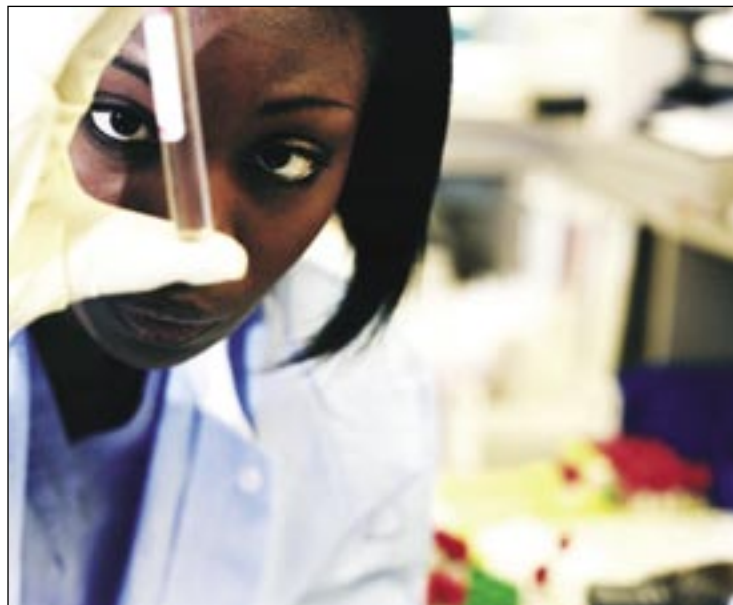


Myths About HIV Vaccines and Vaccine Research

The development of a preventive vaccine, as part of a comprehensive response to HIV that includes treatment and prevention, will be our best hope for ending this pandemic. Vaccines have ended smallpox epidemics, have nearly eliminated polio and have drastically reduced the incidence of infectious diseases like measles in the U.S.

In the Black community, due to our historical memory of previous injustices, we are suspicious about vaccines and research. Over the years of our elders sharing these experiences, stories have turned into myths. These myths become perceived as “truth,” even though, in the telling, some of the information has become inaccurate.



However, when HIV is one of the leading causes of death for Black men and women in the U.S., it is critical that the myths which have become harmful to our community are demystified. Below are some of the most prevalent myths in our community about HIV vaccines and research that are *not* accurate and the *facts*.

■ Myth 1: An HIV vaccine already exists.

■ The Facts:

In a survey conducted by the National Institute of Allergy and Infectious Diseases, 48 percent of African Americans believe that an HIV vaccine already existed, but was being concealed.

An effective HIV vaccine has NOT been developed yet. An HIV vaccine is a substance that teaches the body's immune system to recognize and protect itself against HIV. The effort to develop an HIV vaccine is one of the most urgent efforts in the world today. There have been over 70 small-scale studies in humans of over 35 different types of HIV vaccine candidates globally, but to date, none has proven effective in preventing HIV infection.

■ Myth 2: HIV vaccine research uses Blacks as guinea pigs.

■ The Facts:

Many of us cannot think about the word “research” without thinking about the Tuskegee Syphilis study conducted on Black men. This 1932 study looked at the natural history of syphilis without treatment. None of the men was given syphilis, but when penicillin became available in 1946 to cure syphilis, researchers did not inform or treat these men.

Black AIDS Institute
1833 W. Eighth St.
Los Angeles, CA 90057
213-353-3610
213-989-0181

This Fact Sheet is designed for educational purposes only and is not engaged in rendering medical advice or professional services. The information provided through this Fact Sheet should not be used for diagnosing or treating a health problem or a disease. It is not a substitute for professional care.

Because of Tuskegee and other research misconducts, systems have been put in place to protect Blacks and others who become involved in clinical trials (or research) from being exploited. Today, instead of “guinea pigs”, participants in trials have more say in what happens to them. Participants in HIV vaccine trials are volunteers, so if at any time a person no longer feels comfortable in the study, they can stop without consequences.

Volunteers are made fully aware of any risks involved through a process called informed consent, where the volunteer sits with a member of the research staff to make sure that the volunteer understands what will occur during the trial as well as the risks and benefits of their participation. Additionally, groups have been established to oversee research studies to make sure that participants are protected. These groups are not connected to the research. They monitor and review whether trials are relevant, safe and ethical before, during and after the trial.

■ Myth 3: In order for the HIV vaccine to work, it must have HIV in it.

■ The Facts:

Many of us may remember our parents making sure that we had our vaccinations when we were children. As we grew older, we learned that in order to make the vaccines, scientists used some part of the disease they were trying to vaccinate against.

Due to the risk of HIV infection, HIV vaccines are NOT being developed in this way. Advances in technology allow HIV vaccines to be developed from genetically engineered components of HIV. These man-made products DO NOT have actual HIV in them.

■ Myth 4: You must have HIV to volunteer in a preventive HIV vaccine trial.

■ The Facts:

All volunteers in preventive HIV vaccine trials are HIV-negative. In order to test whether an HIV vaccine will prevent HIV infection, the participants MUST be HIV-negative when they start the trial.

■ Myth 5: You risk becoming HIV positive if you participate in a vaccine trial.

■ The Facts:

Some volunteers in HIV/AIDS vaccine trials receive vaccines that will stimulate their immune systems to respond to genetically engineered pieces of HIV. However, these vaccines DO NOT contain the actual virus.

People who volunteer to participate in HIV vaccine trials are just like people who do not; they may engage in behaviors that expose them to HIV. Because the HIV vaccines do not contain the actual virus, volunteers in these trials may become HIV positive as a result of engaging in behaviors that are high risk for HIV transmission.

■ Myth 6: With HIV treatments available, we do not really need a vaccine.

■ The Facts:

There have been great successes in HIV treatments. Anti-HIV drugs have saved countless lives. However, these drugs treat HIV, they do not cure HIV.

HIV treatments can reduce how fast HIV grows in the body, however there are many people who experience serious side effects. People who take these drugs may also develop resistance, making the drugs less effective in treating HIV in their body.

**BLACK AIDS
INSTITUTE**
**fact
SHEET**

Blacks have less access to the most current treatment information and quality care. As a result of this and other factors, Blacks have the lowest AIDS survival rate of any racial/ethnic group in the U.S.

HIV treatment and prevention alone cannot stop the HIV epidemic. To stop the epidemic, we need a comprehensive approach that includes HIV treatment, prevention *and* effective HIV vaccines.

Final word

Research involves testing ideas and concepts to develop new drugs and vaccines. This includes HIV/AIDS vaccines. Research allows us to see the effectiveness of vaccine candidates. What you should know is that there is no way that researchers can test the safety and effectiveness of HIV vaccines in Black folks if we do not participate in these trials.

You don't have to make a decision, now. Get educated! Get Involved! To get more information about HIV vaccine trials going on near you, call 866-833-LIFE (5433). HIV is our problem, we have to be part of the solution!

Find out more

For more information on HIV vaccines and research, or to obtain any of these publications:

Black AIDS Institute
213-353-3610
www.BlackAIDS.org

AIDS Vaccine Advocacy Coalition.
www.avac.org

HIV Vaccine Trials Network
www.hvtn.org

National Institute of Allergies and Infectious Diseases, Division of AIDS
www.niaid.nih.gov/daids/vaccine/

AIDSinfo – for information on HIV vaccine trials in your area
www.aidsinfo.nih.gov