

## March 10<sup>th</sup>, 2019 Sample Current Affairs

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**1. The Delta 32 effect: It offers pathways to eliminate HIV, though there is sometime before we have a complete cure at hand.**

- Does anything change for people living with HIV?
- How is remission different from cure?
- When is a treatment based on this success expected?
- Why don't we have a vaccine for HIV yet?

**GS paper 2 ( Issues related to health, education and human resources )**

**In this video, you can find detailed answers for all the above questions.**

**The above article has been retrieved from:**

N.A. ( 2019,  
March , 10). The Delta 32 effect. Indian Express. Retrieved  
from <https://indianexpress.com/article/opinion/columns/the-delta-32-effect-hiv-aids-cancer-cure-5617635/>

**What is the context about?**

- A “London patient” became the second man after the “Berlin patient”, to be cured of HIV after stem cell therapy put their infections in remission without medication.
- The London man has been in remission for 18 months after his bone marrow transplantation for advanced Hodgkin's lymphoma.

- ❑ In both cases, the bone marrow was taken from donors with natural resistance to HIV because of a genetic mutation in two copies of their CCR5-delta 32 gene, which encodes a critical protein that allows HIV to enter and infect cells.

### **Does anything change for people living with HIV?**

- ❑ Not immediately. The “London Patient” provides “proof of concept” — a potential path to a cure for HIV. But cure is not around the corner, and infected patients are nowhere near a situation in which they can hope to stop taking their pills soon.
- ❑ There are 35 million HIV-positive people in the world, and bone marrow transplants from donors with the HIV-resistant CCR5-delta 32 mutation will not be a likely treatment option for most.

### **How is remission different from cure?**

Being cured would mean getting rid of the virus forever; remission would mean it is there, but under control for the time being.

### **When is a treatment based on this success expected?**

- ❑ In a decade perhaps, several specialists were being quoted as saying Wednesday. But that treatment would cover only those types of HIV that rely on the CCR5 surface protein to break into the immune cells.

- ❑ The X4 form of HIV, which uses a different protein, would not be tackled by treatment based on the delta 32 mutation.

### **Why don't we have a vaccine for HIV yet?**

- ❑ In order to create a vaccine, you need to be able to infect people with a weakened form of a virus, and that weakened virus must have the ability to induce the immune system to make neutralising antibodies. These antibodies usually appear at 12 weeks after HIV infection. The special thing about neutralising antibodies is that they can inactivate the virus.
- ❑ BUT – and here's the thing – HIV is a rapidly evolving virus. It constantly mutates during replication to create new variants... Which cannot be neutralised by the antibodies that are currently being produced. So the body creates new neutralising antibodies against the resistant forms, but HIV has already evolved another resistant form. This means that even if you can come up with a weakened form of virus for a vaccination, the elicited antibody will only be effective for a small percentage of the viral population, and the rest will persist.