

# COMMUNITY NEWSLETTER

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November 2025



**VANDERBILT HIV VACCINE TRIALS UNIT  
COMMUNITY ADVISORY BOARD**



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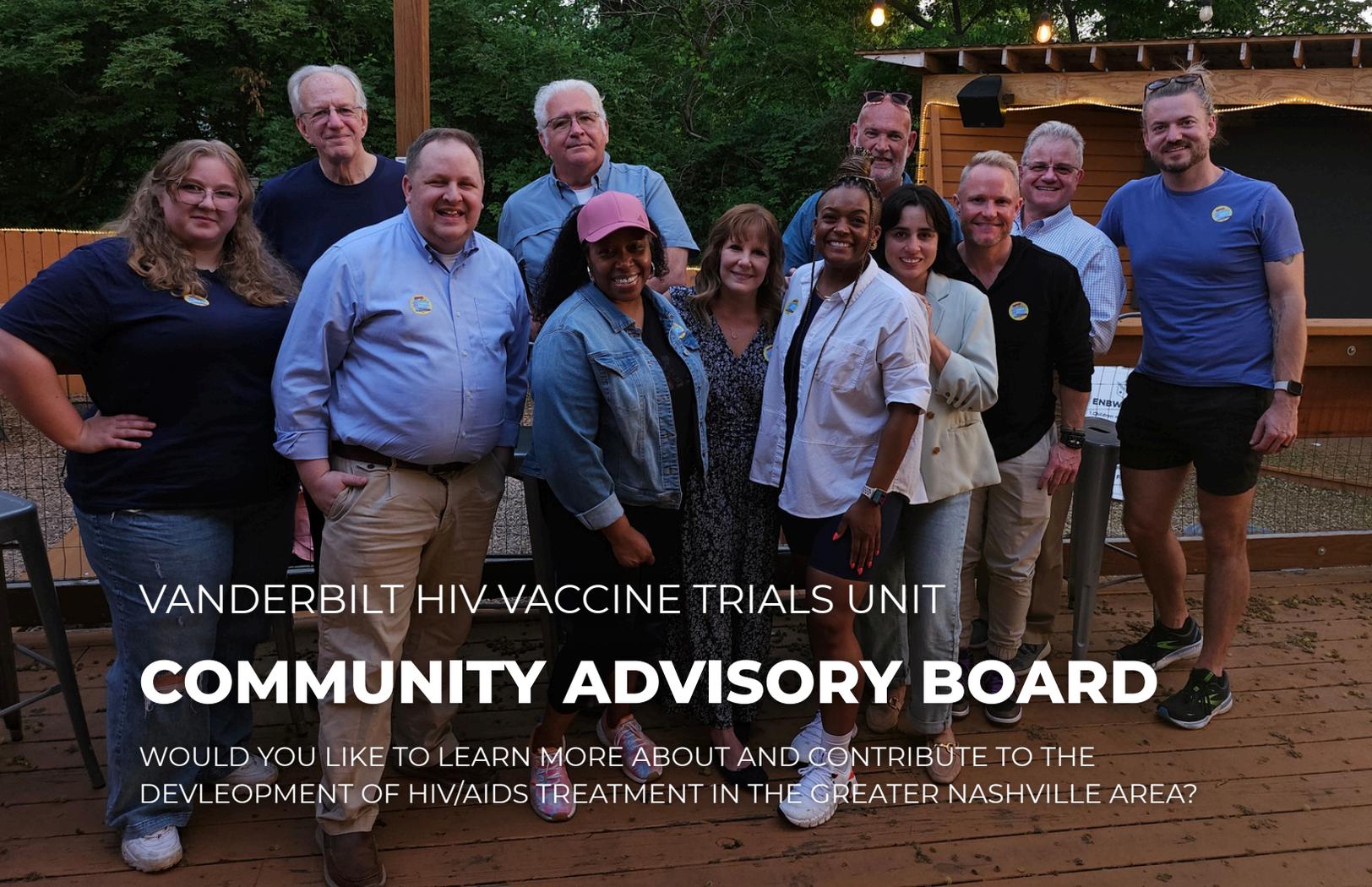
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## VANDERBILT HIV VACCINE TRIALS UNIT **COMMUNITY ADVISORY BOARD**

WOULD YOU LIKE TO LEARN MORE ABOUT AND CONTRIBUTE TO THE DEVELOPMENT OF HIV/AIDS TREATMENT IN THE GREATER NASHVILLE AREA?

### **ABOUT THE VANDERBILT HIV VACCINE PROGRAM**

Since 1987, Vanderbilt University School of Medicine has joined other research sites around the U.S. in the search for a safe and effective vaccine to help prevent HIV. In 1999, Vanderbilt joined an international collaboration called the HIV Vaccine Trials Network (HVTN) funded through the National Institutes of Health (NIH). As part of HVTN, Vanderbilt collaborates with sites around the world to find a preventative HIV vaccine. Their mission is to promote clinical trials that will lead to a safe effective preventative HIV vaccine that will work everywhere in the world.

## **WHAT THEY DO?**

- Receive up-to-date information from the HIV Vaccine Trials Network (HVTN) and the Advancing Clinical Trials Globally (ACTG) staff about current trials and study medications.
- Educate ourselves and the community about HIV/AIDS, its treatment, and how studies are conducted.
- Offer opinions and advice about specific trials and act as a source of patient advocacy.
- Interact with other CABs and organizations locally and nationally.

## **WHY JOIN A CAB?**

Participation on a Community Advisory Board (CAB) presents an opportunity for people in the community to be more involved and informed about HIV/AIDS Treatment research conducted at the Vanderbilt HVTN/ACTG Clinical Trial Sites. The CAB facilitates two-way communication between the HVTN/ACTG site staff and the communities they serve. CAB input helps the site and network understand communities' needs, establish research priorities, and improve study implementation.

## **WHO CAN JOIN?**

Anyone who is interested in research and improving the quality of life of persons living with HIV/AIDS is welcome, regardless of medical history, health, or HIV status. We seek to increase study enrollment and CAB participation, especially those from underrepresented populations. CAB members include community activists and/or professionals associated with HIV/AIDS prevention and service

delivery. Some of their CAB members are trials participants. Many have considerable scientific knowledge, while others have no medical or scientific background but have a strong interest in HIV prevention.

## **WHEN DO THEY MEET?**

Their meetings are generally held virtually on Microsoft Teams from 5:30pm to 6:30pm on the second Tuesday of each month. For more information about the CAB or to verify the date and time of their next meeting, **PLEASE CONTACT JARISSA GREENARD AT [JARISSA.E.GREENARD@VUMC.ORG](mailto:JARISSA.E.GREENARD@VUMC.ORG)**



These images are from Dining Out for Life May 2025

# UPCOMING EVENTS



**Cardiovascular Health in Pregnancy:  
Opportunities for Prevention and  
Implementation**

Presented by:

**Zainab Mahmoud, MD, MSc**  
Assistant Professor of Medicine, Division of Cardiology  
Assistant Professor of Obstetrics and Gynecology  
Washington University in St. Louis

Wednesday, November 12th, 2025 | 3:00 PM - 4:00 PM CST

## **CFAR-Wide Seminar Series presented by Tennessee CFAR**

**Implementation Science - Potential Implications for Faith Communities**



**L. Lauren Brown, PhD, LCSW**  
Assistant Core Director, Tennessee CFAR  
Assistant Professor of Medicine, Division of Infectious Diseases  
and Health Policy  
Vanderbilt University Medical Center  
Adjunct Assistant Professor of Medicine  
Meharry Medical College



Sponsored in part by:

Thursday, November 20th , 2025 | 2:00 pm - 3:00 pm CST

## **Inter-CFAR Faith & Spirituality Research Collaborative Monthly Working Group Meeting**

# EXTERNAL EVENTS

How can people advocate for reproductive freedom if they don't truly understand it?

# THE AUTONOMY PROJECT

## A Reproductive Rights Crash Course

A 4-month series for young adults to help them gain the knowledge and tools to better understand their bodies, identities, and rights.

**October 6, 2025 -  
January 26, 2026**

Virtual Meetings Twice  
Monthly on Mondays  
7:00-8:15pm EST

Queer-Inclusive & Interactive!



Sign up for any individual session or the whole series!



**Scan here  
to register!**



# EXTERNAL EVENTS



**\$5**  
AT THE DOOR

# BORO PRIDE PAGEANT

MR. | MISS | MX.

**WILD ANIMALS THEME**

Email [macproductionspageant@gmail.com](mailto:macproductionspageant@gmail.com)  
for packets & payment information. Register  
in advance for \$50 or day-of for \$80 at 4 PM

**11.9.2025 | Sunday | 7:00 PM**  
**Peckers | 237 Hermitage Ave**  
**Nashville, TN**



# RECENT FINDINGS & DISCOVERIES

Our CFAR researchers are all kinds of HIV experts like physicians, nurses, mental health professionals, epidemiologists, mathematicians, community members, and scientists. We study a range of HIV topics spanning all the way from how cells and the virus work to how communities can improve their support for people living with HIV.

This section highlights a few recent publications.



## **IMPORTANT and THANK YOU!**

Our work isn't possible without our volunteers: People living with HIV throughout Tennessee. THANK YOU to our research participants and community advisors. We appreciate you.

## **Mental Health and Life Expectancy**

People living with HIV are more likely to experience depression, anxiety, and other mental health conditions. Researchers across the globe looked at information from HIV clinical care to find out whether people living with HIV who also have a mental health diagnosis live as long as people without a mental health diagnosis.

Results of this study showed that people with HIV who've been diagnosed with a mental health condition have a slightly lower life expectancy.

People with depression and anxiety (the most common mental health diagnoses) tended to have CD4 (T-cell) counts over 200. This is important

because it could mean that lower life expectancy for this group isn't related to HIV. For example, we know that having HIV increases people's risk for heart disease and having depression increases the chances of heart disease even more. That's why it's so important to understand how to treat and prevent other health conditions (like diabetes and heart disease) that are more common with HIV. There was a difference for people living with HIV who had more severe mental health disorders (like schizophrenia) and substance use disorders. They had a lower life expectancy and were more likely to have CD4 counts below 200. This could show that more complicated mental health disorders have a bigger impact on staying healthy with HIV. These results highlight the importance of comprehensive health care (including treatment for mental health).



Peter Rebeiro, PhD

*This work highlights the profound impact mental health has on mortality risk among people living with HIV, regardless of the global setting, and the great value in large collaborative cohort studies across borders to elucidate these complex relationships. Further, though there are important limitations in the use of diagnostic data to measure mental health in epidemiologic studies (which we noted here), these types of measures tend to be fairly sensitive and capture important risks for more severe disease progression and death. It's important to continue examining how many different aspects of individual health may affect the experiences of people living with HIV and to be as comprehensive as possible in our approaches to improving their lives."*

TN-CFAR researcher Peter Rebeiro, PhD helped with this study. To learn more about Peter, [click here](#). To read the whole publication [click here](#).

# HIV HISTORY WARD 86

In the early 1980s, as HIV spread rapidly through San Francisco and beyond, UCSF doctors and researchers mobilized to respond. On January 1, 1983, Drs. Paul Volberding, Connie Wofsy, and Donald Abrams opened Ward 86 at San Francisco General Hospital—the nation’s first dedicated HIV clinic.

Over the next decades, Ward 86 became a global leader in HIV care, teaching, and research, led by Dr. Diane Havlir since 2002. The clinic pioneered the San Francisco Model of HIV Care, emphasizing compassionate, interdisciplinary treatment that integrates medical and social services under one roof—a model now adopted worldwide.

Key innovations include:

- Establishing an AIDS Consult Service in 1985 for expert inpatient HIV care.
- Advancing antiretroviral drug development in the 1990s–2000s, transforming HIV into a manageable condition.
- Implementing universal ART treatment in 2010—two years ahead of national guidelines and later endorsed by WHO.
- Creating the PHAST team to link hospitalized patients to continuous care.
- Launching efforts to eliminate Hepatitis C (2012) and expand PrEP access (2015).
- Leading the “Getting to Zero” initiative (2014) to achieve zero new infections, stigma, and AIDS deaths in San Francisco.

Through innovation, research, and compassion, Ward 86 remains a cornerstone of global HIV care. [Click Here](#) to learn more

# OPPORTUNITIES TO ENROLL INTO RESEARCH STUDIES

Tennessee CFAR investigators lead studies to improve the lives of people living with HIV, to protect people from acquiring HIV, and other important issues.

The following pages describe participation opportunities:

Studies now enrolling:

- A study for people who regularly drink alcohol and are living with HIV
- Studies for people living without HIV, to discover a vaccine to protect people from getting HIV
- A study of long-acting PrEP to prevent HIV in men

Studies typically provide compensation to participants.

If you know of studies that we missed, please let us know at: [tn-cfar@vumc.org](mailto:tn-cfar@vumc.org)



**META  
HIV CVD**

# IF YOU HAVE HIV, THIS STUDY MAY BE FOR YOU!

## MICROBIOME, METABOLITES, AND ALCOHOL IN HIV TO REDUCE CVD



We're looking for adults ages 18 and older who drink alcohol regularly, are HIV+, and take antiretroviral therapy. We want to see whether taking a supplement called a probiotic can help with some of the gut-related health problems related to alcohol use and HIV.

Take our survey to see if you are eligible!

<https://redcap.link/METAPreScreen>



### Participants will be asked to:

- Come to 5 study visits at Vanderbilt over 1 year
- Complete study phone calls about once a month
- Have their blood drawn
- Provide stool samples

Date of IRB Approval: 04/26/2023

Total compensation for completing the study is \$675

**Institutional Review Board**



# **HIV VACCINE STUDIES, TO DISCOVER A VACCINE THAT PROTECTS PEOPLE FROM ACQUIRING HIV**

In the United States HIV disproportionately affects certain groups and populations; however, HIV can affect anyone. Worldwide there are currently over 40 million people living with HIV. That number is growing.

The Vanderbilt HIV Vaccine Program is looking for healthy adults (ages 18-55) from all walks of life who are not living with HIV to participate in an HIV prevention study.

You cannot get HIV from participating in the study.

Volunteers must be available locally for approximately 12 months. Volunteers will be compensated. You can help fight the HIV/AIDS epidemic

Call 615-936-7327 or email [\*\*vic.sorrell@vumc.org\*\*](mailto:vic.sorrell@vumc.org) for more information.

In order to develop HIV prevention methods that will work for everyone, we need help from everyone!

ALL RACIAL AND ETHNIC GROUPS ARE ENCOURAGED TO CONTACT OUR PROGRAM.

# EXPRESSIVE

## Together we can help advance HIV prevention research



### Learn about the EXPRESSIVE clinical research study for people who could be exposed to HIV

PrEP (pre-exposure prophylaxis) medications may help people at risk of being exposed to the human immunodeficiency virus (HIV) and lower their chance of becoming infected.

This study is comparing an investigational study medicine to an approved PrEP medicine to assess safety, how the investigational study medicine functions in the body, and any side effects (tolerability).

You may qualify to take part in this study if you are at least 16 years of age and:

- Do not have HIV
- Are a cisgender man (assigned male at birth and identify as male), transgender woman (assigned male at birth and identify as female), transgender man (assigned female at birth and identify as male), or gender nonbinary (assigned any gender at birth and do not identify as exclusively male or female)
- Have had receptive anal sex without a condom in the past year (not counting sex in a committed relationship) and **have at least 1** of these situations:
  - Had receptive anal sex with 2 or more partners in the last 3 months, no matter if you used a condom or not.
  - Had rectal or urethral infections like gonorrhea, chlamydia, or syphilis in the last 6 months.
  - Used any stimulant drugs while having sex in the last 3 months.

There are additional eligibility criteria, which the study team can discuss with you.

**To learn more, including the possible risks and benefits of participation, please contact:**

**Call: 615-327-6353**

**Email: [gstanton@mmc.edu](mailto:gstanton@mmc.edu)**

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