

**U.S. Department of Health and Human Services
National Institutes of Health
Office of AIDS Research**

**Office of AIDS Research Advisory Council
65th Meeting
February 22, 2024**

Virtual ([Videocast Link](#))

Meeting Minutes

Council Members Present:

Dr. Ivy E. Turnbull (Chair)
Dr. Kathleen L. Collins
Dr. Omar Galarraga
Dr. Shruti Mehta
Dr. Luis J. Montaner
Dr. Mojgan H. Naghavi
Dr. Anne M. Neilan
Dr. Ricardo Rivero
Dr. John W. Sleasman

Ad hoc Council Members Present:

Dr. Courtney Fletcher
Dr. Sonia Flores
Dr. Anna Maria Mandalakas
Dr. Diane Santa Maria
Dr. Sara Sawyer

Ex Officio Members Present:

COL Julie Ake
Dr. Victoria J. Davey
Dr. Carl W. Dieffenbach
Dr. Rohan Hazra
Dr. Jonathan Mermin
Dr. Tara Schwetz

Advisory Council Representatives:

Dr. Monica Gandhi
Dr. Marguerita Lightfoot
Dr. Melanie Ott

Office of AIDS Research Leadership:

Dr. Diana Finzi
RDML Timothy Holtz (Executive Secretary)
Dr. Rachel Anderson
CAPT Mary Glenshaw

Invited Speakers and Guests:

Ms. Coretté Byrd
Dr. Nahida Chakhtoura
Dr. Henry Masur
Dr. Alice K. Pau
Dr. Franklin Yates

Welcome and Introductions

*RDML Timothy H. Holtz, M.D., M.P.H., OARAC Executive Secretary,
Assistant Surgeon General, U.S. Public Health Service, Deputy Director, OAR, NIH
Ivy Turnbull, D.L.P., Ed.M., M.A., OARAC Chair, Deputy Executive Director,
AIDS Alliance for Women, Infants, Children, Youth & Families*

RDML Timothy Holtz and Dr. Ivy Turnbull welcomed participants to the 65th meeting of the NIH OARAC. A quorum was present. Meeting materials provided to Council members included the agenda, a conflict-of-interest form, and minutes from the 64th OARAC meeting, held on October 26, 2023. Minutes from the 64th OARAC meeting were approved by the Council in advance of the 65th OARAC meeting.

RDML Holtz recognized and reflected upon accomplishments of four leaders in the HIV field who had passed away since the last OARAC meeting: Dr. Gao Yaojie, Dr. Victoria Anne Johnson, Dr. Adaora Adimora, and Hydeia Broadbent.

Dr. Turnbull welcomed attendees and conducted roll call.

Dr. John Sleasman, who was attending his last meeting as an OARAC voting member, thanked the NIH Office of the Director and Office of AIDS Research (OAR) for the opportunity to serve on the Council. He reflected on his time as an OARAC member and remarked that OAR has set the template at NIH for responses to national and global health crises. He recognized the leadership of former OAR Director Dr. Maureen Goodenow, whose guidance shaped the current 5-year (FY2021–FY2025) NIH Strategic Plan for HIV and HIV-Related Research. Dr. Sleasman applauded Dr. Goodenow's role in promoting direct community engagement (e.g., OAR through Listening Sessions), enhancing diversity and inclusion within the HIV community, and partnering with NIH Institutes that had not previously had significant involvement in the HIV research agenda. He noted that this is a critical time for HIV research and expressed concerns about not yet having a permanent Director in place.

Dr. Turnbull reviewed the 65th meeting agenda, noting the inclusion of time for public comments.

Welcoming Remarks

Tara Schwetz, Ph.D., Deputy Director for Program Coordination, Planning, and Strategic Initiatives and Director, Division of Program Coordination, Planning, and Strategic Initiatives, NIH

Dr. Tara Schwetz emphasized her commitment to installing permanent OAR leadership and thanked Dr. Bill G. Kapogiannis for serving as the Acting OAR Director prior to Dr. Diana Finzi. She also thanked RDML Holtz for his service as OAR Deputy Director. Dr. Schwetz commented on the breadth and depth of NIH-supported HIV research, emphasizing OAR's critical role in coordinating this work. She noted that NIH provides the largest public investment in HIV research in the world, with more than 3,500 projects in 96 countries. These investments have yielded ground-breaking research advances in the areas of treatment, prevention, and cure. Many of these breakthroughs extend far beyond the field of HIV, such as leveraging the HIV infrastructure in response to the COVID-19 pandemic.

Dr. Schwetz pointed out the critical need for ongoing and expanded research investments, which requires OAR to continue leveraging expertise across institutes, centers and offices (ICOs). The advice and feedback of OARAC is critical as OAR works to move research forward, develop new partnerships, and engage with community needs and concerns. OAR's unique authority to facilitate a unified research approach to addressing the HIV pandemic is made possible in part by the two-way engagement between OAR and OARAC. Dr. Schwetz encouraged attendees to submit input to OAR's request for information (RFI) on the next NIH HIV strategic plan and asked them to promote the RFI across their networks.

Report From the Acting OAR Director

Diana Finzi, Ph.D., Acting Associate Director for AIDS Research and Acting Director, OAR, NIH

Dr. Diana Finzi outlined the leadership changes at OAR, including her own new position of NIH Acting Associate Director for AIDS Research and Acting Director of OAR, emphasizing that a nationwide search for the new permanent director is concluding. She thanked Dr. Bill Kapogiannis for his work in these positions in 2023. Dr. Finzi continues to serve as the Director of the Basic Sciences Program in the Division of AIDS at the National Institute of Allergy and Infectious Diseases (NIAID); she emphasized her commitment to translating HIV basic science to better health outcomes for all affected by HIV.

Dr. Finzi announced RDML Holtz's upcoming retirement from the U.S. Public Health Service and noted that CAPT Mary Glenshaw, OAR Senior Science Advisor, would serve as Acting OAR Deputy Director and OARAC Executive Secretary. Dr. Finzi also highlighted the new positions held by Dr. Kimryn Rathmell, as Director of the National Cancer Institute, and Dr. Monica Bertagnoli, as NIH Director. Dr. Finzi welcomed new *ad hoc* OARAC members, recognized Dr. Turnbull's confirmation as OARAC Chair, and noted OARAC members who have completed their terms of service: Drs. Kathleen Collins, Veronica Miller, Ricardo Rivero, and John Sleasman. Dr. Finzi noted that Dr. Elaine Abrams will be replacing Dr. Monica Gandhi as the NIAID Council representative to the OARAC at the end of Dr. Gandhi's term in April 2024.

Dr. Finzi pointed out that many OAR engagements are driven by the Signature Programs, which aim to advance high-priority but under-resourced research and activities. The current Signature Programs are HIV and Aging, HIV and Women, Technology Advances for HIV Research, and Early Career Investigators. In November, the Technology Advances for HIV Research Signature Program collaborated with IC partners to hold a [2-day community-oriented workshop](#) focused on advancing the development of HIV testing technologies. The workshop's agenda was developed in partnership with the Prevention Access Campaign. It brought together community, technology, and regulatory partners and leveraged the momentum gained through the Rapid Acceleration of Diagnostics (RADx) Initiative to push for the development of better diagnostic and viral load monitoring tests, either at the point of care or self-administered at home. Participants agreed that access to free or affordable HIV testing and viral load monitoring is crucial for sustaining the successful Undetectable = Untransmittable (U=U) campaign.

The 35th annual observance of World AIDS Day took place on December 1, 2023. OAR organized and hosted the NIH observance with a virtual event titled "[Achieving Excellence and Equity in HIV Research](#)." An activity tied to the HIV and Women Signature Program is scheduled for March 21 and 22—the "[NIH HIV and Women Scientific Workshop: Centering the Health of Women in HIV Research](#)." The HIV and Women Signature Program is aligned with the newly announced White House Women's Health Research Initiative. This initiative aims to improve women's health by accelerating research on women's unique health needs across the life span and changing how women's health research is approached and funded. OAR will continue prioritizing inclusion of diverse groups of women in prevention, treatment, and cure as an essential component of ending the HIV epidemic. On April 24, OAR will host its third annual virtual [Workshop for Early Career Investigators in HIV](#).

Dr. Finzi outlined OAR and OARAC's role in the next iteration of the *NIH Strategic Plan for HIV and HIV-Related Research*. OAR is authorized to establish HIV research priorities; ensure NIH HIV/AIDS research is directed at the highest priority research areas; disseminate information

about the research portfolio to the public; and oversee, coordinate, and manage all NIH HIV-related research across NIH ICOs conducting HIV research. Dr. Finzi emphasized the breadth and successes of NIH-funded HIV research facilitated through ICO funding.

OARAC's charter states that Council members provide guidance on the planning, coordination, and evaluation of the NIH HIV research programs and related activities. OARAC advises the OAR Director regarding HIV research priorities and the development of a comprehensive plan for HIV-related research. OARAC is authorized to convene special consultants and *ad hoc* working groups with prior Executive Secretary approval. This is a critical moment for HIV research, because although great progress has been made, major gaps persist across the research continuum, and OAR must make careful decisions with the NIH HIV allocation.

The evolution of the state of HIV science has led OAR to reconsider how to frame research priorities moving forward. The office aims to increase efficiency by bringing ICOs together, to enhance collaboration, integration, and complementary efforts. The updated plan will contain a revised framework following the HIV research continuum, including specific research and research capacity priorities. The next plan will also facilitate and support data-informed prioritization for directing congressionally appropriated HIV funding while enabling transparency to foster efficiency and collaboration across and between NIH ICOs. OAR recently released an [RFI to solicit public input on the HIV research strategic plan](#), which will close on March 28. RFIs are a key mechanism for the office to receive feedback from OARAC members, their networks, and the wider HIV community. The input is critically important in shaping the future priorities and activities associated with NIH-supported HIV research.

Dr. Finzi reminded attendees that the next OARAC meeting is scheduled for Thursday, June 20, and will be held in person, as well as videocast for public viewing.

Discussion Highlights

Council members welcomed Dr. Finzi, noting that her experience fits well with her new role as OAR Director.

NIH Strategic Plan for HIV and HIV-Related Research
CAPT Mary Glenshaw, Ph.D., M.P.H., Senior Science Advisor, OAR, NIH
Rachel Anderson, Ph.D., Senior Policy Advisor, OAR, NIH

Dr. Rachel Anderson explained that OAR is legislatively mandated to develop a strategic plan for HIV research across NIH, which provides a roadmap for HIV research and a framework for the allocation of funds to the highest-priority research areas. The strategic plan also ensures transparency, and the planning process maximizes partner input.

The strategic plan has evolved as the science of HIV and the state of the pandemic evolved. The strategic plan aims to leverage scientific advances at the intersection of HIV prevention, treatment, comorbidities, and cure to promote interdisciplinary, integrative approaches and highlight populations, settings, and challenges that emerge and shift over time. The updated framework will not eliminate the current priority areas but will highlight topics differently across the backdrop of the research continuum.

The revised framework's foundational principles, relevant throughout HIV research, are to (1) identify and address HIV-related health disparities to ensure that the benefits of scientific

advances reach all people and communities; (2) address the unique needs of people with HIV across the life span, particularly as people age, including those born with HIV; and (3) engage and partner at every stage with communities affected by HIV. The proposed framework follows the *NIH Common Template for Strategic Plans* and aligns with the structure of the most recent [Professional Judgment Budget](#).

The proposed framework includes three research goals and one capacity goal: (1) Enhance diversity and advance HIV science through fundamental research; (2) advance the development and assessment of novel interventions for HIV prevention, treatment, and cure; (3) optimize the public health impact of HIV discoveries through translation, dissemination, and implementation of research findings; and (4) build the research workforce and infrastructure capacity to enhance the sustainability of HIV scientific discovery. Each goal will contain objectives and specific funding priorities that reflect ongoing research, areas for additional investigation, and emerging opportunities.

Development of the new plan began in mid-2023 with the establishment of an internal working group to propose the new framework; currently, feedback is being gathered to revise the plan. The current RFI solicits input from a wide variety of sectors and all interested respondents. OAR will rely on OARAC task forces to provide recommendations for refining the priorities before writing the plan, which will be shared with OARAC for approval before going through NIH clearance.

CAPT Glenshaw outlined the sources of input and next steps for the plan. NIH sources of input include OAR, the NIH AIDS Executive Committee (NAEC), an HIV portfolio analysis, and OARAC; external sources include listening sessions, workshops, and the RFI. These sources will help OAR identify priorities, gaps and opportunities, and common themes among disparate partners, as well as opportunities for developing new partnerships. Internal discussion and analysis of the HIV portfolio will help OAR address trends over time and determine new areas to pursue.

Between 2019 and 2022, OAR held 57 listening sessions in 20 locations, including many [Ending the HIV Epidemic in the U.S.](#) priority jurisdictions. The listening sessions aimed to ensure broad and inclusive input from diverse partners and communities and to provide a forum for NIH representatives to hear local and regional perspectives, particularly regarding research priorities. Recurring themes included HIV across the life span, women's health, socio-structural factors, comprehensive care, and the impact of COVID-19. Crosscutting themes include community partnerships and cultural humility, information dissemination, and HIV research workforce, infrastructure, and resources.

In 2023, OAR supported 11 workshops related to the Signature Programs, with attendees representing many groups; data from the recent RFI on research opportunities for HIV and women's health are being analyzed and will be incorporated into the strategic plan. CAPT Glenshaw repeated the request for attendees to share their input on the RFI—interested constituents are invited to propose research priorities with the greatest potential to advance HIV science and affect HIV-associated public health across the four research and capacity-building goals. CAPT Glenshaw noted that OAR also welcomes feedback on the updated framework.

Input from OARAC will be essential to this process. OAR will initiate short-term multisectoral task forces to review and synthesize input and will add its own contributions and recommendations. The task forces will be asked to develop criteria to categorize the input and establish consensus on the priorities, as well as document any outliers and lack of consensus.

The proposed structure of the task forces includes one OARAC member and one subject-matter expert as co-chairs, with members invited from NAEC, OARAC, and nonfederal partners, as well as those with multidisciplinary backgrounds, including lived experience and expertise. Input will be synthesized through the current fiscal year; recommendations from OARAC, which will be used to draft the plan, are expected in late 2024. The plan will be launched and promoted in summer 2025 in advance of fiscal year 2026 (FY26).

Discussion Highlights

CAPT Glenshaw clarified that the portfolio analysis occurs continuously and will be used to refine the input received and assess the current status of any priority areas identified.

A brief discussion centered around partnerships with federal agencies, specifically OAR, the Presidential Advisory Council on HIV and AIDS (PACHA), and the Health Resources and Services Administration's (HRSA) Ryan White HIV/AIDS Program, to ensure that perspectives of people affected by HIV/AIDS outside of academic centers are received. The presenters affirmed that the Centers for Disease Control and Prevention (CDC), HRSA, HIV.gov, the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and PACHA are included in outreach and promotional plans for this RFI release.

Dr. Luis Montaner encouraged OAR to include community voices in the task forces and ensure that operational processes required to implement any strategic goals are identified. CAPT Glenshaw confirmed that nonacademic community members would be included in the task forces.

COL Julie Ake commended the prioritization of capacity building, given its importance for the sustainability of HIV research, and recommended that OAR consider ways to show how each of the basic science, tool development, and implementation science components of the research pillars could incorporate capacity-building considerations. Dr. Anderson emphasized that capacity-building is an NIH-wide interest.

CAPT Glenshaw noted that OARAC members would be asked to join task forces soon.

Updates From the NIH Advisory Council Representatives

National Advisory Allergy and Infectious Diseases Council

Monica Gandhi, M.D., M.P.H., Professor of Medicine and Associate Chief, Division of HIV, Infectious Diseases and Global Medicine, Director, University of California, San Francisco, Gladstone Center for AIDS Research, Medical Director, "Ward 86" HIV Clinic, San Francisco General Hospital

Dr. Monica Gandhi provided updates from the recent NIAID Advisory Council and NIAID AIDS Research Advisory Committee meetings, including remarks on the NIAID budget, which Dr. Gandhi hoped would not include the cuts that have been proposed. Most of the meeting focused on reports from four programs. The Therapeutics Research Program works to improve the health of people with HIV and aligns with the new NIH HIV priorities. Major recent advances include research on long-acting antiretroviral therapy (ART) formulations and the use of statins in people with HIV. The Prevention Sciences Program has a portfolio of new prevention products, many of which are focused on key populations (e.g., pediatric populations, pregnant people) and socio-behavioral science. The Basic Sciences Program conducts pivotal work in

HIV cure research and broadly neutralizing antibodies and has focused on increasing scientific workforce diversity. The Vaccine Research Program primarily focuses on the development of a safe and effective HIV vaccine; Dr. Gandhi commented on the Nobel Prize awarded to research leading to the COVID-19 mRNA vaccine.

National Advisory Mental Health Council (NAMHC)

Marguerita Lightfoot, Ph.D., Associate Dean for Research, Oregon Health & Science University and Portland State University School of Public Health

Dr. Marguerita Lightfoot outlined the most recent NAMHC meeting, noting that the National Institute of Mental Health (NIMH) has added a Division of Data Science and Technology. Activities related to NIMH's 75th anniversary include a new podcast series and a social media campaign showing the diversity and passion of NIMH. A recent initiative focuses on suicide prevention and behavioral health for marginalized communities, and NIMH support has led to detailed cell maps of human and nonhuman primate brains under the Brain Research Through Advancing Innovative Neurotechnologies (BRAIN) Initiative. In FY23, NIMH awarded 579 new and competing research project grants, with a 22 percent success rate. Because NIMH is operating under a continuing resolution through March 2024, noncompeting grants will be awarded below the typical amounts during that time.

Current funding opportunities focus on suicide prevention among young people in underserved populations, mental health interventions for youth with HIV in low- and middle-income countries, and advancing HIV data science. NAMHC recently cleared two concepts related to HIV, one focused on generative artificial intelligence and HIV clinical care and the other focused on research to define the mechanisms and roles of T cells in the central nervous system HIV reservoir. Dr. Lightfoot also highlighted research on cell-derived extracellular vesicle-mediated epigenetic silencing of HIV in the brain.

National Advisory Council on Drug Abuse (NACDA)

Melanie Ott, M.D., Ph.D., Director, Senior Investigator, Gladstone Institute of Virology and Immunology, Professor of Medicine, University of California, San Francisco

Dr. Melanie Ott provided three highlights from the current National Institute on Drug Abuse (NIDA) portfolio. A study on overdose deaths among people with HIV in New York City, which are twice as high as overdose deaths in those without HIV, showed that most had been retained in a relatively high level of clinical care, highlighting an important window of opportunity to prevent overdoses. The second highlight is a mobile retail pharmacy and clinical care effort specifically focused on people with HIV, hepatitis C, and substance use disorders, who often have many challenges accessing health care. The third highlight focuses on the effects of climate change on the mortality of HIV-infected people. A large cohort study in Africa found that a shortage of rainfall translated to a significant increase in mortality, especially in rural areas. Dr. Ott also listed recently published NIDA HIV-related funding opportunities and newly approved concepts.

NIH HIV/AIDS Executive Committee

Coretté Byrd, R.N., M.S., Health Science Policy Advisor, HIVinfo Program Manager, OAR, NIH

Ms. Coretté Byrd reviewed 16 HIV-related concepts cleared by institute advisory councils since the previous OARAC meeting. The 12 new concepts and 4 reissues were from NIAID, NIDA, NIMH, the National Institute of Neurological Disorders and Stroke, the National Institute of

Dental and Craniofacial Research, and the *Eunice Kennedy Shriver* National Institute of Child Health and Human Development (NICHD).

Discussion Highlights

RADM Jonathan Mermin commented on the importance of developing home HIV tests and asked how resource shifts among various focus areas are determined. RDML Holtz explained that OAR monitors the status of congressional budget discussions and uses that information to plan for possible cuts and to balance resources among the priority areas, and the OAR director discusses potential changes to the budget with all IC directors.

Dr. Montaner encouraged OAR to support studies on approaches that can affect the HIV reservoir *in vivo*, especially with collaboratories. Dr. Kathleen Collins commented on the challenge of moving small-molecule candidates to the clinic; NIH could help investigators move experimental cure strategies forward.

HIV Clinical Guidelines Working Groups of OARAC Updates

Prevention and Treatment of Opportunistic Infections (OIs) in Adults and Adolescents With HIV

Henry Masur, M.D., Chief, Critical Care Medicine Department, NIH

Dr. Henry Masur noted that page-view statistics indicate the [Guidelines for the Prevention and Treatment of OIs in Adults and Adolescents with HIV](#) continue to be used frequently, suggesting that users see the resource as authoritative and easy to access. Although the OI sections receive the most page views, Dr. Masur emphasized the importance of maintaining sections for rare OIs to provide expert guidance when they arise. The Adult OI Guidelines are updated as often as appropriate; recent updates include adding clinical information about new trends, adding new diagnosis information, and addressing the use of doxycycline and the penicillin shortage. Information also was added about hepatitis B vaccination and current clinical experiences related to Mpox.

Dr. Masur explained that members of the human papillomavirus section currently are working to create guidance that harmonizes with both new recommendations from the International Anal Neoplasia Society and the Advisory Committee on Gynecology. Most recommendations for screening and intervention to reduce anal cancer in people with HIV are based on expert opinion rather than data, and the updated content must be structured in a way that is helpful to clinicians.

Guidelines for the Use of Antiretroviral (ARV) Agents in Adults and Adolescents With HIV

Alice K. Pau, PharmD, Staff Scientist and Clinical Pharmacist, NIAID, NIH

Dr. Alice Pau explained that the [Guidelines for the Use of ARVs in Adults and Adolescents with HIV](#) were updated in December 2023 with information about treatment for HIV-2 and considerations related to previous long-acting ART use in people with early and acute HIV. An update on recommendations for use of statins in people with HIV was scheduled to be released shortly after this meeting. The recommendations were developed in consultation with many groups specializing in cardiology and divided into categories based on individual risk, with strong recommendations for statin use in people of certain cardiovascular risk levels. Another

Adult ARV Guidelines update is anticipated in late spring or early summer, including a new section on HIV and transplant.

Perinatal HIV Clinical Guidelines

Nahida Chakhtoura, M.D., Chief, Maternal and Pediatric Infectious Disease Branch, Division of Extramural Research, NICHD, NIH

Dr. Nahida Chakhtoura reported on the January 2024 publication updates to the [Recommendations for the Use of Antiretroviral Drugs During Pregnancy and Interventions to Reduce Perinatal HIV Transmission in the United States](#). Dr. Chakhtoura reported that there are four shared sections with Pediatric Panel collaborators. The January 2024 publication update was published regarding Pregnancy and Postpartum HIV Testing and Identification of the Perinatal and Postnatal Exposure. The other three sections will be updated and published later in the spring. Minor revisions have been made to incorporate gender-inclusive language where appropriate and harmonize with other Guidelines. Additional updates include clarifications about exposure timing in pregnancy, changes to recommendations related to ARV management for people trying to conceive and pregnant people who have never received ART, and adjustments to preferred ART regimens during pregnancy. The definitions of “lack of viral suppression” and “virologic failure” in pregnant people have been updated, and guidance has been clarified for evaluation and management when viral suppression is not achieved during pregnancy. Recommendations to test infants for viral coinfections also have been added, and safety and toxicity information has been updated in response to new data and newly approved drugs. Dr. Chakhtoura noted that the panel supporting the [Guidelines for the Use of Antiretroviral Agents in Pediatric HIV Infection](#) is soliciting new members.

Pediatric Opportunistic Infections Guidelines

Franklin Yates, M.D., M.A., Medical Officer, NICHD, NIH

Dr. Franklin Yates provided updates on the [Guidelines for the Prevention and Treatment of Opportunistic Infections in Children with and Exposed to HIV](#). Page view data show these Guidelines are consistently and robustly used. The introduction has been rewritten to summarize key changes from the recent rescoping initiative, and the cytomegalovirus (CMV) section has been updated to recommend testing infants exposed to HIV for congenital CMV. The tuberculosis section has been revised with updated ARV regimens. Additional updates are expected in spring and fall 2024.

Discussion Highlights

Attendees emphasized the continued importance of the Guidelines, especially for clinically active people in diverse circumstances. When asked how the Panels ensure that the Guidelines remain up to date, particularly when treatment changes frequently, Dr. Masur explained that the Panels work closely with the Centers for Disease Control and Prevention to harmonize recommendations and identify any differences. Dr. Pau added that different Guidelines are updated at different times and that the administrative support provided by OAR is critical.

Dr. Sleasman asked whether providers who are not HIV experts, especially those in rural areas, use the Guidelines as their primary sources. Dr. Pau explained that the Health Resources and Services Administration can track which guidance is used in various areas, but the treatment options of many providers are limited to what is available on each state’s Medicaid plan.

Dr. Rohan Hazra noted that the Fasa Adults Cohort Study (FACS) follows a large group of people with HIV and their HIV-exposed but uninfected children, but CMV testing practice in this population currently is not aligned with Guidelines recommendations.

Public Comment

RDML Timothy H. Holtz, M.D., M.P.H., OAR, NIH

RDML Holtz reported that no public comments had been received.

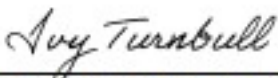
Closing Remarks and Adjournment

RDML Timothy H. Holtz, M.D., M.P.H., OAR, NIH

RDML Holtz thanked the attendees and reminded members that the next meeting is scheduled for June 20. Dr. Turnbull thanked the Council members and speakers and adjourned the meeting at 3:30 p.m. EST.

Certification

I hereby certify that, to the best of my knowledge, the foregoing summary minutes are accurate and complete.



Ivy Turnbull, D.L.P., Ed.M., M.A.
Chair, OARAC

4/26/2024
Date

Mary
Glenshaw -S

CAPT Mary Glenshaw, Ph.D., M.P.H.
Executive Secretary, OARAC

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Date

(signing on behalf of
RDML Timothy H. Holtz, M.D., M.P.H.)