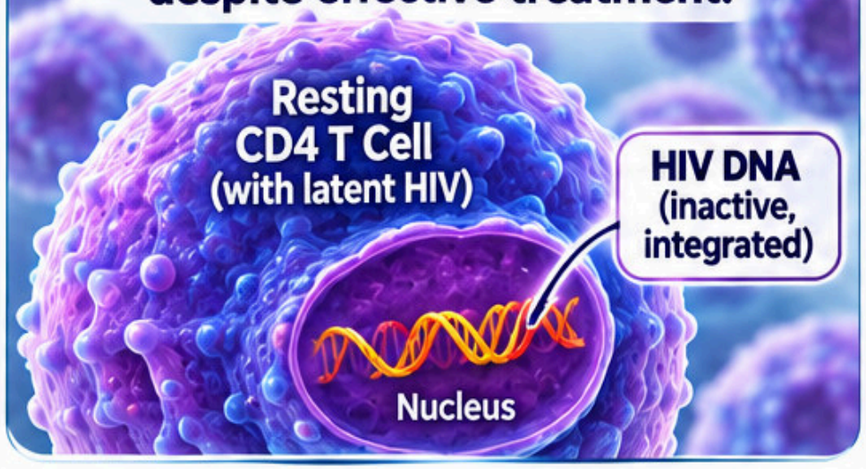
Where Does HIV Hide in Your Body?

The HIV Reservoir: Why HIV Can Persist Even With an Undetectable Viral Load

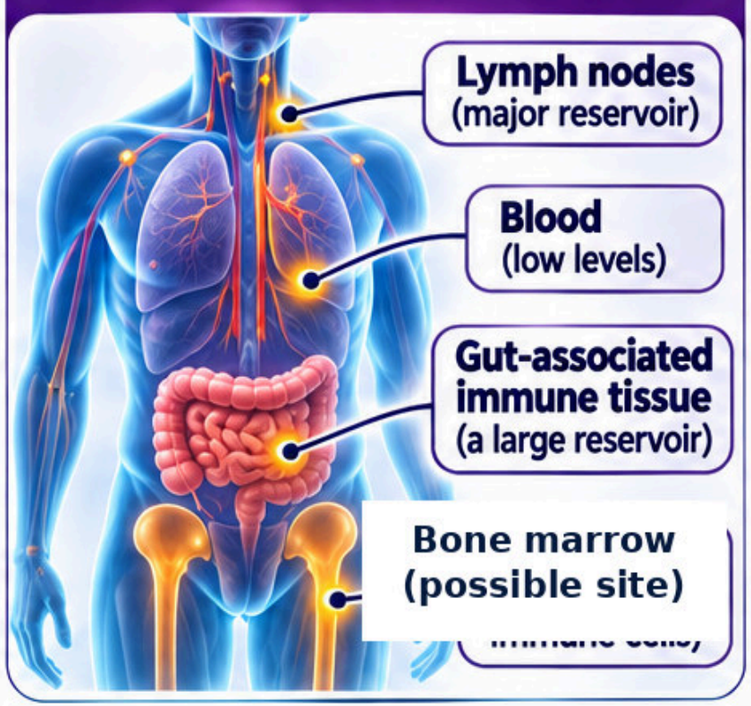
A Key Barrier to a Cure for HIV

What Is the HIV Reservoir?

A small number of long-lived immune cells that contain inactive HIV (a "silent" form), which can persist for years despite effective treatment.



Where Can HIV Persist?



Why Is It Hard to Eliminate?

Long-lived cells:
Some reservoir cells can survive for many years.

HIV can stay "silent":
Silent HIV DNA is not removed by antiretroviral medicines.

The reservoir can be renewed:
Infected cells can slowly create new reservoir cells over time.

It is extensive and widespread:
Reservoirs exist in multiple tissues throughout the body.

Key Takeaways for People with HIV

- An undetectable viral load means treatment is working, but it is not a cure.
- HIV treatment keeps the virus under control and prevents disease and transmission.
- Cure research is focused on safely reducing or eliminating the reservoir.

Promising Strategies Being Studied

- **"Shock and kill"** (activate HIV, then eliminate infected cells)
- **Broadly neutralizing antibodies** (to target and clear infected cells)
- **Gene editing** (to remove or disable HIV DNA)
- **Therapeutic vaccines** (to strengthen long-term immune control)

The HIV reservoir is the main reason a cure for HIV remains a major challenge.

Cohn et al. Cell Host Microbe 2020;27:519-530. doi:10.1016/j.chom.2020.03.014 | Kulpa et al. Nat Rev Immunol 2025. doi:10.1038/s41577-025-01136-7.

HIV Vaccine Trials: Progress, Setbacks and Lessons

Key Clinical Trials That Shaped HIV Vaccine Research

2009 • RV144 • Thailand

31.2% ↓

lower risk of HIV acquisition over 42 months.



First modest protection signal.

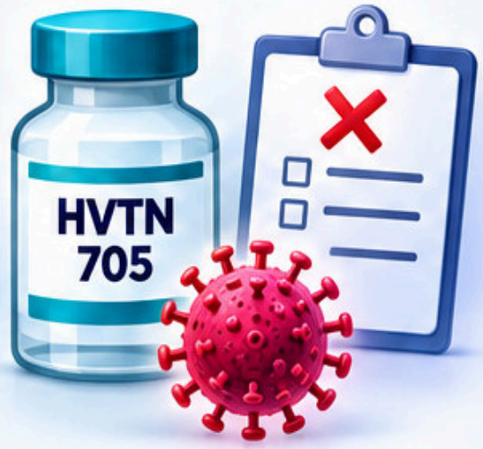
2020 • Uhambo (HVTN 702) • South Africa

No demonstrated protection.



2021 • Imbokodo (HVTN 705) • Southern Africa

No statistically significant protection.



2023 • Mosaico (HVTN 706) • Americas and Europe

No demonstrated protection.



What researchers learned

- Immune responses do not always prevent HIV infection.
- Vaccines need to address many HIV strains.
- New designs aim to generate broader and longer-lasting immunity.

Prevention vaccines are different from therapeutic vaccines for people living with HIV.
Continue prescribed HIV treatment.

Graciaa et al. Infect Dis Clin North Am 2024;38:475-485. PMC11305931 | NIAID HVTN 702 (2020); HVTN 705 and 706 results (2021, 2023).

A New Generation of HIV Vaccines: Germline Targeting

Training Your Immune System to Make Powerful HIV Antibodies

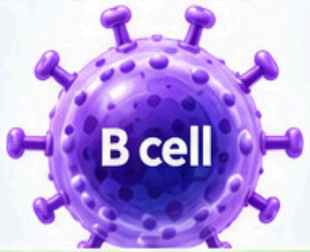


The Big Idea

A germline-targeting vaccine approach aims to activate specific B cells and guide them to produce broadly neutralizing antibodies (bNAbs) against HIV.

1 FIND THE RIGHT B CELLS

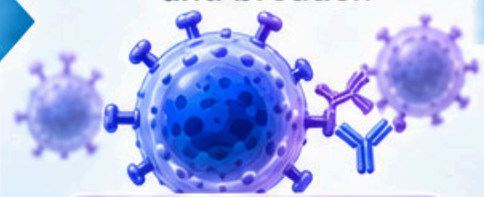
A specially designed first vaccine activates rare B cells (the right starting cells).



Demonstrated in humans

2 TRAIN THEM WITH BOOSTERS

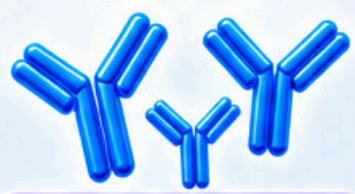
Different follow-up vaccines aim to guide these B cells as their antibodies mature and become stronger and broader.



Research goal (not yet proven)

3 THE GOAL

Broadly neutralizing antibodies (bNAbs) able to recognize and block many different HIV strains.



Research goal (not yet proven)



bNAbs bind to HIV and block susceptible virus from infecting cells.

IAVI G001 • Phase 1 • 48 participants total, including placebo

97% of vaccine recipients developed the targeted early B-cell response.

97% does NOT mean 97% protection against HIV.

It means the first vaccine successfully activated the intended B cells in 97% of participants.

What Comes Next?

Researchers are testing follow-up vaccines to guide antibody development. Protection against HIV infection has not been established.

Experimental HIV vaccines are not a replacement for prescribed HIV treatment.

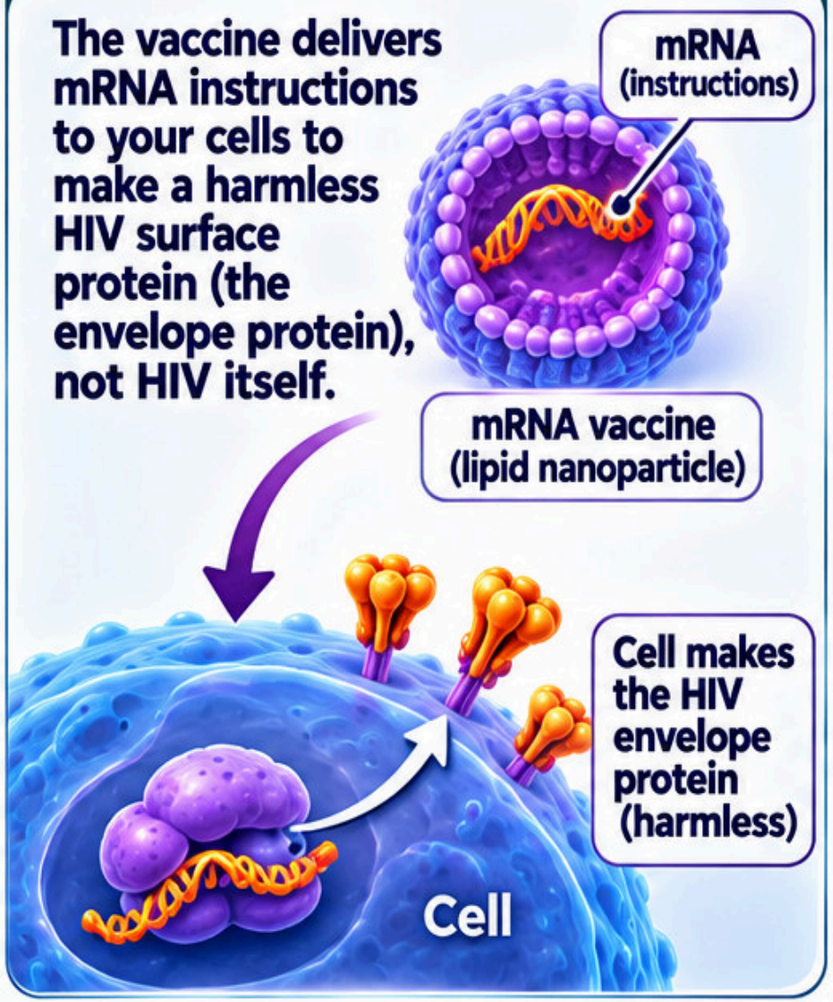
Leggat et al. Science 2022;378:eadd6502. doi:10.1126/science.add6502.

A New Approach to mRNA HIV Vaccines

What the HVTN 302 Study Found

How the mRNA Vaccine Works

The vaccine delivers mRNA instructions to your cells to make a harmless HIV surface protein (the envelope protein), not HIV itself.



Two Vaccine Designs Studied

Membrane-Anchored Envelope Protein



HIV envelope protein anchored to a cell membrane (more natural form)

Soluble Envelope Protein



HIV envelope protein free-floating (soluble form)

Neutralizing antibodies against the vaccine strain (after 3 doses)

Membrane-anchored design	80%
Soluble design	4%

Antibody responses, NOT protection against infection.

The Study

HVTN 302 Phase 1 trial in adults without HIV.

Safety and Next Steps

Hives in 6.5% (7 of 108); 5 had chronic hives. Safety and broader responses need further study.

Experimental prevention vaccine.

Protection against HIV infection has not been established.

Continue prescribed HIV treatment.

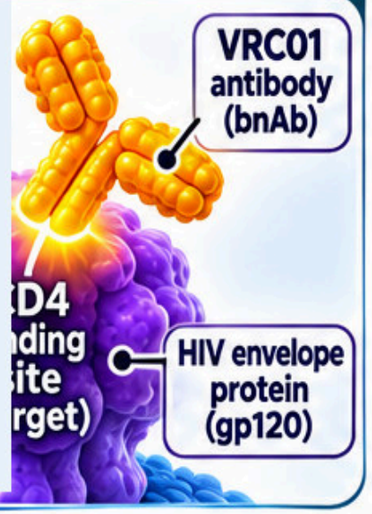
Parks et al. Sci Transl Med 2025. doi:10.1126/scitranslmed.ady6831 | Ann Intern Med 2025;178:963-974. doi:10.7326/ANNALS-24-02701.

Why Antibody Resistance Matters in HIV Prevention

Key Lessons from the AMP Trials

What Is VRC01?

A broadly neutralizing antibody (bNAb) binds a vulnerable part of HIV's envelope (CD4 binding site), blocking susceptible HIV from infecting cells.



HIV Strain Sensitive to VRC01



Antibody binds and blocks the virus from infecting cells.

HIV Strain Resistant to VRC01



The virus has changes (mutations) that prevent VRC01 from binding, so it can still infect cells.

The AMP Trials (2021)

Two randomized, placebo-controlled prevention studies (AMP 1 and AMP 2) with **4,623** participants total.

Key Results

75.4% estimated protection against HIV strains sensitive to VRC01.

95% confidence interval: 45.5% – 88.9%

No significant protection against HIV infection overall.

What's Next?



Researchers aim to combine antibodies that target different regions of HIV and increase coverage against diverse HIV strains.

Prevention studies in people without HIV. Sensitive strains: IC80 below 1 µg/mL (lab measure of antibody activity).

Experimental antibodies are not a substitute for approved HIV prevention or prescribed HIV treatment.

Corey et al. N Engl J Med 2021. doi:10.1056/NEJMoa2031738.

Combining Two Immune Defenses Against HIV

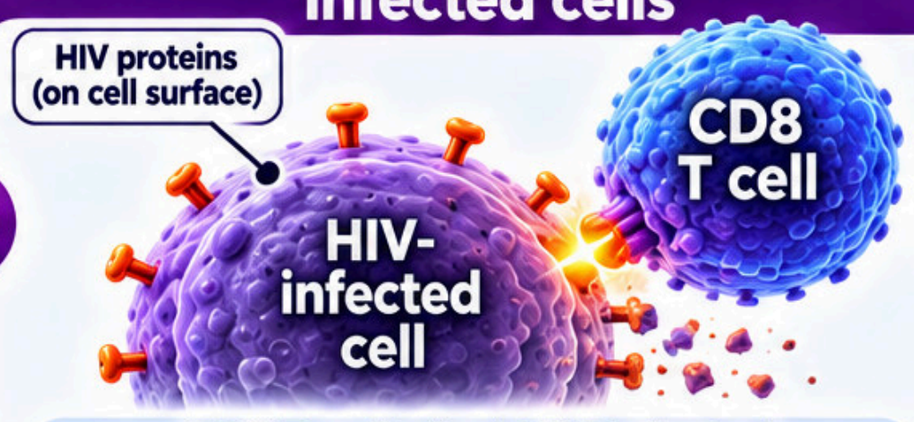
A vaccine strategy that targets HIV in two ways

Antibodies: block HIV from entering cells



Neutralizing antibodies bind to HIV and prevent it from infecting cells.

CD8 killer T cells: recognize and attack infected cells



CD8 T cells find HIV-infected cells by viral proteins on their surface and kill them.

Research goal:



Broader, longer-lasting protection agalinst HIV.

The Study



2020 animal study (macaques)



After 10 exposures to an HIV-related virus (SHIV).

Results: Protection After Repeated Exposure



Animal results, not human efficacy. T-cell responses lowered the antibody level needed for protection.

Human protection and HIV remission are not established by this study.

Experimental vaccine research. **Continue prescribed HIV treatment.**

Arunachalam et al. Nat Med 2020;26:932-940. doi:10.1038/s41591-020-0858-8.

Why Two HIV Antibodies May Work Better Than One

A Promising Research Strategy in People with HIV



ONE ANTIBODY



HIV variants resistant to one antibody may escape.

TWO ANTIBODIES



Targeting different parts of HIV may make escape harder.

Human Study Result

21 weeks

Median time of viral suppression in 9 people with HIV sensitive to both antibodies, during a supervised treatment interruption.

Limitations

- Small early study.
- Results depend on HIV sensitivity to the antibodies.
- Resistance and viral rebound remain possible.

What Researchers Are Testing Next

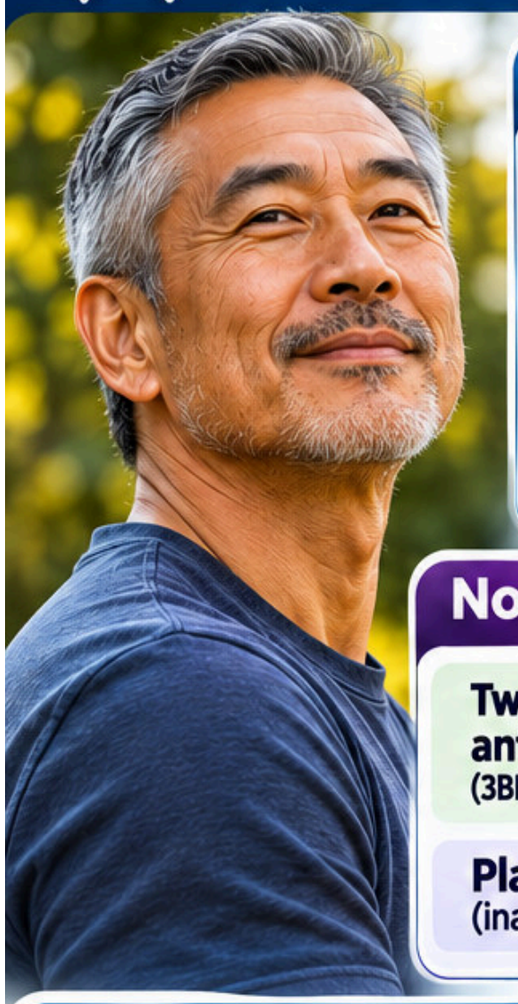
Longer-lasting antibodies and combinations targeting more sites.

Do not stop prescribed HIV treatment outside a medically supervised research trial.

Mendoza et al. Nature 2018. doi:10.1038/s41586-018-0531-2.

The RIO Trial: Two Antibodies Delayed HIV Rebound

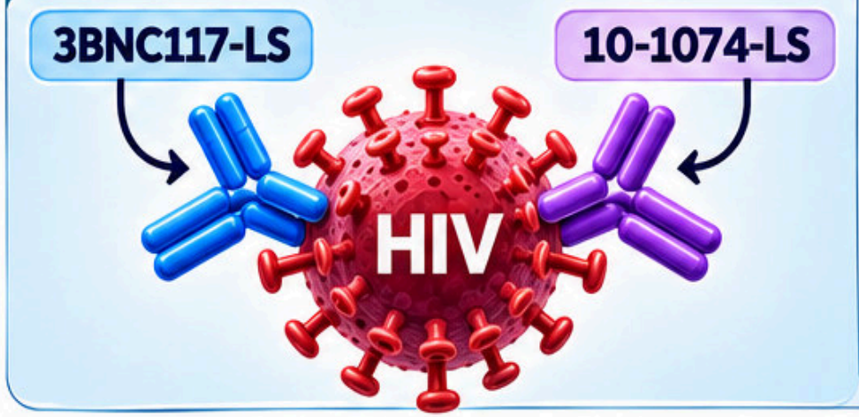
A Key Study in HIV Remission Research



The Study at a Glance

- 68 participants, 34 per group
- Randomized, placebo-controlled study

The Two Antibodies Used



- Two long-acting (monoclonal) antibodies that bind to different parts of HIV.
- Used together to keep the virus in check after stopping HIV treatment (in a study).

No Viral Rebound by Week 20 (Study Definition)

Two long-acting antibodies (3BNC117-LS + 10-1074-LS)	75%
Placebo (inactive treatment)	11%

Time Until HIV Treatment Was Restarted (Median)

Two antibodies	Placebo
45.4 weeks	4.6 weeks

Key Limitations

- All participants were men, mostly White, who started HIV treatment early. Results for other groups are uncertain.
- Viral rebound was defined by the study; no rebound does not necessarily mean undetectable.
- This is not a cure. Antibody resistance remains a challenge.

Do not stop prescribed HIV treatment outside a medically supervised research trial.

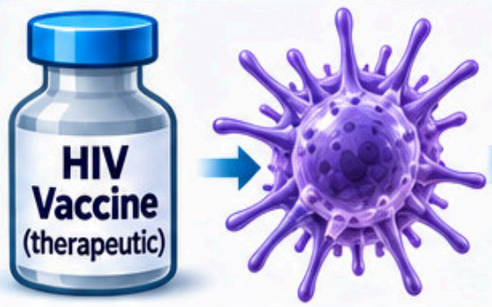
Lee et al. Lancet HIV 2026;13:e527-e537. doi:10.1016/S2352-3018(26)00059-7 | Fumagalli et al. Nat Med 2026;32:3990-4001. doi:10.1038/s41591-026-04644-8.

Training Killer T Cells to Fight HIV

Therapeutic Vaccines to Boost Immunity

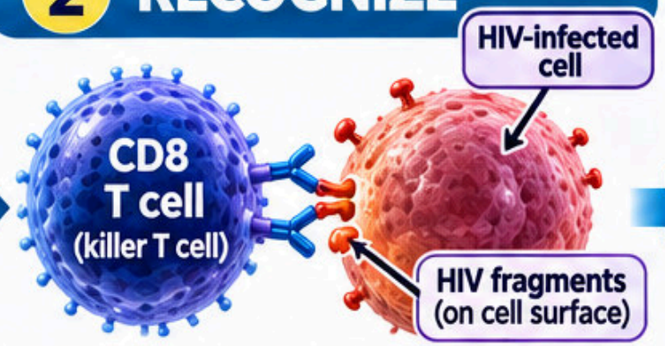


1 TRAIN



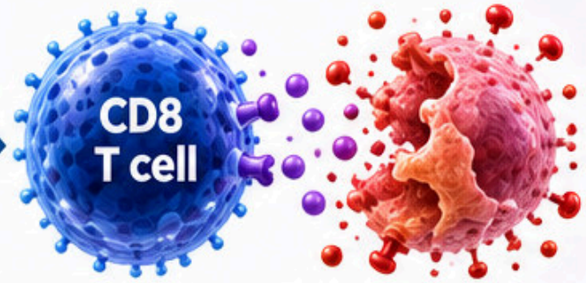
A therapeutic vaccine teaches immune cells to recognize selected HIV proteins.

2 RECOGNIZE



Trained CD8 T cells (killer T cells) identify HIV-infected cells by recognizing pieces of HIV (viral fragments) on their surface.

3 ATTACK



CD8 T cells can then attack and destroy some HIV-infected cells.

Vaccine Approaches

HTI

A therapeutic vaccine that targets selected HIV proteins to trigger a strong T-cell response.

HIVconsvX: targets conserved HIV regions. Phase 1 tested safety and immune responses in adults without HIV.

What Human Studies Found

AELIX-002 (Phase 1)

- 45 participants.
- Strong CD4 and CD8 T-cell responses.
- HIV returned in all participants during a supervised treatment interruption.

AELIX-003 (Phase 2a)

HTI vaccines + vesatolimod: strong T-cell responses; HIV returned in all participants during treatment interruption.

(Phase 2a)

Why This Matters

- A strong immune response does not prove long-term HIV control.
- Hidden HIV reservoirs (long-lived, infected cells) remain a challenge.

What Comes Next

- Researchers are studying combinations with antibodies (e.g., bNAbs) and other immune treatments.
- Ongoing and future trials will test whether these combinations can lead to longer control of HIV.

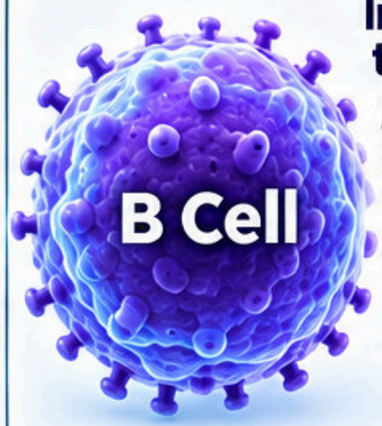
Do not stop prescribed HIV treatment outside a medically supervised research trial.

Bailón et al. Nat Med 2022;28:2611-2621. doi:10.1038/s41591-022-02060-2 | Nat Commun 2025;16:2146. doi:10.1038/s41467-025-57284-w | Borthwick et al. Lancet Microbe 2025;6:100956. doi:10.1016/j.lanmic.2024.100956.

Engineering B Cells to Fight HIV

Turning immune cells into antibody producers

What Are B Cells?



Immune cells that can produce antibodies to recognize and neutralize viruses like HIV.

The Concept: A Three-Step Pathway



1. **B cells** (your immune cells)
2. **Modified B cells** (engineered to make HIV-targeting antibodies)
3. **Antibody production** (antibodies that can bind to and block HIV)

The 2026 Preclinical Study



ANIMAL RESEARCH (nonhuman primates)

Genome-edited B cells in nonhuman primates produced HIV-targeting broadly neutralizing antibodies following vaccination.

Long-lasting immune memory was not achieved.

Why This Approach Is Promising



It could provide a long-term source of broadly neutralizing antibodies (bnAbs) that help control HIV.

Research Goals

- Longer-lasting antibody production.
- Broad coverage of HIV variants.
- Safety and effectiveness in people.

ANIMAL RESEARCH, NOT A PROVEN HUMAN TREATMENT.

Continue prescribed HIV treatment.

Source: Tenuta et al., 2026

Tenuta et al. Gene Ther 2026;33:541-558. doi:10.1038/s41434-026-00610-8.

HIV Cure Research: How Close Are We?

Six approaches researchers are studying

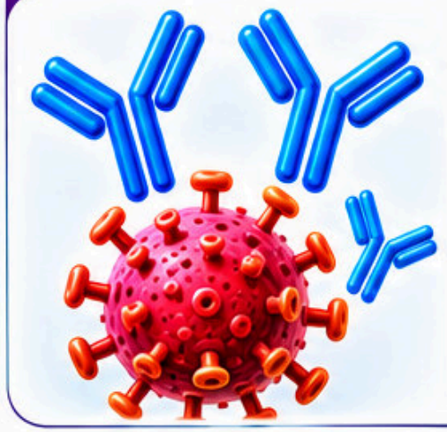
Therapeutic vaccines



Train immune cells to recognize HIV.

Human trials: lasting control not proven.

Broadly neutralizing antibodies



Block HIV and help control the virus.

Human trials: delayed rebound in selected participants.

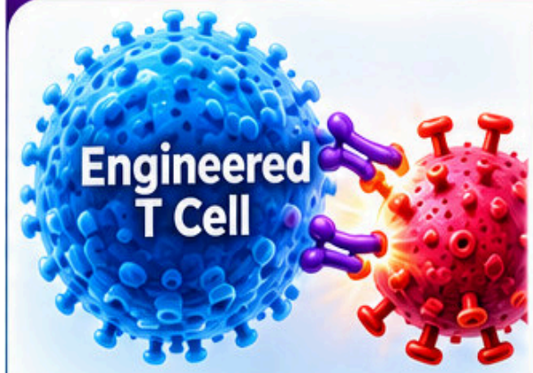
Gene editing



Aim to disable HIV DNA or make cells resistant.

Early human studies: cure not proven.

Engineered immune cells



Modify immune cells to target HIV-infected cells.

Early human research.

Shock and kill



Wake up hidden HIV, then target infected cells.

Human studies: reservoir elimination not proven.

Block and lock



Aim to keep hidden HIV permanently silent.

Mostly laboratory and animal research.

Research goals: lasting remission without ART or elimination of HIV.

No broadly available HIV cure. Continue prescribed HIV treatment.

Kulpa et al. Nat Rev Immunol 2025. doi:10.1038/s41577-025-01136-7 | Shepherd et al. Antiviral Res 2025. doi:10.1016/j.antiviral.2025.106216.

Reported HIV Cure and Remission Cases | AIDS 2026

13 transplant-associated cases reported by July 2026; evidence strength varies.

13 reported transplant-associated HIV cure/remission cases

All 13 followed stem-cell transplants for blood cancer or a related disorder.

Most used donor cells with the CCR5-Δ32 mutation

CCR5-Δ32

This is NOT a routine cure for most people living with HIV.

2009
Berlin patient (Timothy Ray Brown)

First widely accepted HIV cure; AML; donor with CCR5-Δ32 mutation.

Longer follow-up

2019
London patient (Adam Castillejo)

Second widely accepted cure; Hodgkin lymphoma; CCR5-Δ32 donor.

Longer follow-up

2023
Düsseldorf patient (Marc Franke)

Confirmed cure after AML treatment; off ART since 2018.

Longer follow-up

2022/2023
New York patient

First woman and first mixed-race person; haplo-cord transplant; no HIV after ART stop.

Longer follow-up

2022/2023
City of Hope patient (Paul Edmonds)

65+

Older person; longest time living with HIV before cure; CCR5-Δ32 donor.

Longer follow-up

2023
Geneva patient

Possible cure/ remission after transplant from a donor without the CCR5-Δ32 mutation.

Possible cure / remission

2024/2025
Second Berlin patient

Long treatment-free remission after transplant from donor with only one CCR5 mutation (heterozygous donor).

Longer follow-up

2024
French patient

Possible cure/ remission in a woman; ongoing HIV-free remission after ART stop.

Possible cure / remission

2025
Chicago patient

First known sustained remission after an earlier post-transplant HIV rebound.

Remission after rebound

2025
Oslo patient

Remission after sibling-donor transplant; first case using a brother's donor cells.

Longer follow-up

2026
Toronto patient

CCR5-Δ32

Likely cure/ remission announced in Canada after CCR5-Δ32 donor transplant.

Possible cure / remission

2026
Essen patient

Likely cure/ remission in

Possible remission; mixed-tropic HIV and hepatitis B.

Possible cure / remission

2026
Kansas City patient

(youngest)

Youngest reported case; sustained remission after transplant and supervised ART stop.

Possible cure / remission

What these cases teach us

- A cure is biologically possible.
- Stem-cell transplantation can eliminate or control HIV in rare situations.
- These cases are extremely rare and high-risk.
- Researchers are trying to learn from them to create safer, scalable cures.

Key terms (icons)

- **Cancer / blood disease** — e.g., AML, Hodgkin lymphoma.
- **Stem-cell transplant** — replaces immune cells with donor cells.
- **CCR5-Δ32 mutation** — a natural change that can block HIV from entering cells.
- **ART** — antiretroviral therapy; HIV medicine that keeps the virus under control.
- **Mixed-tropic HIV** — can use more than one "door" to enter cells.

Do not stop prescribed HIV treatment outside a medically supervised research setting.

amfAR, Curing HIV: How Far Have We Come? (August 2026); AIDS 2026 conference reports (July 2026). Transplant cases only.

WHY HIV RESEARCH NEEDS MORE DIVERSE PARTICIPANTS

Study Findings Highlight the Need for Broader and More Inclusive Trials

A Specific Study Example

In the pooled analysis of the AELIX-002 and AELIX-003 trials, 88 people underwent a supervised treatment interruption (a planned and closely monitored pause in HIV treatment).

- 87 men
- 1 woman

88 people total

All began HIV treatment early after infection.



These results are important, but they come from a mostly male and early-treated group, which does not represent everyone living with HIV.

Who Needs More Representation?

- Women
- Transgender people
- Older adults
- Long-term survivors (many years with HIV)
- People who began treatment later
- People from diverse ethnic backgrounds

Why It Matters

Immune responses, health conditions, and treatment history can differ between people.

Results from a narrow study population might not apply to everyone living with HIV.

What Better Research Looks Like

- **Inclusive recruitment** that reflects the diversity of people living with HIV.
- **Accessible study visits** (such as flexible scheduling and support for travel, if needed).
- **Clear information about safety,** risks, and what participation involves.
- **Reporting results across different groups** (for example, by age, sex, gender identity, and ethnicity).

Participation depends on study eligibility. **Continue prescribed HIV treatment.**

Bailón et al. Commun Med 2026;6:11 (online 2025). doi:10.1038/s43856-025-01266-y.

Promising Results vs. Proven Benefits

Why early HIV research findings don't always translate into real-world success.

What "Promising Results" Mean



Early signs that a strategy is working, such as:

- **Strong immune responses** (antibodies or T cells)
- **Reduction of HIV** in the lab or in animals
- **Early signals of viral control** in small human studies

The Path From Discovery to Real-World Use

- **Laboratory research** (proof of concept)
- **Animal studies** (safety and early efficacy)
- **Early human trials** (safety and immune response)
- **Larger clinical trials** (real-world effectiveness and long-term safety)

What "Proven Benefits" Mean



Clear, consistent benefits in well-designed human studies, such as:

- **Demonstrated protection against HIV infection**
- **Sustained control of HIV without treatment (remission)**
- **A cure (no detectable HIV and no need for ongoing treatment)**

Why Do Promising Findings Sometimes Not Translate?

- **HIV is highly diverse and changes rapidly (mutates).**
- **Immune responses may be strong but not broad enough.**
- **Results in animals or small studies may not hold up in larger, more diverse human trials.**
- **Benefits may be temporary, with the virus returning later.**
- **Safety, dosing and long-term risks need thorough evaluation.**

The bottom line: Promising results are an important step forward, but they are not the same as proven protection or a cure.

Continued, rigorous clinical research is essential to turn early promise into real and lasting benefits for people living with HIV.

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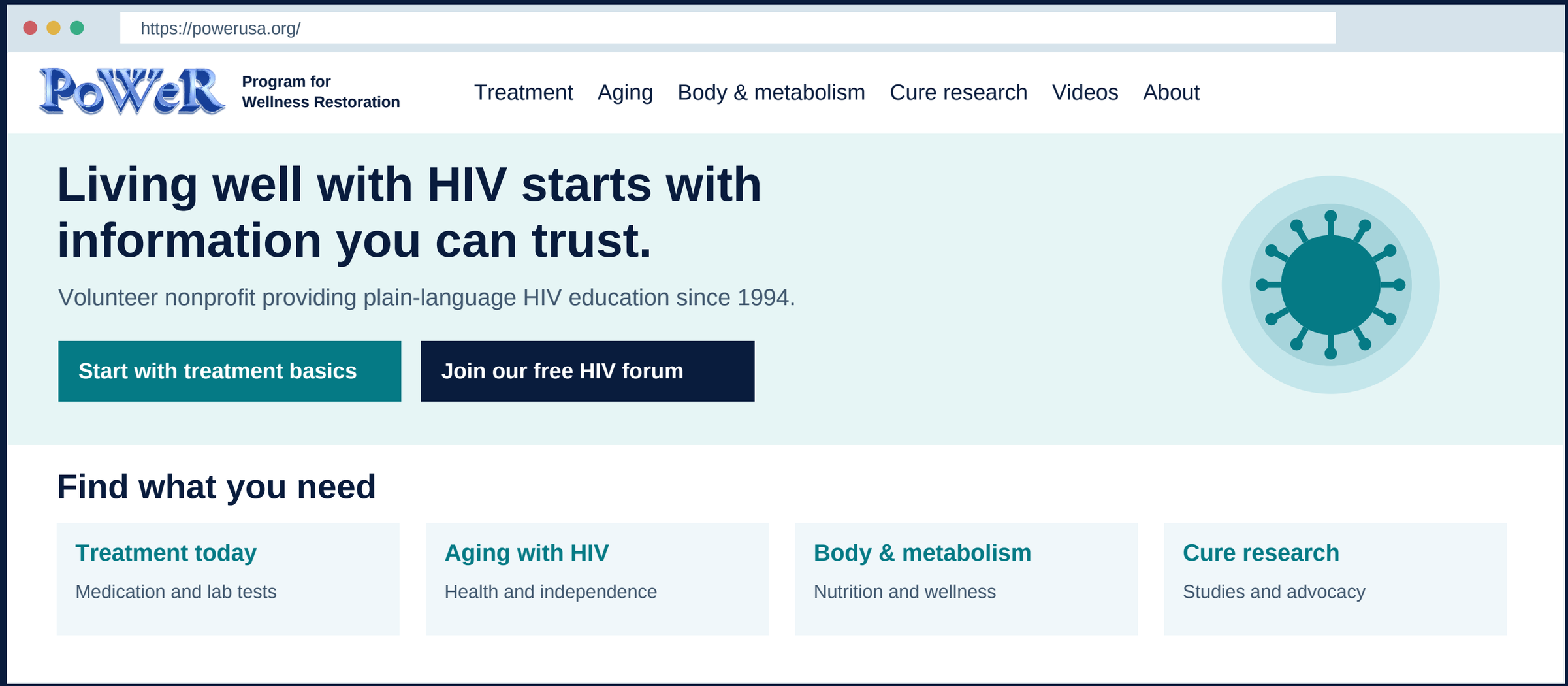
Free HIV education, research updates and community support



Homepage illustration based on current site content (not a live screenshot).

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