

The conversion of HIV Sero-positive to sero-negative following VANHIVAX

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ABSTRACT

We report below 15 patients whose HIV serology converted from positive to negative following treatment with VANHIVAX alone. The serological status of these patients before and after treatment had been determined in 13 of 15 cases by Centre Pasteur of Cameroon using the Elisa technique. Three of the patients had their serology confirmed in a different laboratory on different dates. The above cases represent the tip of the iceberg. The patients reported here had high or normal CD4+ and low viral counts (except 2) and generally had normal immune status. HIV patients who present early in the disease with normal immune status can hope to have their serology changed to negative also, emphasizing the importance of early HIV testing. These results moreover show that VANHIVAX is indeed an effective form of treatment for HIV.

Key words: VANHIVAX

RÉSUMÉ

15 malades séropositives du VIH confirmés avant la prise de VANHIVAX avaient été sero converti de séropositive à séronégative. Les status sérologiques des malades étaient confirmés au Centre Pasteur du Cameroun par la méthode ELISA (il y avait 3 cas confirmés ailleurs et les dates étaient aussi différentes). En général, les malades qui ont trouvé leurs santés ne veulent pas revenir pour le suivi. Les 15 malades présentaient aux stades cliniques assez normaux, du CD4 haut et charge virale bas (sauf deux). Si les malades présentent tôt avec le système immunitaire assez compétent, il est possible de changer la seropositivité à la séronégative, en prenant le VANHIVAX. Donc il est très important de se faire dépister tôt.

Mots clés : VANHIVAX

INTRODUCTION

The official or standard treatment for HIV/AIDS is anti-retroviral drugs. For many years we have used an auto-vaccine, VANHIVAX as a therapeutic vaccine in the treatment of HIV/AIDS. Ethical clearance issued by the Ministry of Public Health and informed consent by the patient were obtained. The nature, the scientific basis and the use of VANHIVAX in HIV/AIDS have previously been reported (1, 2, and 3). The conversion of the serology from HIV positive to HIV negative is quite unusual in HIV/AIDS patients and is considered even more unusual when 15 patients are concerned. There are 7 others with viral count below 50 copies/ml who might become negative later. We report them as proof that VANHIVAX is indeed an effective form of treatment. This report should also encourage the early testing for HIV so that patients are seen and treated when they are still immune competent.

METHOD

Patients included in the present report were picked up when some patients with viral counts below 50 copies/ml had their serology determined. The dates on which this was done were determined by the patients themselves when they finally chose to return to us. These cases were among the many others whose clinical status improved with VANHIVAX but remained sero-positive.

This relatively small number of patients, rigorously selected and controlled over the years, represents the tip of the iceberg because the taboo against HIV is so great that once patients are well, they often do not want to be associated with our clinic anymore. Several of our alleged sero-negative patients were excluded because we could not ourselves have them controlled.

RESULTS

See annex for table of sero-conversion:

DISCUSSION AND COMMENTS

The sero-conversion recorded here means that antibodies of the type that are normally detected in HIV patients have not reformed in these treated patients. They can therefore be considered 'cured' of their original HIV infection and immune to the strains of viruses that previously infected them. Methods for detecting the new immune responses induced by VANHIVAX remain to be worked out but they probably include estimating activated lymphocytes.

A closer look at these interesting results shows that all patients were HIV sero-positive at the start of treatment but became sero-negative at various periods following treatment with VANHIVAX. At the start of treatment they all had (with 2 exceptions) relatively low viral counts and high CD4+ counts. Case no. 11 had a viral count of 17.300 and a CD4+ of 350 and case no. 12 with a viral count of 207.743 also had a CD4+ count of 846, well above the lower limit of normal. (Normal CD4+ counts vary between 500 – 1600). The immunological status of these 2 patients was however good.

Although the HIV has an inherent potential for causing immune deficiency, at the very start of an infection, the immune status of the patient is probable still good. As shown by their viral counts or their CD4+ counts the patients reported above therefore presented for treatment with VANHIVAX with competent immune systems. The relatively small numbers recorded here is probably due to the stigma of HIV but is mostly a reflection of the fact that most patients are **afraid** to determine their serological status and come to the clinic only when they fall ill with opportunistic infections or as a last resort when traditional and other forms of treatment have failed. They then generally exhibit quite evident immune deficiencies.

Thanks to the fact that the above patients presented for VANHIVAX treatment early in their infection they became sero-negative and are considered 'cured' of their infection. This report should therefore encourage new or potential patients to test their HIV serology **early** so that they can also benefit from treatment with VANHIVAX.

VANHIVAX has shown itself, from this report, to be an effective form of immunotherapy for HIV provided the immune system of patients is competent or **can be made so**. It is, at present, the only form of treatment that achieves sero-conversion in HIV because it completely eradicates the virus. Our present concern, therefore, is to raise the immune competence of AIDS patients to levels comparable to those seen in early HIV infections so that VANHIVAX can hopefully achieve **for them results** similar to those reported above.

Finally, a vaccine prepared on the same basis and given in the same manner as VANHIVAX from viruses grown in a region can be an effective preventive HIV vaccine for that region. A vaccine that cures can surely also prevent.

The Conversion of HIV Seropositive to Seronegative following VANHIVAX

No	Hospital No.	Sex/ Age	Date / First seen at Clinic	Serology/ Date	CD4 Before Treatment	Viral Load Before treatment	Treatment Date	CD4 Treatment Date	Viral Load after Treatment / Date	Serology after treatment / Laboratory
1	7159	F/18	05	Positive 05/9/05	559 28/9/05	<50 28/9/05	13/10/05, 14/10/05, 15/10/05, 25/10/05	-	-	Negative 16/8/06 C.P.C.
2	4500	F/31	14/4/04	Positive 12/4/04	1568 12/4/04	<50 14/4/04	16/4/04 20/4/04	-	-	Negative 13/5/04 C.P.C.
3	6224	M/34	13/1/05	Positive 29/12/04	596 17/1/05	65 14/2/05	01/3/05, 02/3/05, 03/3/05, 4/3/05, 5/3/05, 14/3/05	573 (19/7/05)	<50 (19/7/05)	Negative 24/8/05 C.P.C.
4	6376	M/44	16/2/05	Positive 02/12/04	338 23/12/04	118 17/3/05	04/4/05, 08/4/05, 16/04/05	553 (18/8/05)	<50 (18/8/05)	Negative 28/3/06 H.M. 19/04/06 C.H.U. 01/09/06 C.P.C.
5	4167	F/48	16/3/04	Positive 1999	998 18/3/04	124 18/3/04	27/3/04, 31/3/04, 03/5/05	1201 (02/9/04)	<50 (02/9/04)	Negative 24/9/04 Hygiene Mobile 30/9/04 - C.P.C.
6	3120	F/42	20/1/04	Positive	760 18/12/04	134 22/1/04	21/1/04, 22/1/04, 23/1/04, 02/2/04	719 (29/4/04)	<50 (08/4/04)	Negative 21/6/05 C.P.C.
7	6331	F/33	08/2/05	Positive December 2004	1003 08/12/04	256 8/12/04	14/2/05, 15/2/05, 16/2/05, 17/2/05, 19/2/05	932 (21/6/05)	<50 (21/6/05)	Negative 14/7/06 C.P.C.
8	5067	F/48	12/6/04	Positive	704 1/7/04	286 24/6/04	12/7/04, 13/7/04, 14/7/04, 16/7/04, 24/7/04	877 (14/9/04)	<50 (14/9/04)	Negative 24/9/04 C.P.C.
No	Hospital No.	Sex / Age	Date / First seen at Clinic	Serology/ Date	CD4 Before Treatment	Viral Load before treatment	Treatment Date	CD4 Treatment Date	Viral Load after Treatment / Date	Serology after treatment / Laboratory
9	2385	F/24	27/1/03	Positive 13/1/03	476 18/2/03	991 18/2/03	21/2/03, 25/2/03, 17/3/03, 07/4/03	-	-	Negative 09/2/06 C.P.C.
10	4517	M/42	8/3/04	Positive 8/3/04	454 10/3/04	-	17/4/04, 21/4/04	818 (19/5/05)	<50 (19/5/05)	Negative 19/9/05
11	0578	M/26	14/1/03	Positive 27/3/01	350 2/1/03	17300 2/1/03	17/1/03, 21/1/03, 19/2/03	1133 (24/6/03)	<50 (22/4/03)	Negative 15/9/03 - C.P.C. 4/12/03 - H.M.
12	3115	F/32	19/1/04	Positive 14/1/04	846 19/1/04	207743 20/1/04	20/1/04, 21/1/04, 22/1/04, 31/1/04	910 (01/4/04)	<50 (01/4/04)	Negative 26/5/04 - C.P.C. 28/5/04 - H.M.
13	F C	F/21	3/10/92	Positive 29/9/92	No CD4, not possible at that time	No VL, not possible at that time	08/10/92, 17/11/92, 02/2/93, 27/2/93	Not possible at that time.	-	Negative 04/1994 Germany
14	5043	F/28	08/6/04	Positive 04/6/04	893 10/6/04	904 10/6/04	29/6/04, 30/6/04, 01/7/04, 03/7/04, 10/7/04	952 (24/8/06)	<50 (24/8/06)	Negative 17/4/07 - C.P.C.
15	3466	F/32	05/2/04	Positive 08/12/03 05/2/04	987 (05/1/04)	1048 (05/2/04)	19/2/04, 24/2/04	-	-	Negative 28/6/07 Provincial Hospital - Limbe.

NB :- CPC – Centre Pasteur du Cameroun - HM – Laboratoire de Santé Hygiène Mobile. - GHL – Global Health Laboratory. It was observed that the above patients have good CD4 values, low viral load, and therefore a competent immune system. Therefore, patients who present early with a good immune system can achieve sero-negativity easily.

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