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HIV: ART and Immune Activation

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Deadline for manuscript submissions:
closed (15 June 2019)

Message from the Guest Editors

Dear Colleagues,

Antiretroviral therapy (ART) has greatly reduced HIV infection-associated morbidity and mortality, by reducing viral replication, restoring CD4+ T cells and preventing the progression of HIV infection to acquired immunodeficiency syndrome (AIDS). However, despite long-term ART and suppression of plasma viremia, low level of viral replication persists in HIV reservoirs in peripheral blood and lymphoid tissues. Persistent low level viral replication in the ART controlled patients can contribute to sustained systemic immune activation and inflammation. Albeit, ART reduces systemic inflammation and immune activation dramatically, it is not to levels synchronous with HIV-uninfected populations. Chronic inflammation in HIV patients has the potential to promote pathological conditions and end-organ diseases, such as, cardiovascular disease (CVD), neurocognitive dysfunction, osteoporosis, cancer, muscle wasting, premature aging and frailty among others.

This special issue will provide an overall understanding of the implication of immune activation/inflammation on HIV and ART related diseases, and provide prospect for the development of therapeutics.

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