CENTER FOR AIDS PREVENTION STUDIES (CAPS)

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University of California San Francisco...A Health Sciences Campus

DISCUSS w/ STEVE

Track C Committee Meeting
January 24, 1990

Present: Thomas Coates, PhD; Elizabeth Donegan, MD; Patricia Evans, MD; Walter Hauck, PhD; Norman Hearst, MD, MPH; Stephen Hulley, MD, MPH (chair); Ann Johnson (visitor); Alan Lifson, MD; Bernie Lo, MD; Nancy Padian, PhD; Herb Perkins, MD; Arthur Reingold, MD, MPH; Joanna Rinaldi; George Rutherford, MD (co-chair); Robert Wachter, MD; Warren Winkelstein, MD, MPH; Diane Hinkly (staff)

Opening Remarks:
Steve Hulley outlined the following three areas requiring committee action:

- Choice of rapporteurs
- Choice of chairmen for sessions
- Choosing several invited panels

Rapporteurs:
The committee decided on two rapporteurs for Track C:

- Alan Lifson to speak on epidemiology
- Elizabeth Ngugi to speak on prevention → not a good choice. Spoke at Stockholm plenary

Invited Sessions:
George Rutherford outlined the choices of three types of sessions:

- Abstract presentations
- Symposia (20 minute invited presentation)
- Panel discussion (10 minute invited presentations followed by panel discussion)

Drs. Roper and Gallway were proposed to moderate the sessions.

The four sub-committee chairs presented their committee actions and recommendations. After considerable discussion, and commendation for the good plans, George Rutherford agreed to meet with the chairs of the four sub-committees of Track C to flesh in the invited sessions. This was done, and the results are attached. Call George right away if you have suggestions.

Since the meeting we have received the preliminary breakdown on the 4818 abstracts sent to the conference, to whet your appetite for the marathon session. **Next meeting:** March 21-24 at the new Marriott. You will receive instructions in due course. See you there!

City and County of San Francisco

Department of Public Health

February 2, 1990

Stephen B. Hulley, M.D., M.P.H., Professor and Vice Chairman
Department of Epidemiology and Biostatistics
School of Medicine
University of California, San Francisco
Prevention Sciences Group
44 Montgomery Street
San Francisco, California 94105

Dear Steve:

I have had a chance to meet with each of the four symposium groups and have been able to work out final proposals for three. Dr. Evans, the chair of the group working on the politics of prevention, wanted some additional time to work out a final proposal with her group.

The other three proposed symposia/panel discussions are:

Title: Reducing Occupational Risks among Health Care Workers
Type of Session: Symposium

Chairs: Marian McEvoy (UK)
Michael O'Shaughnessy (Canada)

20 minutes Update on Occupational Risk
David Ball (CDC, USA)

20 minutes New Medical Products and Devices to Reduce Risks
Janine Jagger (University of Virginia, USA)

20 minutes Chemoprophylaxis for Occupational Exposure
Julie Gerberding (UCSF, USA)

20 minutes Preventing Occupational Exposures in Developing Countries
Nkandu Luo (Zambia)

20 minutes Overcoming Barriers to Compliance with Risk Reduction Policies
Elizabeth Jenner (UK)

AIDS OFFICE

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SAN FRANCISCO, CA 94102

415 - 554-9000

FEB 5, 1990 10:59AM P.02 TO:PREVENTION SCS CTR FROM:SFDPH AIDS OFFICE

Title: Impact of Therapeutics on the Natural History of HIV Infection
Type of Session: Symposium

Chairs: Warren Winkelstein (UCB, USA)
Court Pedersen (Denmark)

20 minutes Overview/summary of experimental and clinical evidence
Sten Vermund (NIAID, USA)

20 minutes Effect of therapy on markers for progression
Joep Lange (Netherlands)

20 minutes Effect of therapy on clinical progression
Martin Schecter (Canada)

20 minutes Effect of therapy on AIDS patient survival ✓
George Lemp (SFDPH, USA)

20 minutes Effect of therapy on the epidemic
Mitchell Gail (Johns Hopkins, USA) ✓

20 minutes Discussion

Title: Outstanding Issues in the Sexual Transmission of HIV
Type of Session: Panel Discussion

Chairs: Nancy Padian (UCSF, USA)
Maria Eugenia Lemos Fernandes (Brazil) } who will moderate?

10 minutes Type I and type II countries
M. Laga (Belgium)

10 minutes HIV as an STD
King Holmes (University of Washington, USA) ← AFRICA? NAIROBI GROUP

10 minutes The association between STDs and HIV
Peter Smith (UK)

10 minutes Transmission dynamics of HIV
Klaus Deitz (FRG)

10 minutes Current trends in the epidemiology of HIV among homosexual men
Warren Winkelstein (UCB, USA)

10 minutes Prevalence of risk behaviors
Anne Johnson (UK)

50 minutes Moderated discussion

10 minutes Summary comments
Chairs

There are, in addition, alternates for several of these proposed sessions.

Unfortunately, I will be in Geneva next week and out of touch. I think it would be best, as we discussed, to mail this letter out with the minutes and let committee members react. I'll be in touch with you when I return (week of February 12).

Thanks for your help.

Best wishes,

George

George W. Rutherford, M.D.
Director, AIDS Office

cc: Robert Wachter, M.D., Program Director

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December 1, 1989

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To: Members of the 6th International AIDS Conference Track C Committee

The minutes of our recent meeting are attached. Recognizing that committee work like this always results in a bunch of compromises, we're pretty happy with it. If you would like to register differing views about any of the decisions, please call one of us by Monday, December 11, 1989. Unless we hear strong objections from a number of you, we will go ahead and send out invitations to the indicated speakers.

We also need to pick one or two individuals to serve as rapporteurs, summing up what's new from this conference just before the closing ceremonies on the final morning. We're asked to choose bright, young, vigorous, eloquent individuals who could organize a team to develop this talk as the conference is in progress. One excellent suggestion has been Alan Lifson. Please let us know if you have views on this, or on other candidates for the job.

Also enclosed are a list of our membership and some recent materials from the Local Organizing Committee to which we report. We look forward to hearing from our subcommittees at our meeting in January. Until then, Happy Holidays!

Sincerely,

Steve

Stephen B Hulley MD, MPH
Chair, Track C Committee

George /dA

George Rutherford MD
Co-Chair, Track C Committee

6th International AIDS Conference, Track C Program Committee
Minutes of meeting on November 17, 1989, 3:00-6:00 pm

Present: Thomas Coates, Elizabeth Donegan, Don Francis, Barbara Gerbert, Norman Hearst, Stephen Hulley (chair), George Lemp, Alan Lifson, Nancy Padian, George Rutherford (co-chair), Bob Wachter (ex officio), John Watters, Warren Winkelstein; Diane Hinkly (staff)

Opening and Closing Ceremonies

There was general agreement that the current format for the "opening ceremony" was redundant with prior conferences and somewhat boring. The Committee again suggested a memorial to AIDS victims at the onset, and that Jonathan Mann give his presentation on "Changing Epidemiology in AIDS worldwide" earlier in the program. Bob Wachter indicated that suggestions were welcome, but "control was limited" by this Committee. It was suggested that there were too many individuals, and that Paul Volberding and John Ziegler could each appear only once, either opening or closing.

Individual Plenary Sessions

Bob Wachter announced that there would be a total of four plenary presentations in the Track III category and that two more "wild card" sessions could be added in March. The committee made the following decisions:

Presenter	Topic
Stimson (UK)	Epidemiology and Prevention of HIV infection in IV Drug Users
Jaime Sepulveda (Mexico)	Changing Demographics in Latin America
GJP Van Grienszan (Neth)	Natural History and Secondary Prevention
Mindy Fullilove (NY)	Epidemiology and Prevention of HIV Infection in Adolescents

For these presentations, and also for those in the STP session listed below, Drs Hulley and Rutherford will review the letters of invitation drafted by Dr Wachter and his staff, to assure an optimal set of specific instructions regarding content of the presentations.

Science To Policy (STP) Plenary Sessions

It was suggested that the current title of "Control of the Epidemic: HIV Testing & Risk Reduction" be altered to "Control of the Epidemic: Prevention of HIV Infection."

The following was recommended for the 10 minute talks in this STP plenary session:

Presenter	Topic
William Foege (Carter Center)	Strategy for Prevention: Overview of Methods
Samuel Okwere (Uganda)	Strategies for Prevention of HIV Infection: Community-Based Interventions
Ernesto Guerrero (Dominican Republic)	Strategies for Prevention of HIV Infection: Individual Education, Counseling and Treatment
J-P Allain (France) Thomas Coates (UCSF) H. Aoun (Massachusetts)	Strategies for Prevention of HIV Infection: HIV Testing Part I: Technical Aspects Part II: Does it Work? Part III: Risks: Antidiscrimination

Presenter	Topic (continued)
Gloria Ornelas (Mexico)	Strategies for Prevention of HIV Infection: Condoms and Spermicides
John Gallwey (United Kingdom)	Closing Remarks

Panel Discussions

Bob Wachter announced that there will be 12 to 14 2-hour Track III sessions. We can decide how many to assign to "Scientific Presentations" (10 minute talks selected from the contributed abstracts), and how many to "Panel Discussions" (round tables with invited experts discussing a predetermined topic). The committee tentatively decided to have four Panel Discussions. Recognizing the amount of thoughtful work needed to make each one successful, a subcommittee was created for each to propose subjects and speakers.

Topic	Committee members
Political influence on science of prevention (nat'l and local)	Pat Evans (chair) Tom Coates Norman Hearst Joanna Rinaldi John Watters Gene Washington
Beyond natural history: the influence of therapeutics on HIV disease	George Lemp (chair) Warren Winklestein Bernard Lo Jim Wiley Herb Perkins
Prevention of occupational risks	Elizabeth Donegan (chair) Julie Gerberding Barbara Gerbert James Carlson Walter Hauck
Issues in transmission of HIV infection	Nancy Padian (chair) Alan Lifson Mindy Fullilove Don Francis Art Reingold

Each Subcommittee is asked to develop a written report with a proposed list of speakers and topics for distribution one week before our next meeting of the full committee. There should be about 4 speakers, at least 2 non-U.S., and it would be helpful if the subcommittee report fleshed in some of the things that each speaker should cover in his topic (we will use this in writing the letters of invitation, which will need to go out soon after our next full committee meeting).

Future Meetings

Our next meeting will be held at 1:30-3:15pm on Wednesday, Jan 24th in the SFDPH Offices (25 Van Ness, fifth floor). This uses the time slot of the Epidemiology Consortium, and precedes the SFDPH grand rounds at 3:30 that same day.Then comes the big marathon to select the abstracts--please be sure that you have set aside March 21 to 24 on your calendar.

Minutes of
A Meeting of the Local Organizing Committee

25 October 1989

In Attendance: LOC Members: John Greenspan, Stephen Hulley, Jay Levy, Pierre Ludington, Michael McGrath, Andrew Moss, Paul Volberding, Robert Wachter, Constance Wofsy, Barbara Woodruff, John Ziegler

Others: James Bunn, William O'Connor, Chuck Smukler, Dana Van Gorder, Pam Wool

Review of Minutes

In minutes of 27 September 1989, page 2, under ***Community Task Force***, change the third sentence of the second paragraph as follows:

From: The Conference will be the primary financial sponsor and will consider soliciting other co-sponsors for these events.

To: The Conference will be a sponsor and will help solicit other co-sponsors for these events.

Non-Profit Exhibition Booths and PWA Scholarships

Dana Van Gorder reviewed the Community Outreach Program (see attached).

Members approved the following policies: the Conference will provide each of the 140-150 not-for-profit exhibit booths with 2 exhibit passes, 1 full delegate pass and 2 passes for distribution to people with HIV (i.e. clients and/or those who work with the community based organizations). No less than one-third of the booths will be given to international organizations, one-third will be given to national organizations and no more than one-third to local organizations. No individual group will be given more than one space. A subcommittee of the Community Task Force will (1) develop a policy for not-for-profit exhibit booths, (2) develop a policy for PWA/HIV passes, and (3) coordinate booths and PWA scholarships. The Community Task Force will mail out exhibitor packets with surveys to evaluate the clientele and work of each organization applying for a booth. Some booths will house more than one organization; the Community Task Force needs to clarify its policy about passes given to shared booths.

In order to replenish loss of revenue from 280-300 free registrations to PWA's, the PWA Scholarship Fund will be added to the list of fundraising goals ($400 x 300 = $120,000). Providing funds for travel and housing is up to the community and their own fundraising efforts. The Community Task Force will make a list available of people willing to house delegates for free.

WHO has offered to bring people from developing countries to San Francisco for a Community Task Force meeting. Some members suggested trying to have this visit coincide with a LOC meeting.

Registration Discounts and Scholarships

Members reviewed Montreal's policies for providing complimentary registration and/or travel money to invited guests of the Conference (see attached).

Members decided that the Conference will pay registration, hotel, travel and per diem of invited speakers for the Opening Ceremony, Closing Ceremony, and Plenaries, as well as many delegates as possible from developing countries. There will be no honoraria.

Communications

Connie Wofsy and Jim Bunn provided updates on the decision to hire CBC as host broadcaster, the budget, the hiring of Communications staff by Bunn Communications International instead of by the University, and the newsletter.

Program

Bob Wachter reviewed drafts of the Opening and Closing Ceremonies and Plenary Sessions (drafts are to be kept confidential). He relayed Lars Kallings' comment that there is not enough science in the Opening Ceremony. Kallings suggests showing a video of scientists. This will be the subject of further discussions.

Tracks need to begin focusing on afternoon sessions.

The Conference plans to mail invitations to plenary speakers in early December.

Fundraising

Genentech has donated $10,000 for the PWA Scholarship Fund.

The next meeting of the Local Organizing Committee is scheduled for **Wednesday, 29 November 1989** from 8:30-10:30 am in the SFGH Ward 84 Conference Room.

(updated 11/29/89)

Logistics Overview for the Sixth International Conference on AIDS 20-24 June 1990

Function Space (refer to maps/floorplans)

Monday, 18 June:

Set-up/Move-in Day (Moscone - all day, Marriott - 8:oopm, see Wednesday)

Tuesday, 19 June:

Marriott Hotel

Golden Gate Hall
Registration
Non-Profit Exhibits
Lounge Area

Introductory Seminars
Open Lounge Area

(unassigned)

Set-up/Move-in Day (see Wednesday)

Wednesday, 20 June:

Marriott Hotel

Golden Gate Hall
Registration
Non-Profit Exhibits
Lounge Area

Yerba Buena Ballroom
Introductory Seminars
Open Lounge Area

Meeting Suites
(unassigned)

Walnut & Redwood
Nursing Station #1

Grand Assembly Counters
Message Centers #1

Grand Assembly Rooms
Speaker Ready & Interview

Laurel
(unassigned)

Willow
Business Center #1

Moscone Center

Upper Lobby
Exhibitor Reg.
Message Center #2
Lounge Area
Media Reg.

Lower Lobby
Open Lounge Area
Telephones

Mezzanine East
Press & Media
Business Center #2
Speaker Ready Room

Halls "A&B"
Opening Ceremony

Ballroom
Opening Ceremony Overflow

Mezzanine West
Conference Offices
Nursing Station #2
Child Care

Hall "C"
Commercial Exhibits
Main Reception Area

Hall "C" Swingspace
Reception Space

Hall "A" Swingspace
"J" entrance to Opening
"K" Press Conference

Thursday- Saturday, 20-23 June:

Marriott Hotel

Golden Gate Hall
Registration
Non-Profit Exhibits
Lounge Area

Yerba Buena Ballroom
Three Scientific Sessions

Meeting Suites
(unassigned)

Walnut & Redwood
Nursing Station #1

Grand Assembly Counters
Message Centers #1

Grand Assembly Rooms
Speaker Ready & Interview

Laurel
(unassigned)

Willow
(unassigned)

Thursday- Saturday, 20-23 June, cont'd:

Moscone Center

Upper Lobby
Exhibitor Reg.
Message Center #2
Lounge Areas

Hall "A"
Plenary Session (a.m.)
Scientific Session (p.m.)

Hall "B"
Plenary Session (a.m.)
Scientific Session (p.m.)

Hall "C"
Commercial Exhibits
Posters
"Outdoor" Restaurant

Lower Lobby
Open Lounge Area
Telephones

Rooms "F, G, & H"
(Plenary Overflow, a.m.)
Each is a Scientific Session (p.m.)

Hall "C" Swingspace
Two Concurrent
Premier Poster Sessions

Mezzanine East
Press & Media
Business Center #2
Speaker Ready Room.

Mezzanine West
Conference Offices
Nursing Station #2
Child Care

Hall "A" Swingspace
"J" entrance to "A"
"K" Press Conference

Sunday, 24 June:

Marriott Hotel

Golden Gate Hall
Registration
Non-Profit Exhibits
Lounge Area

Walnut & Redwood
Nursing Station #1

Laurel
(unassigned)

Yerba Buena Ballroom
move out

Grand Assembly Counters
move out

Willow
(unassigned)

Meeting Suites
(unassigned)

Grand Assembly Rooms
move out

Moscone Center

Upper Lobby
Message Center #2
Lounge Area

Halls "A&B"
Rapporteur Sessions
Closing Ceremony

Hall "C"
Move out (early)

Lower Lobby
Open Lounge Area
Telephones

Ballroom
Overflow

Hall "C" Swingspace
Lounge Area

Mezzanine East
Press & Media
Business Center #2
Speaker Ready Room

Mezzanine West
Conference Offices
Nursing Station #2
Child Care

Hall "A" Swingspace
"J" entrance to Closing

Housing (refer to Housing section in the Call for Abstracts)

This aspect will be administered by a Housing Manager working under the Conference Manager. In addition to the 51 properties at which we have room blocks, we have arrangements at two universities for dormitory housing.

Hotel Rooms Reserved City Wide:
≈10,200 (peak nights) (≈42,000 room nights)
(≤15,000 beds)

Residence Halls Rooms
UC Berkeley
300 rooms (≤600 beds)
SF State University
1200 rooms (≤1400 beds)

The San Francisco Marriott, 1300 rooms including 35 suites, and Le Meridien, 300 rooms, constitute the core of the Conference's housing requirements. These rooms, for all intents and purposes, are already committed to house the staffs of Conference (Steering and Local Program committees, paid staff), WHO, IAS, the City and County of SF, AmFAR, invited speakers, sponsored guests, VIP's from selected institutions and corporations, VIP government officers (U.S. and foreign), certain media groups or representatives, and organizers from Florence and Boston. We are also keeping free a block of about 100 rooms for selected attendees in special circumstances.

Transportation

Air

Domestic Carriers are *United* and *Delta* which are offering up to a 45% discount to our attendees. International travellers from the Pacific Rim can take advantage of special rates on *United*. *TWA* and Delta are available to overseas travellers at special rates.

Ground

Arrangements are being made with airport shuttling services for special service on the major arrival days. (including discount coupons)

Shuttle service will be provided between our hotels and Moscone/Marriott.

Shuttle service will be provided to and from the MusiCare event.

Shuttle service may be provided to the airport from Moscone/Marriott on Sunday beginning at the conclusion of the Rapporteur Sessions..

Special

On-call service for those requiring ambulances or handicap access transportation.

Bus service will be provided to and from VIP dinners/events.

Limousine service for certain VIP's.

Also

Airport transportation for those travelling on the Conference's Scholarship Fund.

Ask Mr. Foster Travel Service will be providing special tours to those who sign up.

The Convention and Visitors Bureau will alert the City's cab companies of the projected peak times for our conference.

Function Coordination

Conference Program

The main programmatic elements of the Conference will determine the final coordination. ("Program drives Logistics.") The supervision will consist of five floor managers working under the Conference Manager plus the management provided by service vendors.

Even though room size is important, final room assignments will be made using other criteria for evaluation. Also for consideration:

- grouping by Tracks
- easy of movement from session to session
- formats which require more space, ie. poster/panel discussion sessions

Furnishings

Most furnishings are provided by the facilities - chairs, tables, stages, etc. It looks like each has enough to take care of our basic needs. Supplemental furnishings will be ordered through our decorator.

Greyhound Exposition Services is the show decorator to handle the exhibits, poster sessions, and signs. A stage decoration and lighting management company will be identified soon.

Host Braodcasting & Audio/Visual

To fully meet the complex requirements of the conference and assure needs are met in a cost efficient manor, we are soon to be in the final negotiation phase with a host broadcasting company which will also function as the general contractor for A/V services.

The specifications for audio/visual services are in the development stage. All aspects will be included in the Host Broadcaster contract.

The audio/visual set-up will include:

- broadcast capability to remote locations by cable, microwave and satellite uplink
- broadcast capability to overflow rooms
- full service to broadcast media

At this point, we are planning to have in each room at least:

- one 35mm carousel slide projector w/remote control & screen
- one standing lectern w/one omni microphone
- one table microphone for panel table
- one floor microphone for questions
- special lighting
- audio recording
- video transmission/recording
- an a/v operator-technician
- one speakers' assistant

Additionally, in the plenary session rooms (and possibly the four other large session rooms):

- rear screen projection
- video projection
- infrared broadcast of translation
- special lighting for video work
- a/v manager
- program "stage manager"

Conference Office

This will be located in the west wing of Moscone's Mezzanine level. Needs are under assessment.

Press and Media

An off-site media registration site will need to be found before too long. Site is required for security reasons. Site will open on the weekend before the conference and this will be the location for final credentialling including photo laminate badges.

On-site activities will be centered in the east wing of Moscone's Mezzanine level. Press Conference space is located in Room "J" in Moscone and the "Hills" rooms at the Marriott. Further needs are under assessment and under the direction of our Communications consultant.

Business Centers

These will be located in the west wing of Moscone's Mezzanine level, (to augment the business center already at Moscone) and at the Ballroom level at the Marriott.

Child Care Center(s)

This will be located in the west wing of Moscone's Mezzanine level, (Needs are under assessment. A second center may have to be located in the Marriott.)

Speaker Ready Rooms

These will be located in the west wing of Moscone's Mezzanine level and off the Grand Assembly area at the Marriott. Direction for supervision for this area will be provided by the Assisting Consultant to the Program Director.

Interview Rooms

These will be located in the east wing of Moscone's Mezzanine level, off the Grand Assembly area at the Marriott, and possibly in some of the smaller meeting suites at the Marriott. Needs include ease of access, security, quiet, video lighting, comfortable seating, and electrical power. Direction for supervision for this area will be provided by the Communications Consultant.

Telecommunications

Message Center

We have a proposal from one of the few experienced companies which can provide us with a fully computerized message center designed to best serve the needs of our conference. The system will probably incorporate video "please call" monitors, "white phones" for easy access, two service counters at each location, and at least two posting locations for low tech message exchange. Pacific Bell is interested in providing this to the Conference.

Telephones

Pacific Bell is also being asked to provide any required augmentation to the phone systems at our conference sites. These include:

- public phone banks and lines
- conference office phones and lines
- press and media phones and lines

Computers and other Hardware

Digital and Apple Computer have agreed to provide the Conference with computers. Donations of fax machines, credit card phones, and copiers, to meet the needs of our attendees, staff, and the press and media are being sought. In any case, these needs will be met.

Security

Overview

We are approaching the final steps to secure the services of an experienced security consultant to guarantee the full coordination of all security aspects of the Conference. Aspects to be considered include:

- sensitivity to the political climate
- liaison with all security forces involved
- perimeter security
- access security - main meeting areas
- access security - peripheral meeting areas (mostly upper areas of Marriott)
- badges
- inside security
- access to stages/microphones
- uniformed or plaincloths presence issues
- Howard Street closure
- demonstrators
- VIP's
- media security issues

Food & Beverage

Concessions and Food Outlets

Moscone Center will have concessions serving registrants at an "Outdoor Restaurant" in the Exhibits/Posters Hall during the hours of the conference. The Marriott will have a minimum of three outlets plus Registration Hall Foyer Snack Bar.

Beverage Tables

We are planning to provide refreshment tables in the exhibit areas at both the Marriott and the Moscone. These are available for sponsorship by interested parties.

Special Functions

We are considering a VIP dinner for members of the Local Organizing Committee, the leadership of the Conference's co-sponsors, invited guests, and significant others. This gathering will be unannounced and not number more than 150-175.

A post-conference appreciation function for staff, committees, volunteers, hangers-on, and significant others is tentatively planned for up to 400.

A supervising caterer will need to be in place before the end of February.

International Travel Scholarships

Organization

Under the guidance of the International Travelers Committee, the Local Program Office will maintain a staffed Travel Desk. Staff person will be in liaison with other sponsoring agencies (USAID, American Red Cross, WHO, etc.) and be chiefly responsible for coordinating efforts and guaranteeing complete hospitality to those individuals sponsored directly by the Conference.

This position will be filled before the end of January.

SIXTH INTERNATIONAL CONFERENCE ON AIDS

SAN FRANCISCO, CALIFORNIA USA ▪ 20–24 JUNE 1990

COMMUNITY OUTREACH PROGRAM

OF THE

SIXTH INTERNATIONAL CONFERENCE ON AIDS

October 27, 1989

To assure that community needs are considered by the Conference in all aspects of planning, representatives of the Community Task Force have been included on all major Conference Committees. The Task Force Co-Chairs are members of the Local Organizing Committee, making day-to-day decisions guiding the design of the meeting. The Task Force has selected representatives to the four Scientific Program Committees which review research submitted to the Conference and develop the final program.

III. DEVELOPMENT OF THE COMMUNITY OUTREACH PROGRAM

In August of 1989, the Community Task Force completed a mailing to 1,100 community based AIDS service providers internationally. The mailing included a Community Outreach Survey, soliciting recommendations on logistics and program design for the meeting. Conference organizers have met with community based AIDS organizations in Los Angeles, New York and Washington, D.C.

As a product of meetings held by the Community Task Force beginning in July of 1989, the Conference received a final Report of Recommendations on October 17. The Report, which is available from the Conference Program Office, made recommendations in the following areas:

A. General Recommendations - dealing with inclusion of community groups and People with HIV in sessions of the Conference, increasing the percentage of panel discussions in Conference sessions, and identifying major topics to be addressed by the Conference.

B. Recommendations on Access - identifying ways to assure that People with HIV, lesbians and gay men, women, people of color, people of the third world and community based organizations can be encouraged to attend the meeting.

C. Recommendations on Community Information - identifying methods for assuring that information presented at the Conference can best be made available to those who most need it but who cannot attend the meeting.

D. Recommendations on Visibility of Community Based Organizations - identifying ways to assure that AIDS service providers and activist organizations can present their programs and materials to delegates internationally in the interest of strengthening front-line efforts in the epidemic.

E. Recommendations for Sessions of the Conference - setting out topics of concern to people impacted by the epidemic, as well as speakers and formats for opening, closing, plenary and scientific sessions of the Conference.

With the assistance of the Global Program on AIDS of the World Health Organization, the Task Force will meet with representatives of developing countries to assure sensitivity to international issues in the Conference.

IV. THE COMMUNITY OUTREACH PROGRAM

In the Sections that follow, the Conference details its Community Outreach Program, developed in response to areas of interest of the Community Task Force.

C. COMMUNITY ACCESS TO INFORMATION PRESENTED AT THE CONFERENCE

A major goal of the Conference is to assure that information presented in its sessions is distributed to those who are most directly impacted by the epidemic, and to a world anxious for knowledge of advances in science on AIDS.

The Conference will:

1. credential some 2,000 international media representatives, operate a press center and hold press conferences that make possible thorough news coverage and analysis of the meeting;

2. credential a significant number of community based AIDS, and lesbian and gay media in order to assure thorough distribution of treatment related information to those with direct interest;

3. co-sponsor, along with the Community Task Force and other organizations, a series of evening sessions, open to the public, to summarize each day of the proceedings of the Conference. These sessions will include forums on critical issues in the response to AIDS. Evening sessions will be videotaped and made available to groups to present in their cities;

4. make the Abstracts Volume available to community based organizations at a reasonable cost;

5. work with local and national television and radio stations to secure programming time devoted to summaries and analysis of the meeting;

6. make available audio tapes of all Conference sessions at a reasonable cost.

D. VISIBILITY OF COMMUNITY ORGANIZATIONS AT THE CONFERENCE

The Conference recognizes that community based AIDS service providers and activist organizations are on the front lines against HIV. The visibility of these groups, and their ability to exchange information is a priority of the Conference.

The Conference will:

1. make low-cost exhibit space available to non-profit AIDS service providers and advocacy organizations. Seventy five booths measuring 8 feet x 10 feet will be available for $200.00. Seventy five tables will be available for $100.00. By way of contrast, the commercial rental charge for a single 10 x 10 space will be $5,000.

The Community Task Force of the Conference has mailed an invitation to apply for non-profit space to community based AIDS organizations internationally. The Task Force will review applications and assign space. In the interest of increasing participation by community based organizations, the Task Force may assign space to more than one agency. A maximum of one space per agency will be available. Organizations who wish to do so may rent additional space at the commercial rate.

The Conference has continued to articulate its position that any regulations restricting the time or purpose of visits by HIV infected travellers, or requiring HIV infected individuals to identify as such, are not medically justified.

The Conference will:

1. at least twelve weeks prior to June 20, mail to all foreign registrants a letter detailing the procedure by which to seek waivers permitting entry to the United States for HIV infected individuals;

2. help to identify lawyers in cities serving as key points of entry to the United States who will provide legal assistance to any delegate who experiences difficulty entering the Country. The mailing discussed in A. above will include a list of such resources;

3. request that the U.S. government notify all State Department and Justice Department posts of the regulations at the time of the Conference, and prepare a mailing of its own on this subject;

4. continue to take steps that show promise of accomplishing a further improvement in U.S. policy.

F. ADDITIONAL PROGRAMS OF THE CONFERENCE

The Conference will:

1. create a Developing Countries Scholarship Fund to assist individuals from developing countries to attend the Conference;

2. provide free child care facilities at Moscone Center;

3. arrange for AIDS education of staff of the Conference site, key hotels, and security personnel to assure that all delegates receive appropriate service;

4. through mailings and its daily newspaper, remind delegates, exhibitors and press of the importance to be sensitive to issues of concern to all Conference participants and the need to treat all participants with dignity and respect.

- - - -

For further information, please contact:
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750-2048

City and County of San Francisco

Department of Public Health

November 21, 1989

Robert Wachter, M.D.
Sixth International Conference on AIDS
San Francisco General Hospital
Ward 95
1001 Potrero Avenue
San Francisco, California 94110

Dear Bob:

Thank you for attending our Track III meeting of November 17.

As you heard, there was a strong recommendation from the Track III membership that the second Science-to-Policy session be shifted in emphasis from testing alone to a more general discussion of prevention and prevention strategies. After you left, we were able to further flesh this idea out and came up with the following schedule:

STP 2: Prevention of HIV Infection

Basic Science of Disease Prevention (William Foege, Carter Center)

Strategies for Prevention of HIV Infection: Community-Based Interventions (Samuel Okwere, Uganda)

Strategies for Prevention of HIV Infection: Individual Education, Counseling and Treatment (Ernesto Guerrero, Dominican Republic)

Strategies for Prevention of HIV Infection: HIV Testing
Part I: Technical Aspects (J-P Allain, France)
Part II: Does it Work? (Thomas Coates, UCSF)
Part III: Risks: Antidiscrimination (Aoun, Massachusetts)

Strategies for Prevention of HIV Infection: Condoms and Spermicides (Francis Plummer, Canada, or Malcolm Potts, Family Health International, North Carolina)

Closing Remarks (John Gallwey, UK)

I urge you to consider this alternative suggestion. I think it has the advantage of shifting the discussion away from a more developed world issue (testing) to the broader issue of

AIDS OFFICE

25 VAN NESS AVENUE, SUITE 500
SAN FRANCISCO, CA 94102

415 - 554-9000

prevention of infection.

Thank you again for coming, and we look forward to hearing from you on our suggestions.

Sincerely yours,

George

George W. Rutherford, M.D.
Director, AIDS Office
Co-Chair, Epidemiology and
Prevention Program Committee

cc: Stephen B. Hulley, M.D., M.P.H.
Track III Committee Members
John Ziegler, M.D.
Paul A. Volberding, M.D.

TRACK C AIDS CONFERENCE COMMITTEE MEETING MINUTES:
74 New Montgomery St., Suite 600, 10/6/89 2:30-4:30

In Attendance:
Tom Coates
Don Francis
Mindy Fullilove
Barbara Gerbert
Walter Hauck
Norman Hearst
Steve Hulley (chair)
Yvonne Maldonado
Barbara Marin
Herb Perkins
Patty Ramsay (staff)
Art Reingold
John Watters
James Wiley

Contributors in absentia:
George Ruterford (co-chair)
Alan Lifson

AGENDA

1) Introductions, review agenda materials
2) Propose topics & individuals for
    - Opening ceremony
    - Plenary sessions
    - (Roundtables)
    - Closing ceremony
    - Rapporteuring
3) Other aspects of planning
4) Future meetings of track C

I. Opening ceremony suggestions

-Issues/Suggestions:
- •Should have a "human side of AIDS" theme rather than be a political ceremony
- •include local aspect-San Francisco-would be appropriate to include Art Agnos- or he could be for closing session
- •Gay Mens' chorus for opening
- •Bishop Tutu to speak? - no views one way or the other
- •Bush/Sullivan not appropriate for opening, but we don't want to exclude them
- •Sullivan would be good for closing and perhaps less controversial there
- •How about Koop?
- •Politics involved at opening ceremony would cause protests
- •Memorial ceremony instead of just speeches?
- •Video of people with AIDS from all populations involved would be effective
- •keep it simple and not overblown, keep it broad

-Who would organize an opening ceremony memorial?
- •Ask SHANTI project for help (Tom Coates will talk to SHANTI before Wednesday)

- Barbara Marin- stress universality, make it a serious show with a prominent person involved

-Recommendations from the Community task force were passed around
Important suggestions include:

- include HIV infected persons in the ceremony-specific people? (Better to have on video than in person since the audience will be better able to see)
- Infected scientists - find someone to speak? e.g. Leon McKusick

- Mindy Fullilove noted that we have organized a community task force so that the community does not feel excluded and there will be less disruption and interference. If broad range of people included in the event, there will be a broad range of support
-Collage video - human, moving, international

- contract top professionals, including Sue Muska for international
- Mindy Fullilove and Barbara Marin volunteered to help with the video producer
- Barbara Marin - video should be in original; languages w/ subtitles

-In Summary: keep it human

1) Gay mens' chorus
2) Video of diverse people with AIDS - professional and moving
3) Consider a memorial (e.g. the Quilt)
4) Consider Leon McKusick

II. Plenary sessions suggestions
Will be divided into two groups
One group of 5000 & one group of 4000, simultaneous sessions

5000 will attend:
6 1/2 hr talks, state of the art presentations
Track C should be responsible for 4 or 5 of the 1/2 hr talks

4000 will attend:
3 3 hr. sessions w/ 1 theme each and six talks of 1/2 hour
science to policy theme

Topics	Suggested Speaker
1/2 hour sessions	
(Suggested topics are listed, with those that are preferred set out with asterisk and bold font)	
mass media	
creating a compassionate social environment	
-social stigma	
-discrimination	
silent carrier	
condoms(save for a roundtable or workshop)	
-current characteristics	
-spermicide	
-international	
community based interventions(save for a roundtable)	
-community health outreach	
-combine with epidemic response in community	
transmission to health care workers	? JIM HUGHES
-Health care workers as preventionists	
-international perspective	
cultural issues in prevention	

***modelling-where is epidemic going**	**BOB MAY or**
-what have we learned about epidemics	**CONTINKO or KALBFLEISCH**
heterosexual transmission (roundtable)	
-female to male transmission	
AIDS & new technologies	
***spermicides and condoms in developing countries; role of women**	
PCR, etc. projections	
international issues for prevention and intervention	
***changing demographics of epidemic and projections**	**CHIN/ JAFFE**
-sociopolitical implications	**?OSBORN**
***behavior change theory & application to sex and drug abuse risk**	**CARBALLO**
***risk behaviors among adolescents of different cultures**	**FULLILOVE**
natural history of perinatal transmission of HIV	PECKHAM
natural history as function of transmission	
***AIDS and behavior change in Latin America**	**?ZACHARIAS/SEPULVEDA**
***What communities can teach scientists**	**BELINDA MASON-PWA C JONES**
***Impact of early intervention on Natural History of HIV disease**	**CONTINKO SCHACTER(Vancouver)**

<u>3-hour sessions</u>

1) Clinical trials **(6 votes)**

design and why	
ethics	JOHNSON
community based vs. tradition	
reporting	RELMAN

2) Perinatal infection **(2 votes)**

identify infected mothers	
determinants of transmission	PECKHAM/NSA/BLANCHE
treatment of children	
psychosocial	
developing countries	

3) Drug abuse and AIDS **(5 votes)**

Transmission	
bleach	
needles	
Compliance at clinical trials	
sex partners of drug users	
drug issues	DESJARLAIS/FRIEDLAND /SNYDER/SELWIN/ VAN DEN HOCK
drug therapy for drug addiction	

4) HIV Serotesting **(5 votes)**

seroconversion vs. infection	?HAZELTINE
new tests, PCRs	
test performance	
who should get tested and why	
ethics/discrimination	

implications for behavior change	COATES
implications for anxiety	
international contrasts	RYDER/QUINN/
economic impact in developing countries	EDELMAN

5) Access to health care **(4 votes)**
- new therapies
- third world access
- discrimination
- economics- cost of care
- transmission and fear of

III. Rapporteur

- responsible for summarizing Track C in conference, what it means for future — ALAN LIFSON

IV. Future meetings

next meeting for Track C committee in November
March 21-24 - Marathon time

	Clinical Trials	Access/Human Rights	Risk Reduction
IV Drug Users	Compliance Subject's Issues (PWA)	Problems	Needle Exchange Issues
Perinatal	Ethical Issues	Rights of infected patient	Sexual Transmission
Sexuality	Community-based ACT-UP Drug Regulation Developing Countries Alternatives to Chinese Trials	Homophobia Physicians Responsibility to Pharmaceutical Co.	Drug use effect on sexuality Cultural/Society Impediments Behavior Change Funding Issues Information Dissemination

CENTER FOR AIDS PREVENTION
STUDIES (CAPS)

Mailing Address:
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San Francisco, CA 94105

Telephone: (415) 597-9100
Fax: (415) 597-9213

Campus Mail: UCSF Box 0886

UCSF
University of California, San Francisco...A Health Sciences Campus

6th Int AIDS Convention Track III Program Committee July 21, 1989

Dear Colleague,

We are now in the final year of planning for the 6th International Conference on AIDS, and counting. This month our task is to decide on a list of scientists outside the Bay Area to join us on the Epidemiology and Prevention ("Track III") Scientific Program Committee.

We attach a list of candidates. Please note that it is (1) confidential and tentative, and should not be discussed with anyone, and (2) too long, needing to be pruned down to about 80-90 names. Based on your advice, we expect to subtract many names and add a few before finalizing the list and sending out the invitations. Please send it back to us with

- your view on the suitability of each candidate to be a session chair or speaker. (We assume that these evaluations will also serve as measures of their skills as an abstract reviewer.) We will pick the ones with the most favorable comments, paying special attention to the views of the individual(s) on our committee who are assigned to the same topic area.

- your view on the suitability of the topic we've assigned you, and those of the prospective reviewers outside the Bay Area. We will be asking their preference in this regard, but we want to make sure we have enough experts to assure that each topic area has a balanced and strong team of 5-7 individuals. Because we may need to move people from one topic to another (depending on the inevitable maldistribution of abstracts by topic) please suggest second topic area possibilities for those who don't have them.

- additional individuals we should consider. However, bear in mind that we mainly want to pare the list down, and that we want to maintain or increase the percentage outside the US and from developing nations.

Please get your evaluations and comments back to Diane Hinkly by Wednesday, August 2, 1989.

Thanks to those of you who offered advice on Montreal. Please let us know if you have any comments on the enclosed minutes of the last few meetings of the Organizing Committee, or on the "Call for Abstracts and Registration" for the 1990s Conference booklet which most of you received in Montreal (call Bob Wachter at 550-0880 if you need another). We'll send minutes and other stuff to you as they become available, to get your advice as decisions are in progress.

We will also have a few of our own meetings this fall and winter, to work on the sessions and speakers in our area. And please mark you calenders now for the marathon meeting to determine the program content, March 21-24, 1990.

All the best,

Steve

Stephen Hulley MD

George/SH

George Rutherford MD

VI International Conference on AIDS
Number of Reviewers/Countries

Total = 128

Country	Number of Reviewers
North America = 50	
Bay Area	25
Other United States	19
Canada	6
Europe = 30	
Belgium	3
France	3
Germany	2
United Kingdom	5
Spain	2
Switzerland (WHO)	2
Greece	1
Israel	1
Italy	2
Netherlands	4
Norway, Denmark, Sweden	5
Asia/Oceania = 16	
Australia	4
Japan	2
Kuwait	1
Papua New Guinea	2
Singapore	1
Sri Lanka	1
USSR	1
Thailand	2
Taiwan	1
India	1
Latin America = 14	
Mexico	4
Brazil	4
Chile	1
Haiti	1
Trinidad	2
Argentina	1
Dominican Republic	1

Country	Number of Reviewers
Africa = 18	
Cameroon	1
Ethiopia	1
Kenya	2
Nigeria	2
Senegal	2
Swaziland	1
Uganda	1
Zaire	4
Zambia	3
Zimbabwe	1

Track C: Epidemiology and Prevention, by Topic Area
Reviewer Assignments

C-1 Transmission of HIV Infection
Alan Lifson (US)
Martha Rogers (US)
David Heymann (US/WHO)
Anne Johnson (UK)
Lazaro Kaptue (Cameroon)
Peter Piot (Belgium)
Soulemayne M'Boup (Senegal)
I. N'Doye (Senegal)
J. Gallway (UK)
Frances A. Plummer (Canada)

C-2 Distribution and determinants of risk behavior
James Wiley (US)
Lawrence Adeokun (Nigeria)
D. Agrafiotis (Greece)
Manuel Carballo (Switzerland)
Jose Szapocznik (US)
Pedro Chequer (Brazil)
Arletty Pinel (Brazil)
Werasit Sittitrai (Thailand)

C-3 Disease progression: natural history and co-factors
George Rutherford (US)
David Feigal (US)
Sten Vermund (US)
Roel Coutinho (Netherlands)
Martin Schecter (Canada)
Mads Melbye (Denmark)
Bila.M. Kapita (Zaire)
Aggrey Anzala (Kenya)
Randall A. Coates (Canada)

C-4 Epidemiology of HIV and AIDS: regional variations
Arthur Reingold (US)
Norman Hearst (US)
Ruth Berkelman (US)
Jean-Baptiste Brunet (France)
Edward Katongole-Mbidde (Uganda)
S. Nagaya (Japan)
Jaime Sepulveda (Mexico)
Jai P. Narain (Trinidad)
Rashed Alowaish (Kuwait)
José-Luis Valdespino (Mexico)

C-5 Epidemiology of HIV and AIDS: racial and ethnic variations
Mindy Fullilove (US)
Barbara Marin (US)
Benjamin Nkwame (Zambia)
F. Onyango (Kenya)
Courtney Bartholomew (Trinidad)
Eka Williams (Nigeria)
Zena Stein (US)
Timothy Pyakalyia (P. New Guinea)

C-6 Modeling, forecasting, and research methods
Walter Hauck (US)
George Lemp (US)
Roy Anderson.(UK)
Ron Brookmeyer (US)
Klaus Dietz (FRG)
Jack Kalbfleisch (Canada)
James Chin (US)
Alain Valleron (France)
Euclides A. Castilho (Brazil)

C-7 HIV testing: counseling and partner notification
Bernard Lo (US)
Don Francis (US)
Anthony Adams (Australia)
J. Kristofferson (Norway)
Michael Rekart (Canada)
Nathan Clumeck (Belgium)
Irena Blanca-Campos (Chile)

C-8 HIV testing: test performance
James Carlson (US)
Philippe Van de Perre (Rwanda)
Oscar Fay (Argentina)
Peter Gill (Canada)

Track C: Epidemiology and Prevention, by Topic Area
Reviewer Assignments

C-9 Models for behavioral change
Thomas Coates (US)
John Cleland (UK)
A. Morag (Israel)
Ellen Stover (US)
Henrik Zoffman (Denmark)
Robert Ohlin (Sweden)
A. H. Mehryar (Sri Lanka)

C-10 Controlled intervention trials
Patricia Evans (US)
Stephen Hulley (US)
R. Erben (FRG)
Philippe Lehmann (Switzerland)
Gloria Ornelas-Hall (Mexico)
Daniel D. Zulaica (Spain)
Christina Hartgers (Netherlands)

C-11 Homosexual and bisexual populations
Warren Winkelstein, Jr. (US)
Richard Parker (Brazil)
Michael Pollock (France)
Bruce Whyte (Australia)
David Ostrow (US)
Mwendaweli N. Maboshe (Zambia)
David Bradford (Australia)

C-12 Drug abusers
John Watters (US)
Donald DesJarlais (US)
Rand Stoneburner (US)
Robert Tielman (Netherlands)
Praphan Phanuphak (Thailand)
Vicky Zunzemegui (Spain)
Larry Green (US)
Anneke van den Hoek (Netherlands)

C-13 Blood product recipients
Elizabeth Donegan (US)
Herbert Perkins (US)
Cladd Stevens (US)
Manuchi (Italy)
Masafumi Akao (Japan)
Khorshed Pavri (India)

C-14 Heterosexuals
Nancy Padian (US)
King Holmes (US)
Ernesto Guerrero (Dom. Republic)
Trimoorthy (Singapore)
Qhing Qhing D'lamini (Swaziland)
C.H. Chuang (Taiwan)
Nzilambi Nzila (Zaire)
José-Antonio Izazola (Mexico)
Clement Malau (P. New Guinea)

C-15 Pregnant women, children, and adolescents
Yvonne Maldonado (US)
Gene Washington (US)
L. Chieco-Bianchi (Italy)
F. K. Nkruhmah (Zimbabwe)
Jean Pape (Haiti)
Catherine Peckman (UK)
N. Tefari (Ethiopia)
Ann-Britt Bohlin (Sweden)
Subhash Hira (Zambia)
Wato Nsa (Zaire)

C-16 Occupational risks
Julie Gerberding (US)
Barbara Gerbert (US)
Victor Podorovsky (USSR)
David Bell (US)
Julian Gold (Australia)
Bosenji Ngaly (Zaire)

SIXTH INTERNATIONAL CONFERENCE ON AIDS

SAN FRANCISCO, CALIFORNIA USA ▪ 20–24 JUNE 1990

Sponsor
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International AIDS Society

Local Program Office
University of California San Francisco
Box 1505
San Francisco California 94143-1505 USA
Telephone 415-550-0880
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July 18, 1989

Dr. Alex Wodak
Alcohol and Drug Service
Rankin Court
366 Victoria Street
Darlinghurst, NSW 2010
Australia

Dear Dr. Wodak,

Thank you for your letter of 30 June, 1989. We agree that attitudes regarding drug use should be scientific and non-judgmental.

I have forwarded your letter on to the chairs of the Track C Committee. This committee is charged with formulating the scientific agenda for Epidemiology and Prevention research. They will discuss your proposal at their next meeting and implement any changes in the Final Program of the 6th International Conference on AIDS.

Thank you for your kind words about the Call for Abstracts. They are greatly appreciated.

Sincerely,

Robert M. Wachter, MD
Program Director

6th International AIDS Convention
Epidemiology and Prevention (Track III) Committee
Minutes of meeting of February 13, 1989, 3:30 p.m. - 5:00 p.m.

Committee members in attendance: Thomas Coates PhD, James Carlson PhD, Don Francis MD, Mindy Fullilove MD, Julie Gerberding MD, Walter Hauck PhD, Stephen Hulley MD (Co-Chairman), Alan Lifson MD, Bonnie Maldonado MD, Nancy Padian PhD.

Committee members absent: Norman Hearst MD, Herbert Perkins MD, Art Reingold MD, George Rutherford MD (Co-Chairman), James Wiley PhD.

The committee reviewed and discussed a report from Bob Wachter (the newly hired program director of the 6th International Conference) on his recent trip to review planning activities for the 5th International Conference in Montreal (attachment). The following suggestions were made; that there be only one plenary session at a time, not two; that videos of key sessions be repeated in the poster session area; and that the problem of too many abstracts in one category be solved by distributing some (a random sample) to the designated second category.

We then turned our attention to finalizing the 16 topic categories with changes implemented as shown below. There are basically two lists, one cutting the pie by topic area and one by population (risk group); scientists will be invited to choose one category from each list. This will provide flexibility when assigning abstracts for review, and the categories will provide a basis for designing workshop sessions.

A. Epidemiology and prevention by topic area:
   1. Transmission of HIV infection
   2. Distribution and determinants of risk behaviors
   3. Natural history of HIV disease (including co-factors for progression)
   4. Surveillance for HIV infection and for AIDS/regional variations
   5. Modeling and forecasting; Research design and statistical methods
   6. HIV testing: counseling, and partner notification
   7. HIV testing: sensitivity and specificity in populations
   8. Models for changing behavior
   9. Controlled intervention trials

B. Epidemiology and prevention by population (risk group)
   1. Homosexual and bisexual men
   2. IV drug abusers
   3. Blood product recipients
   4. Heterosexuals
   5. Pregnant women, children and adolescents
   6. Occupational risks
   7. Cultural and racial factors

(After the meeting, research design was added to #5 because John Ziegler prefers we not exceed 16, and "chemoprophylaxis" left implicit in #9 to be more open ended, at George Rutherford's suggestion.) These categories will be reviewed by the Steering Committee next Wednesday, **February 22nd**, so comments, suggestions, etc. should be telephoned to Steve Hulley at 597-9107 by 9:00 a.m. that day.

Committee members were again asked to send any final suggestions for reviewers from around the world to Steve Hulley within the next two weeks.

SUMMARY OF PROGRAM ISSUES FROM STEERING COMMITTEE MEETING: 5TH INTERNATIONAL CONFERENCE ON AIDS

Montreal, Canada February 3-4, 1989

- Abstracts - 4950 so far from about 4000 authors (see attached list). 1800 clinical. About 50% from USA. 4300 English, 230 French

- They have 360 reviewers, may need to get more. 90% of those asked said yes.

- Possible solutions to decrease reject rate:
  1) Increase amt of space for posters (cut into overflow space)
  2) Re-align posters (e.g. vertical instead of horizontal)
  3) Change posters twice daily
  4) Orals not to also be presented as poster
  5) Print all submitted abstracts in book
  6) Print some of worthy rejected abstracts in book
  7) Importance of good cross-referral system to different categories.

Group favored: trying to free extra space to 700/day; printing some of non-accepted abstracts, improve cross-referral system, orals not also given as poster. Doubt that they will align posters vertically, and changing posters twice daily ruled out entirely.

- Of note, they chose not to use "rule of one" because they thought it might hurt developing countries, if one only one person could afford to travel to conference.

Other issues involving abstracts:

- About 60 need to be retyped.

- Abstract book- how to organize. They've decided by subject within each day; then section in back for those accepted for publication but rejected for presentation.

- Review time-table: Sent week of 2/6; Returned by 2/24. Cross-reference party on 2/13 (all section heads sit around a big table)

Other Program Issues:

Plenary Speakers

- WHO would like to see list of speakers before distribution.

- Plenary room seats 5600, overflow for 1000. ? of whether to broadcast plenaries to hotel rooms.

- Dr. Mann feels some of our plenaries should be combined sessions (not 2 simultaneous) to highlight synergy and agreement.

SOME LESSONS

1) Expect >5000 abstracts, and about a 40% reject rate. Need adequate reviewers, strong system with cross-referencing, and consider a statement detailing review procedure in Call for Abstracts to defend high reject rate.

2) Encourage diversity; ? "Rule of One"; ? no poster if giving oral presentation.

3) Decide early whether to print some/all rejects in abstract book

4) Abstract Volume being arranged in Montreal by subjects within each day; seems to be a good compromise.

5) WHO should be involved in choice of reviewers and plenary speakers. Consider whether 1 session should be single and not concurrent.

6) Publications: key is early decisions by program/communication committees. WHO will help with this aspect. If we are publishing proceedings, need to act early to ask for papers, and permissions from speakers.

Attachment: Categories for abstract submission, from our last draft of Call for Abstracts. Categories and numbers to the right of our categories represent Montreal categories and numbers of abstracts submitted. When there was a close fit, category and number of submissions are listed to the right of our category. If fit was more questionable, a "?" precedes the Montreal category. If the Montreal category subsumes more than one of ours, it is listed on the right side of the page, with a bracket used to indicate the subsumed categories. Finally, a few Montreal categories had no SF counterpart and are listed at the bottom of the category list for the relevant track.

Submission of Abstracts

Authors are invited to submit abstracts addressing the following topics related to AIDS. Any abstract submitted should contain a concise statement of (1) the significance of the problem under investigation or the hypothesis(es) to be tested; (2) the method(s) used; (3) the essential results in summary form (specific findings must be included, broad generalizations or the promise "to be completed" are not acceptable); and (4) discussion and conclusions (statistical analysis should be used when appropriate to support the conclusions). Abstracts should not, for example, have such statements as "the results will be discussed".

Abstracts may be accepted for oral presentation in specialty [illegible] or for inclusion in the poster sessions. Oral [illegible] will be limited to ten (10) minutes plus [illegible] minutes for discussion. Poster presentations will [illegible] to specific times during which the author is [illegible] to be present. Authors must submit their abstracts on the Official Abstract Form (see enclosure).

Abstracts received after February 1, 1989 cannot be considered. Papers will be selected by the Programme Committee based on merit.

The authors whose abstracts are accepted are expected to attend the Conference and present their papers in person. Assignment to specialty sessions (oral presentation) or poster sessions will be based on subject matter and number of papers received. Authors will receive full instructions on the preparation and presentation of either an oral or poster presentation.

Epidemiology and public health

A

A.1 Epidemiology/transmission
A.2 Mathematical modelling & forecasting
A.3 Natural history/co-factors
A.4 Prevention and public health

Clinical aspects of AIDS

B

B.1 AIDS and hemophiliacs
B.2 AIDS and other STDs
B.3 AIDS and pregnancy
B.4 AIDS related infections
B.5 Alternative and traditional care
B.6 Blood and blood products
B.7 Clinical immunology
B.8 Clinical manifestations
B.9 Diagnostics and laboratory management
B.10 [illegible]
B.11 [illegible]
B.12 [illegible]
B.13 [illegible]
B.14 [illegible] AIDS and pediatrics
B.15 [illegible]

Research

C

C.1 Animal models
C.2 Basic immunology
C.3 Drug development
C.4 Molecular biology
C.5 Oncology
C.6 Pathogenesis
C.7 Vaccines
C.8 Virology

AIDS and the individual

D

D.1 Adolescents
D.2 Behavioural research
D.3 Counselling
D.4 Drug abuse
D.5 Health care givers
D.6 Minorities
D.7 Psychology
D.8 Sexology
D.9 Victimology
D.10 Women

AIDS, society and behaviour

E

E.1 AIDS and the family
E.2 Anthropology
E.3 Art and literature
E.4 Community action
E.5 Demography and fertility patterns
E.6 Education, information, communication
E.7 Policy issues
E.8 Social services
E.9 Testing
E.10 The role of non-governmental organizations
E.11 The role of religion
E.12 The role of the media
E.13 The sociology of AIDS
E.14 The workplace

Ethics and law

F

F.1 [illegible]
F.2 Ethics and AIDS
F.3 The [illegible]

International issues

G

G.1 Epidemiology of AIDS in the developing world
G.2 International and national policy
G.3 International development

The economic impact of AIDS

H

H.1 Economic and developmental imbalances
H.2 Health care costs
H.3 Insurance
H.4 Labour productivity
H.5 Resource allocation

Other

I

CATEGORIES FOR ABSTRACT SUBMISSION

Track I: Basic Science — *Total: 1029*

- *Virology*
  1. HIV receptors and tropism
  2. HIV replication
  3. Molecular biology of HIV 1 and 2 — *C4: 106*
  4. Viral pathogenesis and co-factors — *C6: 119*
  5. Related retroviruses
  6. Anti-retroviral agents
  7. Vaccine development — *C7: 61*
  8. Animal models — *C1: 67*

  C8: 166

  C3: 154

- *Virus Detection and Testing*
  9. HIV isolation and detection
  10. Serologic properties of HIV

  ?B9: 228

- *Immunology*
  11. Cellular immunity - host abnormalities
  12. Humoral immunity - host abnormalities
  13. Virus-specific cellular immunity
  14. Virus-specific humoral immunity
  15. Immunopathogenesis and autoimmunity
  16. Experimental modulation of the immune response

  ?C2: 128

Track II: Clinical Science & Trials — *Total: 1313*

- *Organ Systems*
  1. Neuro-psychiatric — *B10: 113; B15: 67*
  2. Pulmonary
  3. Oral/Dermatological — *B13: 37*
  4. Heme/Immunology/Allergy
  5. Other organ systems

  B8: 155

- *Clinical Variations*
  6. Clinical heterogeneity in different geographic regions
  7. Clinical heterogeneity in different risk groups — *?B1: 53; ?B2: 31*
  8. Clinical aspects of pediatric/obstetrical AIDS — *B3: 32; B14: 143*

- *Clinical Trials*
  9. Anti-retroviral
  10. Immunomodulators/cytokines — *B7: 132*
  11. Other antivirals
  12. Other therapies
  13. *P. carinii* Pneumonia
  14. Other opportunistic infections
  15. Oncology — *C5: 20*
  16. Staging and disease markers

  B16: 283

  B4: 175

Unable to classify: B5: 19 (alternative); B11: 24 (nursing), & B12: 29 (nutrition)

Track III: Epidemiology & Prevention — *Total: 1357*

• *Epidemiology*

1. Transmission of HIV — *A1: 409*
2. Demography of risk behavior — *?E5: 9*
3. Natural history/co-factors/markers of progression — *A3: 162*
4. Surveillance of HIV and AIDS/regional variations
5. Modelling and forecasting — *A2: 60*

• *Prevention*

6. HIV testing, counseling, and partner notification — *D3: 45*
7. HIV diagnostic tests — ***see B9, now Track I***
8. Models for behavioral change (e.g. community-based demonstration projects) — *?D2: 96* } *?A4: 182*
9. Intervention trials

• *Epidemiology and Prevention*

10. Homosexual and bisexual men
11. Intravenous drug abusers — *D4: 98*
12. Blood product recipients — *B6: 54*
13. Heterosexuals — *?D1: 46; ?D10: 60*
14. Pregnant women and children
15. Occupational risks
16. Regional, cultural and racial factors — *D6: 38; G1: 98*

Track IV: Social Science & Policy — *Total: 811*

1. Human sexuality — *D8: 25*
2. Perinatal and family issues — *E1: 24*
3. Policy aspects of HIV testing — *?E9: 48*
4. Confidentiality and human rights — *F1: 8*
5. Access to care/treatment models — *?E8: 43*
6. Cost, financing, and resource allocation
7. AIDS and clinical ethics — *F2: 19*
8. Research design and methods
9. Drug development, testing and regulations
10. Health care workers issues, including duty to treat — *D5: 84*
11. AIDS in the workplace — *E14: 21*
12. Community organization and advocacy — *E4: 45, ?E10: 34*

} *H1-5: 83*

13. Criminal justice and the corrections system — *?D9: 3; F3: 18*
14. AIDS in the schools
15. The media and the dissemination of scientific knowledge } *E6: 204, E12: 13*
16. International and border issues — *G2: 13; G3: 12*

Unable to classify: D7: 30 (psychology); E2: 19 (anthropology); E3: 4 (art/literature); E7: 41 (policy issues); E11: 10 (religion), and E13: 28 (sociology)

Total Submitted as of about 2/2/89: 4510

Montreal Meeting

Breakdown of Abstracts as of 02/02/89

section	oral	poster	total	french	english
A.1	290	119	409	15	394
A.2	44	16	60	1	59
A.3	113	49	162	5	157
A.4	126	56	182	8	174
	573	240	813	29	784
B.1	35	18	53	4	49
B.2	19	12	31	2	29
B.3	28	4	32	4	28
B.4	99	76	175	16	159
B.5	16	3	19	0	19
B.6	36	18	54	0	54
B.7	71	61	132	12	120
B.8	80	75	155	14	141
B.9	93	135	228	11	217
B.10	64	49	113	5	108
B.11	16	8	24	3	21
B.12	9	20	29	1	28
B.13	24	13	37	1	36
B.14	102	41	143	5	138
B.15	47	20	67	8	59
B.16	178	105	283	17	266
	917	658	1575	103	1472
C.1	42	25	67	0	67
C.2	80	52	132	4	128
C.3	98	56	154	2	152
C.4	59	47	106	1	105
C.5	17	3	20	0	20
C.6	91	28	119	2	117
C.7	44	17	61	0	61
C.8	85	81	166	2	164
	516	309	825	11	814

D.1	36	10	46	2	44
D.2	70	26	96	6	90
D.3	28	17	45	2	43
D.4	66	32	98	2	96
D.5	54	30	84	7	77
D.6	24	14	38	1	37
D.7	15	15	30	7	23
D.8	18	7	25	4	21
D.9	3	0	3	0	3
D.10	46	14	60	4	56
	360	165	525	35	490
E.1	19	5	24	1	23
E.2	16	3	19	6	13
E.3	3	1	4	1	3
E.4	38	7	45	2	43
E.5	7	2	9	0	9
E.6	150	54	204	10	194
E.7	35	6	41	1	40
E.8	28	15	43	0	43
E.9	34	14	48	3	45
E.10	23	11	34	3	31
E.11	8	2	10	0	10
E.12	10	3	13	3	10
E.13	19	9	28	7	21
E.14	16	5	21	0	21
	406	137	543	37	506
F.1	7	1	8	1	7
F.2	14	5	19	1	18
F.3	14	4	18	0	18
	35	10	45	2	43
G.1	71	27	98	9	89
G.2	12	1	13	0	13
G.3	12	0	12	1	11
	95	28	123	10	113
H.1	2	1	3	0	3
H.2	37	8	45	1	44
H.3	8	0	8	0	8
H.4	4	0	4	0	4
H.5	21	2	23	4	19
	72	11	83	5	78
	2974	1558	4532	232	4300

Breakdown of Abstracts as of 02/02/89

country	oral	poster	total	french	english
Algeria	0	1	1	1	0
Argentina	16	19	35	0	35
Australia	33	20	53	0	53
Austria	5	2	7	0	7
Bahamas	1	0	1	0	1
Barbados	1	0	1	0	1
Belgium	27	17	44	3	41
Bermuda	0	1	1	0	1
Bolivia	0	4	4	0	4
Brazil	45	78	123	4	119
Bulgaria	1	1	2	0	2
Cameroun	6	0	6	1	5
Canada	204	83	287	18	269
Cen. African Rep.	4	1	5	3	2
Chile	1	1	2	0	2
China	2	2	4	0	4
Costa Rica	5	0	5	1	4
Czechoslovakia	1	2	3	0	3
Denmark	13	14	27	0	27
Egypt	4	1	5	0	5
Ethiopia	2	0	2	0	2
Fed. Rep. of Germany	87	53	140	0	140
Finland	9	1	10	0	10
France	148	142	290	144	146
Gabon	2	1	3	0	3
Gambia	1	1	2	0	2
Greece	15	0	15	0	15
Haiti	2	0	2	0	2
Hungary	3	5	8	0	8
India	14	0	14	0	14
Iran	0	1	1	0	1
Israel	11	1	12	0	12
Italy	84	76	160	11	149
Ivory Coast	2	1	3	2	1
Jamaica	0	2	2	0	2
Japan	19	14	33	0	33
Kenya	18	3	21	0	21
Kuwait	1	0	1	0	1

Martinique	1	0	1	1	0
Mexico	24	5	29	0	29
Netherlands	46	21	67	0	67
New Guinea	1	0	1	0	1
New Zealand	1	0	1	0	1
Nigeria	7	0	7	0	7
Norway	8	8	16	0	16
Peru	3	0	3	0	3
Philippines	1	1	2	0	2
Poland	0	3	3	0	3
Portugal	5	11	16	4	12
Puerto Rico	2	1	3	0	3
Rwanda	2	4	6	1	5
Scotland	6	8	14	0	14
Senegal	14	2	16	9	7
Sierra Leone	0	1	1	0	1
Singapore	0	1	1	0	1
South Africa	5	6	11	0	11
Spain	18	43	61	9	52
Sudan	0	1	1	0	1
Sweden	26	15	41	0	41
Switzerland	23	22	45	1	44
Tanzania	3	1	4	0	4
Thailand	4	1	5	0	5
Trinidad	3	1	4	0	4
U.S.S.R.	0	3	3	0	3
Uganda	9	3	12	0	12
United Arab Emirates	1	0	1	1	0
United Kingdom	115	82	197	0	197
United States	1808	751	2559	10	2549
Venezuela	1	1	2	0	2
West Africa	8	3	11	0	11
West Indies	2	0	2	0	2
Yugoslavia	1	2	3	0	3
Zaire	23	7	30	6	24
Zambia	8	1	9	0	9
Zimbabwe	7	0	7	0	7
	2973	1557	4530	230	4300

SIXTH INTERNATIONAL CONFERENCE ON AIDS
INVITED REVIEWERS: TRACK C (BY COUNTRY)

NAME	COUNTRY	TRACK	DATE MAILED
Dr. Oscar Fay	Argentina	Epidemiology/Prevention	
Dr. David Bradford	Australia	Epidemiology/Prevention	
Dr. Julian Gold	Australia	Epidemiology/Prevention	
Dr. Nathan Clumeck	Belgium	Epidemiology/Prevention	
Dr. Peter Piot	Belgium	Epidemiology/Prevention	
Dr. Euclides Castilho	Brazil	Epidemiology/Prevention	
Dr. Pedro Chequer	Brazil	Epidemiology/Prevention	
Dr. Arletty Pinel	Brazil	Epidemiology/Prevention	
Prof. Lazare Kaptue	Cameroun	Epidemiology/Prevention	
Dr. Peter Gill	Canada	Epidemiology/Prevention	
Dr. Jack Kalbfleisch	Canada	Epidemiology/Prevention	
Dr. F. A. Plummer	Canada	Epidemiology/Prevention	
Dr. Michael Rekart	Canada	Epidemiology/Prevention	
Dr. Martin Schecter	Canada	Epidemiology/Prevention	
Dr. Irena Blanca-Campos	Chile	Epidemiology/Prevention	
C. H. Chuang	China	Epidemiology/Prevention	
Dr. Henrik Zoffman	Denmark	Epidemiology/Prevention	
Dr. Ernesto Guerrero	Dominican Republic	Epidemiology/Prevention	
Dr. N. Tefari	Ethiopia	Epidemiology/Prevention	
Dr. Jean-Baptiste Brunet	France	Epidemiology/Prevention	
Dr. Michael Pollak	France	Epidemiology/Prevention	
Dr. Klaus Dietz	FRG	Epidemiology/Prevention	
Dr. R. Erben	FRG	Epidemiology/Prevention	
Dr. D. Agrafiotis	Greece	Epidemiology/Prevention	
Dr. Jean Pape	Haiti	Epidemiology/Prevention	
Dr. Krorshed Pavri	India	Epidemiology/Prevention	
Dr. Abraham Morag	Israel	Epidemiology/Prevention	
Dr. L. Chieco-Bianchi	Italy	Epidemiology/Prevention	
Prof. Pierre Manucci	Italy	Epidemiology/Prevention	
Dr. Masafumi Akao	Japan	Epidemiology/Prevention	
Dr. Shoko Nagaya	Japan	Epidemiology/Prevention	
Dr. Philista Onyango	Kenya	Epidemiology/Prevention	

NAME	COUNTRY	TRACK	DATE MAILED
Dr. Rashad Alowaish	Kuwait	Epidemiology/Prevention	
Dr. Jose Izazola	Mexico	Epidemiology/Prevention	
Gloria Ornelas-Hall	Mexico	Epidemiology/Prevention	
Dr. J. Kristofferson	Norway	Epidemiology/Prevention	
Dr. Timothy Pyakalyia	Papua New Guinea	Epidemiology/Prevention	
Dr. Philippe Van de Perre	Rwanda	Epidemiology/Prevention	
Dr. Vicki Zunzunegui	Spain	Epidemiology/Prevention	
Dr. Quing D'lamini	Swaziland	Epidemiology/Prevention	
Dr. Ann-Britt Bohlin	Sweden	Epidemiology/Prevention	
Dr. Lawrence Adeokun	Switzerland	Epidemiology/Prevention	
Dr. James Chin	Switzerland	Epidemiology/Prevention	
Dr. Philippe Lehmann	Switzerland	Epidemiology/Prevention	
Dr. A. H. Mehrvar	Switzerland	Epidemiology/Prevention	
Dr. Klinton Nyamuryekuunge	Tanzania	Epidemiology/Prevention	
Dr. Praphan Phanuphak	Thailand	Epidemiology/Prevention	
Dr. Werasit Sittirai	Thailand	Epidemiology/Prevention	
Dr. Roel Coutinho	The Netherlands	Epidemiology/Prevention	
Robert Tielman	The Netherlands	Epidemiology/Prevention	
Dr. Courtney Bartholomew	Trinidad	Epidemiology/Prevention	
Dr. Joel Kasowara	Uganda	Epidemiology/Prevention	
Dr. Edward Katongole-Mbidde	Uganda	Epidemiology/Prevention	
Dr. John Cleland	United Kingdom	Epidemiology/Prevention	
Dr. J. Gallway	United Kingdom	Epidemiology/Prevention	
Dr. Catherine Peckham	United Kingdom	Epidemiology/Prevention	
Dr. David Bell	USA	Epidemiology/Prevention	
Dr. Ruth Berkelman	USA	Epidemiology/Prevention	
Dr. Donald Des Jarlais	USA	Epidemiology/Prevention	
Dr. Larry Green	USA	Epidemiology/Prevention	
Dr. King Holmes	USA	Epidemiology/Prevention	
Dr. Bila M. Kapita	USA	Epidemiology/Prevention	
Dr. Wato Nsa	USA	Epidemiology/Prevention	
David Ostrow	USA	Epidemiology/Prevention	
Dr. Martha Rogers	USA	Epidemiology/Prevention	
Dr. Zena Stein	USA	Epidemiology/Prevention	

NAME	COUNTRY	TRACK	DATE MAILED
Dr. Cladd Stevens	USA	Epidemiology/Prevention	
Dr. Rand Stoneburner	USA	Epidemiology/Prevention	
Ellen Stover	USA	Epidemiology/Prevention	
Dr. Jose Szapoczink	USA	Epidemiology/Prevention	
Dr. Sten Vermund	USA	Epidemiology/Prevention	
Dr. Victor Podorovsky	USSR	Epidemiology/Prevention	
Dr. Mwendaveli Maboshe	Zambia	Epidemiology/Prevention	
Dr. Benjamin Nkwame	Zambia	Epidemiology/Prevention	
Dr. F. K. Nkruhmah	Zimbabwe	Epidemiology/Prevention	

SIXTH INTERNATIONAL CONFERENCE ON AIDS
INVITED REVIEWERS: TRACK C

NAME	COUNTRY	TRACK	DATE MAILED
Lawrence Adeokun	Switzerland	Epidemiology/Prevention	
Dr. D. Agrafiotis	Greece	Epidemiology/Prevention	
Dr. Masafumi Akao	Japan	Epidemiology/Prevention	
Dr. Rashad Alowaish	Kuwait	Epidemiology/Prevention	
Dr. Courtney Bartholomew	Trinidad	Epidemiology/Prevention	
Dr. David Bell	USA	Epidemiology/Prevention	
Dr. Ruth Berkelman	USA	Epidemiology/Prevention	
Dr. Irena Blanca-Campos	Chile	Epidemiology/Prevention	
Dr. Ann-Britt Bohlin	Sweden	Epidemiology/Prevention	
Dr. David Bradford	Australia	Epidemiology/Prevention	
Dr. Jean-Baptiste Brunet	France	Epidemiology/Prevention	
Dr. Euclides Castilho	Brazil	Epidemiology/Prevention	
Dr. Pedro Chequer	Brazil	Epidemiology/Prevention	
Dr. L. Chieco-Bianchi	Italy	Epidemiology/Prevention	
Dr. James Chin	Switzerland	Epidemiology/Prevention	
C. H. Chuang	Republic of China	Epidemiology/Prevention	
Dr. John Cleland	United Kingdom	Epidemiology/Prevention	
Dr. Nathan Clumeck	Belgium	Epidemiology/Prevention	
Dr. Roel Coutinho	The Netherlands	Epidemiology/Prevention	
Dr. Quing D'lamini	Swaziland	Epidemiology/Prevention	
Dr. Donald Des Jarlais	USA	Epidemiology/Prevention	
Dr. Klaus Dietz	Federal Republic of	Epidemiology/Prevention	
Dr. R. Erben	Federal Republic of	Epidemiology/Prevention	
Dr. Oscar Fay	Argentina	Epidemiology/Prevention	
Dr. J. Gallway	United Kingdom	Epidemiology/Prevention	
Dr. Peter Gill	Canada	Epidemiology/Prevention	
Dr. Julian Gold	Australia	Epidemiology/Prevention	
Dr. Larry Green	USA	Epidemiology/Prevention	
Dr. Ernesto Guerrero	Dominican Republic	Epidemiology/Prevention	
King Holmes	USA	Epidemiology/Prevention	
Dr. Jose Izazola	Mexico	Epidemiology/Prevention	
Dr. Jack Kalbfleisch	Canada	Epidemiology/Prevention	

NAME	COUNTRY	TRACK	DATE MAILED
Dr. Bila M. Kapita	USA	Epidemiology/Prevention	
Prof. Lazare Kaptue	Cameroun	Epidemiology/Prevention	
Joel Kasowara	Uganda	Epidemiology/Prevention	
Dr. Edward Katongole-Mbidde	Uganda	Epidemiology/Prevention	
Dr. J. Kristofferson	Norway	Epidemiology/Prevention	
Dr. Philippe Lehmann	Switzerland	Epidemiology/Prevention	
Dr. Mwendaveli Maboshe	Zambia	Epidemiology/Prevention	
Prof. Pierre Manucci	Italy	Epidemiology/Prevention	
Dr. A. H. Mehrvar	Switzerland	Epidemiology/Prevention	
Dr. Abraham Morag	Israel	Epidemiology/Prevention	
Dr. Shoko Nagaya	Japan	Epidemiology/Prevention	
Dr. F. K. Nkruhmah	Zimbabwe	Epidemiology/Prevention	
Dr. Benjamin Nkwame	Zambia	Epidemiology/Prevention	
Dr. Wato Nsa	USA	Epidemiology/Prevention	
Dr. Klinton Nyamuryekuunge	Tanzania	Epidemiology/Prevention	
Dr. Philista Onyango	Kenya	Epidemiology/Prevention	
Dr. Gloria Ornelas-Hall	Mexico	Epidemiology/Prevention	
David Ostrow	USA	Epidemiology/Prevention	
Dr. Jean Pape	Haiti	Epidemiology/Prevention	
Dr. Krorshed Pavri	India	Epidemiology/Prevention	
Dr. Catherine Peckham	United Kingdom	Epidemiology/Prevention	
Dr. Praphan Phanuphak	Thailand	Epidemiology/Prevention	
Dr. Arletty Pinel	Brazil	Epidemiology/Prevention	
Dr. Peter Piot	Belgium	Epidemiology/Prevention	
Dr. F. A. Plummer	Canada	Epidemiology/Prevention	
Dr. Victor Podorovsky	USSR	Epidemiology/Prevention	
Dr. Michael Pollak	France	Epidemiology/Prevention	
Dr. Timothy Pyakalyia	Papua New Guinea	Epidemiology/Prevention	
Dr. Michael Rekart	Canada	Epidemiology/Prevention	
Dr. Martha Rogers	USA	Epidemiology/Prevention	
Dr. Martin Schecter	Canada	Epidemiology/Prevention	
Werasit Sittirai	Thailand	Epidemiology/Prevention	
Dr. Zena Stein	USA	Epidemiology/Prevention	
Dr. Cladd Stevens	USA	Epidemiology/Prevention	

NAME	COUNTRY	TRACK	DATE MAILED
Dr. Rand Stoneburner	USA	Epidemiology/Prevention	
Dr. Ellen Stover	USA	Epidemiology/Prevention	
Jose Szapoczink	USA	Epidemiology/Prevention	
Dr. N. Tefari	Ethiopia	Epidemiology/Prevention	
Dr. Robert Tielman	The Netherlands	Epidemiology/Prevention	
Dr. Philippe Van de Perre	Rwanda	Epidemiology/Prevention	
Dr. Sten Vermund	USA	Epidemiology/Prevention	
Dr. Henrik Zoffman	Denmark	Epidemiology/Prevention	
Dr. Vicki Zunzunegui	Spain	Epidemiology/Prevention	

INVITED REVIEWERS: TRACK C

Total Number of Reviewers Invited: 75

Breakdown by Country:

Argentina	1
Australia	2
Belgium	2
Brazil	3
Cameroun	1
Canada	5
Chile	1
China	1
Denmark	1
Dominican Republic	1
Ethiopia	1
France	2
FRG	2
Greece	1
Haiti	1
India	1
Israel	1
Italy	2
Japan	2
Kenya	1
Kuwait	1
Mexico	2
Norway	1
Papua New Guinea	1
Rwanda	1
Spain	1
Swaziland	1
Sweden	1
Switzerland	4
Tanzania	1
Thailand	2
The Netherlands	2
Trinidad	1
Uganda	2
United Kingdom	3
USA	15
USSR	1
Zambia	2
Zimbabwe	1

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CENTER FOR AIDS PREVENTION STUDIES (CAPS)

University of California, San Francisco (UCSF Box 0886)
San Francisco Department of Public Health
Bayview-Hunter's Point Foundation

Stephen B. Hulley, M.D., M.P.H.
Director

Mailing Address:
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Telephone: (415) 597-9107
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February 3, 1989

Dear Epidemiology/Prevention Committee Member

Our next meeting will be on Monday, February 13, 1989, 3:30-5:00 pm. The meeting will again be at 74 New Montgomery St, Suite 600, one block from the Montgomery BART station. For those who are driving, we can provide free parking (enclosure). The agenda will be as follows:

1. Minutes from last time (attachment)	Hulley, Rutherford et al
2. Materials from Ziegler--general issues (attachment)	Wachter
3. Review track 3 categories and topics	Rutherford et al
4. Review of proposed reviewers	Hulley et al
5. Other	Others
6. Plan future meetings	Hulley et al

Once again, please bring penciled in suggestions and additional names with you to the meeting.

Sincerely,

Steve

Stephen B. Hulley MD, MPH
Professor and Vice Chairman,
Department of Epidemiology
and
Chair, 6th Int Conf on AIDS
Track III Program Committee

George Rut.

George Rutherford MD
Chief, AIDS Office
SF Department of Public Health
and
Co-Chair, 6th Int Conf on AIDS
Track III Program Committee

No one from SFGH group
- Osmond? Moss?, Wofsy?

6th International AIDS Convention
Epidemiology and Prevention (Track III) Committee
Minutes of meeting of Jan 20, 1989, 12:30-2:00 pm

Committee members in attendance: Thomas Coates PhD, Don Francis MD, Mindy Fullilove MD, Norman Hearst, MD, Stephen Hulley MD (Co-Chairman), Alan Lifson MD, Bonnie Maldonado MD, Nancy Padian PhD, Art Reingold MD, George Rutherford MD (Co-Chairman), J Wiley PhD.

Committee members absent: James Carlson PhD, Julie Gerberding MD, Walter Hauck PhD, Herbert Perkins MD.

After a round of introductions, the committee charge was reviewed, and the following general suggestions were made:

- We should have the goal of making this a better convention than previous ones, more attention to meaningful clinical and social benefits, a richer program.

- There should be fewer presentations and posters than in previous years. Recommend a system of one abstract per person, a computerized approach to preventing the same work being submitted twice with reshuffled authors, and a special area for those posters selected as the most important and meritorious.

We then turned our attention to topic categories and many ways of cutting the pie were examined. After the meeting the Co-Chairmen produced the following 16 categories, representing a reasonable synthesis of the points of view expressed. The list will allow scientists to choose a category for submission, and it will provide a basis for designing workshop sessions. The list may be revised as a result of suggestions from the parent Steering Committee, or by the Track III Committee at its next meeting.

A. Epidemiology:
1. Transmission of HIV infection
2. Distribution and determinants of risk behaviors
3. Natural history of HIV disease (including cofactors for progression)
4. Surveillance for HIV infection and for AIDS/regional variations
5. Modeling and forecasting

B. Prevention:
1. HIV testing, counseling, and partner notification
2. HIV diagnostic test options
3. Models for changing behavior (including domonstration projects)
4. Controlled intervention trials

C. Epidemiology and prevention:
1. Homosexual and bisexual men
2. IV drug abusers
3. Blood product recipients
4. Heterosexuals
5. Pregnant women and infants
6. Occupational risks
7. Cultural and racial factors

Committee members were asked to send suggestions for reviewers from around the world, using the main criterion of good knowledge and judgment for selecting these individuals. A draft of proposed names is attached for consideration and supplementation at the next meeting.

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January 10, 1989

Dear Epidemiology/Prevention Committee Member

We are pleased to welcome you to the Epidemiology/Prevention Committee of the 6th International Conference on AIDS. We know that it has not been easy for you to commit the needed time, which will peak during January-March of both 1989 and 1990. At the same time, we anticipate that working together on this important and challenging task will be a gratifying experience, and we will do our best to make things as efficient and enjoyable as possible.

Our first meeting will be on Friday, January 20, 1989, 12:30-2:00 pm. (This is the option preferred by the largest number of you--we will try to get all the others next time.) The meeting will be at 74 New Montgomery St, Suite 600, one block from the Montgomery BART station. For those who are driving, we can provide free parking (enclosure). The agenda will be as follows:

1. Introductions	Hulley, Rutherford et al
2. Discussion of correspondence from Ziegler and Volberding, and overall conference organization (attachments 0 & 1)	Ziegler et al
3. Review track 3 categories and topics (attachment 2)	Rutherford et al
4. Prepare list of names and addresses of reviewers (attachment 3)	Hulley et al
5. Review draft of letter to reviewers (attachment 4)	Hulley et al
6. Begin to draft list of suggested plenary topics and possible speakers (attachment 5)	Rutherford et al
7. Other	Others
8. Plan future meetings	Hulley et al

In order to get as much done as possible at this meeting, thereby reducing the number of meetings we will need in the next several months, we are asking each of you to read the attachments carefully and to bring penciled in suggestions with you to the meeting that can be left with us to develop the materials noted in our charge.

Sincerely,

Steve

Stephen B. Hulley MD, MPH
Professor and Vice Chairman,
Department of Epidemiology
and
Chair, 6th Int Conf on AIDS
Track III Program Committee

George / SBH

George Rutherford MD
Chief, AIDS Office
SF Department of Public Health
and
Co-Chair, 6th Int Conf on AIDS
Track III Program Committee

To: Jim Carlson, Walter Hauck, Bonnie Maldonado, and Herb Perkins
From: Steve Hulley
Date: Jan 11, 1989

You four have in common the fact that you preferred the Monday date over the Friday date. My apologies for the short notice which contributed to the problem. If any of you can find a way to come on Friday after all, please do.

If you still cannot make it, no problem. You can either send your comments by mail, or wait and express them at the next meeting. I will try to schedule it so that you four, at least, will be there. Please let Diane Hinkly (597-9175) know before our Jan 20 meeting the times you have available on the following dates:

Friday Feb 10

Monday Feb 13

Friday Feb 17

Epidemiology/Prevention Committee Members

James Carlson, Ph.D.
[redacted]

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Nancy Padian, Ph.D.
[redacted]

Herbert Perkins, M.D.
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Epidemiology/Prevention Committee Members

Ex-Officio Members:

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821-8317

Paul Volberding, M.D.
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821-5531

John Ziegler, M.D.
Veterans Administration Medical Center
4150 Clement Street, #209F
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750-2048

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(415) 221-4810 ext. 3676

November 14, 1988

TO: Chairs of 1990 Conference Subcommittees

FR: John Ziegler, MD; Paul Volberding, MD

RE: Meeting Agenda and Charge to Committees

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1. Attached are the tentative membership roster and instructions for your subcommittee. Please read them carefully to note your specific tasks and due date. Until our Conference support staff is assembled, we are asking each subcommittee chair to convene their subcommittee meetings as needed, and to produce the requested final products on time. If essential, some secretarial support will be available through the ACRC office (call Dr. Ziegler, 750-2048).

2. You are asked to attend a regular meeting on the second Monday of each month, starting December 12. These meetings will constitute executive sessions of the Local Organizing Committee to discuss the status of the Conference, specific committee tasks, task deadlines, and other pertinent matters. Please make every effort to attend these meetings. (They will last 30-45 minutes and will follow immediately the regularly scheduled CFAR Investigator's Meeting.)

3. A conference of this magnitude requires careful planning and meticulous attention to detail. We are confident that we can count on your full support. There will be two periods of intensive work: November 1988 - March 1989 (preparation of Call for Papers) and February - March 1990 (abstract review), in addition to the routine work of conference planning and logistics.

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December 14, 1988

TO: Track Leaders, 1990 Conference (Abrams, Levy, Hulley, Mills)

FR: John Ziegler, Paul Volberding

RE: Tasks

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1. We appreciate your willingness to work hard on the programmatic aspects of the Conference. This note summarizes our current plan.

   a. "Rule of 8" will apply to subtopics in each large track category:

Track I	Virology (8), Immunology (8)
Track II	Clinical Manifestations (8), Trials (8)
Track III	Epidemiology (8), Prevention (8)
Track IV	Social Science (8), Health Care Policy (8)

   b. Although it is difficult to predict the number of abstracts, past experience suggests about 500 in each large category (8 X 500 = 4,000 total). A pre-screen may reduce these to 400 per large category (3,000 total). These must then be reviewed by San Francisco committee members and by two outside committee members (total of 3 reviews). Thus, with 50 abstracts per reviewer, count on naming at least **24 reviewers** total for each large category (400 X 3 = 1,200 reviews - 50 = 24). This estimate coincides with my previous request for 50 names from each track. Be sure to include names with expertise in each sub category, and ensure broad ethnic and international representation.

2. Please give some thought to the following topics for discussion at our next meeting:

   a. Abstract review process (pre-screen by San Francisco reviewers; number of abstracts per reviewer; redirected abstracts; criteria and scoring; selection process; final programming).

   b. Plenary topics and speakers.

   c. Roundtable topics (controversies).

3. Please mark your 1989 calendars now: Monday, January 9, 3:30 - 5:00 pm (Track leaders to meet following CFAR meeting at 2:00 - 3:30 pm, Ward 84, SFGH) and Wednesday, January 25, 8:30 - 10:30 am, Local Organizing Committee, Ward 84, SFGH.

4. Happy holidays!

cc: Paul Volberding

BASIC SCIENCE (TRACK I)

VIROLOGY

Morphology

Viral receptors and cell entry

Structural genes

Regulatory genes

Cell targets, tropism

Determinants of viral replication

Virus detection techniques and assays

Related retroviruses

Animal models

Viral ontogeny

Antiviral agents

Cytopathology

Neuropathology

IMMUNOLOGY

Immunoregulation

T cells

B cells

NK cells

Monocyte/macrophages

Humoral immunity

Immune markers

Immunopathogenesis (viral factors)

Immunopathogenesis (host factors)

HIV specific responses

Experimental immunomodulation

Animal models

HIV and cytokines

Autoimmunity

Neuroimmunology

CLINICAL TRIALS

Antiviral agents (nucleosides, other)

Immune enhancement

Vaccines

Opportunistic infections

Natural history

AIDS associated malignancies

Staging and markers of disease

Unconventional therapies

Nutrition/stress

Community-based clinical research

CLINICAL (TRACK II)

CLINICAL FEATURES

Acute HIV infection

Neurology

Neuropsychological

Maternal-child, AIDS in pregnancy

Hemophilia

Drug Abusers

Homosexuals

Pediatrics

Pulmonary

Cardiac

Skin

Endocrine/renal

Hematology/oncology

Opportunistic infections (viral, bacterial, fungal, plasmodial, other)

Autoimmune phenomena

Clinical immunology/allergy

EPIDEMIOLOGY/PREVENTION/SOCIAL (TRACKIII)

EPIDEMIOLOGY

Demographics/Incidence/Prevalence - Regional

Risk Groups (gay, bisexual, women, children, IVDA, heterosexual, blood/products, pregnant women, prisoners, prostitutes, health care workers)

Serology (Elisa, western blot, IFA, PCR, other)

Modelling, predictions, forecasting

Risk factors/co-factors of infection (donor, recipient)

Natural history, cofactors of progression

Markers of progression

Transmission (sexual, parenteral, maternal child, other)

Epidemiology in developing countries/international

PSYCHOSOCIAL/POLITICAL/ECONOMIC/ETHICAL ISSUES (Track III/IV)

AIDS in the workplace

Anthropological studies (sexual behaviors, addiction)

Economic issues (cost of care and prevention strategies, insurance)

Political issues (health policy, confidentiality, legislation)

AIDS ethics (testing, notification, terminal illness, treatment issues)

Health care (nursing, social work, care-giver burnout, hospice)

Community action (nongovernment organizations, philanthropy)

AIDS and the media

AIDS in minorities

AIDS in developing countries

AIDS and population control

Social Services

AIDS and religion

Resource allocation (role of government, private sector, philanthropy)

AIDS in gay and bisexual men

SOCIAL SCIENCES & PUBLIC HEALTH POLICY (Track III/IV)

Testing

Counselling

Infection control in health care and laboratory workers

Intervention strategies (STD's, substance abuse clinics, condom use, other)

Education of risk groups (children, adolescents, adults, IVDA)

Protection of the blood and blood product supply

Prevention issues in developing countries

Behavioral change in risk groups

AIDS knowledge, behavior and attitudes - demographics

Prevention of perinatal transmission

Prevention of AIDS in minorities

Shaping public policy on AIDS

Professional education in HIV disease

Global control programs

AIDS in the military

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(415) 221-4810 ext. 3676

November 2, 1988

TO: Epidemiology/Prevention Track Committee (Stephen Hulley, Chair; George Rutherford, Mindy Fullilove, Herbert Perkins, Tom Coates, Don Francis, Warren Winkelstein)

FR: Co-Chairmen, 6th International Conference on AIDS

RE: Charge to Committee

---

1. **Conference Objectives and Format** - A preliminary overview of the Conference organization has been prepared (see **attachment 1**). All scientific sessions (excluding invited plenary speakers) will be selected from the abstracts received. Thus, some flexibility is necessary in the final format.

2. **Workshop** - A two hour block of eight, 10 minute oral presentations, followed by 5 minute discussion. Each workshop will have two invited chairpersons who will divide the workshop between them (i.e. one hour each). Chairpersons will in all likelihood be selected from the roster of the Scientific Program Committee (see below) or from abstract submissions. The number and location of workshops will be decided after abstracts are reviewed and recommendations are received from the reviewers. Oral presentations will consist of important new information of general interest and high scientific merit.

3. **Poster Session** - Approximately 1000 posters can be displayed on each of three days of the Conference. Posters will be selected on the basis of scientific merit, relevance, general interest, and international representation.

4. **Roundtables** - Two evening sessions are planned in the preliminary program for simultaneous roundtable discussions. In general, these will consist of six workshop-type presentations (10 minutes, 5 minutes discussion), followed by panel discussions and questions or comments from the audience. Roundtable topics should reflect research areas of controversy, ambiguity or difficult public policy issues.

5. <u>Specific Tasks for Specialty Subcommittees</u>:

   a. Review categories and subtopics assigned to your Committee subspecialty area (see **attachment 2**). Assure that all relevant topics are represented. Combine categories or subtopics where appropriate. Aim for a comprehensive, generic topic organization that has internal logic and can be formatted into Workshop or Poster sessions. **Identify those topics or categories that would be appropriate for Roundtable sessions. <u>Return annotated draft of attachment 2 to Conference Chairman by January ~~18,~~ 24 1989</u>, one week prior to the meeting of the Local Organizing Committee.**

b. Prepare list of names and addresses of The International Scientific Program Committee appropriate to the Specialty Track that your Committee represents. Do not worry about overlap with other committees. Try to add new names to the list. We anticipate receiving about 4,000 - 5,000 abstracts. Therefore we will need about 50 names from your Committee. Assuming that one-third of these will decline, this will mean each reviewer will read and score about 50 abstracts. A list of reviewers solicited by Stockholm is included in **attachment 3**. Each committee will be asked to review and rate abstracts that will be distributed to committee members by category. **This list must be delivered to the Conference Chairman by January ~~18~~ 24, 1989.**

The list must be prepared according to the following criteria:

- o Recognized expertise in the subject areas under consideration
- o Balanced international representation
- o Particular attention to representation by minorities and women

To assist your task, the following table shows the categories of abstract submissions at the Stockholm meeting:

ABSTRACTS PER CATEGORY
IV International Conference on AIDS

Subject	received TOTAL	accepted TOTAL	
A Virology	448	430	14%
B Pathogenesis/Immunology	486	433	14%
C Antiviral therapy	286	260	08%
D Epidemiology	506	479	15%
E Problems in the developing World	254	230	07%
F Prevention	283	254	08%
G Clinical Management	759	610	20%
H Psycho-social aspects	271	217	07%
I Health care and society	263	181	06%
X (no particular subject)	002	002	
P (Plenary Speakers)	020	020	
TOTAL	3,578	3,112	

c. Review draft of letter (**attachment 4**) to each member of the International Scientific Program Committee. This letter requests each member to be available for intensive review and scoring of abstracts soon after the submission deadline. **Comment on letter draft and return annotated copy to Chairman by January ~~18~~ 24, 1989.**

d. **Submit a draft list of suggested plenary topics and possible speakers in your subspecialty areas to the Conference Chair by January ~~18~~ 24, 1989.** A list of plenary speakers and topics from the last three international meetings is found in **attachment 5**. In this task, attempt to identify the **best and most knowledgeable public speakers** rather than the most prominent personality in the field.

e. Each committee will be asked at a later date to review and comment on preliminary drafts of the abstract instructions. We may wish to consider limiting the abstract submissions from a single person or group. Later in the year, you will also be asked to comment on instructions to reviewers and scoring systems for abstract acceptance. Finally, following completion of abstract review, your committee will be asked to prepare a balanced program with estimates of numbers of attendees, etc.