





ATRIPLA®

Sing



Exhibition Overview

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Exhibition Title	Exhibition Description	Exhibition Location	Exhibition Date
Exhibition 1	Exhibition 1 Description	Exhibition 1 Location	Exhibition 1 Date
Exhibition 2	Exhibition 2 Description	Exhibition 2 Location	Exhibition 2 Date
Exhibition 3	Exhibition 3 Description	Exhibition 3 Location	Exhibition 3 Date
Exhibition 4	Exhibition 4 Description	Exhibition 4 Location	Exhibition 4 Date
Exhibition 5	Exhibition 5 Description	Exhibition 5 Location	Exhibition 5 Date
Exhibition 6	Exhibition 6 Description	Exhibition 6 Location	Exhibition 6 Date
Exhibition 7	Exhibition 7 Description	Exhibition 7 Location	Exhibition 7 Date
Exhibition 8	Exhibition 8 Description	Exhibition 8 Location	Exhibition 8 Date
Exhibition 9	Exhibition 9 Description	Exhibition 9 Location	Exhibition 9 Date
Exhibition 10	Exhibition 10 Description	Exhibition 10 Location	Exhibition 10 Date



KALETRA

(lopinavir/ritonavir)

BODY AND MIND

KALETRA
FOR THE
LONG TERM



BODY AND MIND
Challenge
2011





KALETRA
(lopinavir/ritonavir)
BODY AND MIND



KALETRA
FOR THE LONG

KALETRA **ALIVIA**
BODY AND MIND



BODY AND MIND Challenge 2011

Medical Affairs



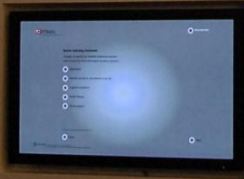


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OPTIMAL

Achieving more together in HIV



OPTIMAL

Achieving more together in HIV

2011

Gilead continues to develop
re single tablet regimens

ATRIPLA®

Single Tablet Regimen

Single Tablet Regimen



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OCTOBER 12-15, 2011
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Prescribing information is available on the exhibit.

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G.D. Kaminskii, A.Ju. Pronin

To compare rate of HIV disease progression depending on initial viral load

MATERIALS AND METHODS

WNV infection patient with no indications to HAART (CD4⁺ cell count is more than 350 cells/mm³). WNV viral load is less than 5 log10 (copies/ml) were followed up for 1200 days (Moscow region HIV living people cohort, Russia, 452 - female (51.2%), 431 - male (48.8%). Clinical exam and blood sampling was performed, in blood specimens WNV viral load (WNV VL) PCR ($\times 2000$) and Abbott Biocystems analyzer, *avifluo* (WNV 1a, 1c) and CD3+CD4⁺ phenotypes of T-lymphocytes were analyzed (flow cytometer BD FACSCanto, set of antibodies α -CD3/CD4/CD45⁺). Received data was processed statistically by means of Microsoft Access and SPSS software.

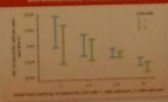
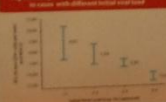
T-lymphocyte count approach was aimed to determine individual and average CD4⁺ T-lymphocyte loss (ATL) by linear regression with the least square method. ATL was calculated per year (365 days) in percent to initial CD4⁺ counts.

Kaplan-Meier approach was aimed to describe the process of reaching HAART indications. HAART indications were formalized as the minimum time of emerging of three following conditions: CD4+ cell count less 350 cells/mm³ (2 times), HIV VL more than 5 log10 copies/mL (2 times), clinical indications to HAART. Kaplan-Meier curves were drawn for patients free of above indications. Average time for reaching HAART indications (ATR) was determined as a harmonic mean of the appropriate reacting time for all the patients in the study.

RESULTS

case initial HIV VL, we found that 4 log 10 copies/mL or less at progression was almost or the rate or was slow. Contrary to this, in case initial HIV VL, was between 4 and 5 log 10 copies/mL the rate of progression was high (Fig. 1). This result didn't depend significantly on initial CD4+ counts, the progression being evenly slightly faster in the presence of high level of CD4+ cells (Fig. 2). Thus T lymphocyte count approach reveals HIV VL as the major predictor of progression.

Fig. 1. Average Clink: S symphysis ratio (1975-1)



These findings suggest that repeated health interventions of programs for the poor

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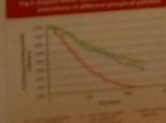


Fig. 4. Average total cholesterol in different groups of patients.

IHIVP



International HIV Partnerships

*for treatment and diagnostics, research,
communications and social accord*

www.ihivp.org



Croatian Association for HIV and Viral Hepatitis

HUHIV

Hrvatska udruženja za borbu protiv HIV-a
i virusne hepatitisa

www.huhiv.hr

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F: 01/ 46 66 655
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25 YEARS

Global Commitment to HIV Care



25 Global

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considerations for HIV/
coinfected patients

See the considerations for choosing an
ART for HIV coinfected patients with HCV.

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may be used
with other antiretroviral drugs



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A next generation NNRTI

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Medical Information
Service



Despite improved long term treatment and
prognosis, HIV remains complex, imposing
unique challenges for women living with HIV
and healthcare providers.

The SHE program was
developed by these
providers of
provisional
scientific
to be



HERA

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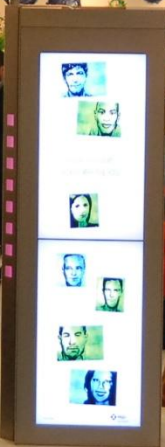
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OVERCOMING STIGMA TO
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